

REVIEW OF KEY LEGISLATION
RELATING TO PROVIDERS OF SERVICES
TO THE ELDERLY

2019 REGULAR AND SPECIAL SESSIONS OF THE
CONNECTICUT GENERAL ASSEMBLY

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TABLE OF ACRONYMS

APRN	Advanced Practiced Registered Nurse
CHRO	Connecticut Commission on Human Rights and Opportunities
CMS	Centers for Medicare and Medicaid Services
CON	Certificate of Need
DDS	Department of Developmental Services
DOI	Department of Insurance
DORS	Department of Rehabilitation Services
DPH	Department of Public Health
DSS	Department of Social Services
DRS	Department of Revenue Services
FDA	United States Food and Drug Administration
FMLA	Family and Medical Leave Act of 1993, as amended
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
LPN	Licensed Practical Nurse
LTC	Long-Term Care
OHS	Office of Health Strategy
OPM	Office of Policy Management
PA	Physician Assistant
RCH	Residential Care Home
RN	Registered Nurse

I. SPENDING BILLS

1. PUBLIC ACT 19-117. AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET.

§§ 105–143 Commission on Women, Children, Seniors, Equity and Opportunity

Effective July 1, 2019

These Sections merge the Commission on Equity and Opportunity (“CEO”) and Commission on Women, Children, and Seniors (“CWCS”) into a single entity, the Commission on Women, Children, Seniors, Equity and Opportunity, which the Act designates as the successor to the two current commissions. The Commission will focus on issues affecting the following underrepresented and underserved populations: women, children and the family, elderly persons, African Americans, Asian Pacific Americans, and Latinos and Puerto Ricans.

Before June 30, 2021, the former chairpersons of the CEO and CWCS will serve as chairpersons of the advisory board. The term of any members of the CEO and CWCS appointed before July 1, 2019 whose term has not expired as of June 30, 2019, will expire on June 30, 2019.

The Commission will be organized into an executive committee and six subcommissions to advise on policies affecting: (i) members of the African-American population, (ii) members of the Asian Pacific-American population, (iii) members of the Latino and Puerto Rican population, (iv) women, (v) children and family, and (vi) elderly persons. The chairpersons of the advisory board will designate members to serve on each subcommission.

These Sections also revise various statutory references to CEO and CWCS to reflect the merger.

§§ 160–161 Community Health Workers

Effective January 1, 2020

These Sections establish a Community Health Worker Advisory Body within OHS to: (i) advise OHS and DPH on matters relating to the educational and certification requirements for training programs for community health workers, including the minimum number of hours and internship requirements for certification of community health workers; (ii) conduct a continuous review of such educational and certification programs; and (iii) provide DPH with a list of approved educational and certification programs for community health workers.

The executive director of OHS, or a person designated by the executive director to serve in his or her place, will act as the chair of the advisory body. He or she will appoint 13 persons to the advisory body, including the Commissioner of DPH or a person designated by the commissioner to serve in his or her place.

Section 160 of this Act also prohibits any person who is not certified by DPH as a community health worker from using the title “certified community health worker.”

Section 160 of this Act further provides that an applicant for certification as a community health worker will apply to DPH on DPH-prescribed forms, which must be signed by the applicant and accompanied by \$100 fee. An applicant must either: (i) be trained and educated by an organization approved by the Community Health Worker Advisory Body, be at least 16 years of age, submit two references from persons who have direct knowledge of the applicant’s experience as a community health worker (one an employer and one a member of the community), and have at least 1,000 hours of experience working as a community health worker during the three years prior to the date of the application; or (ii) have at least 2,000 hours of experience working as a community health worker and submit two references from persons who have direct knowledge of the applicant’s experience as a community health worker (one an employer and one a member of the community).

A community health worker certification may be renewed every three years for a \$100 fee. Every certified community health worker applying for license renewal must prove to DPH that he or she completed a minimum of 30 hours of continuing education requirements, including two hours focused on cultural competency, systemic racism, or systemic oppression and two hours focused on social determinants of health.

Section 160 of this Act further allows DPH to take disciplinary action against a certified community health worker if he or she: (i) engages in fraud or deceit in obtaining or seeking reinstatement of a license to practice as a community health worker; (ii) engages in fraud or material deception in the course of professional services or activities; (iii) engages in negligent, incompetent, or wrongful conduct in professional activities; (iv) aids or abets the use of the title “certified community health worker” by an individual who is not certified; (v) is unable to conform to the accepted standards of the profession due to physical, mental, or emotional illness or disorder; or (vi) abuses or excessively uses drugs, including alcohol, narcotics, or chemicals. If applicable, DPH may order a license holder to submit to a reasonable physical or mental examination.

Section 160 of this Act does not apply to community health workers who are providing services such as outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to social determinants of health, and based

screenings and assessments of any risks associated with social determinants of health, unless these workers hold themselves out to the public as certified community health workers.

Section 161 of this Act requires each person holding a community health worker certificate to apply for renewal of such certificate once every three years, during the month of his or her birth, to DPH.

§§ 176–182 Art Therapist License

Effective October 1, 2019

These Sections define “art therapist” as a person who has been licensed as an art therapist or issued a temporary permit for licensure as an art therapist and set forth the process and criteria for obtaining an art therapist license, including licensure by endorsement.

These Sections prohibit any person who is not an art therapist from using the title “art therapist,” “licensed art therapist,” or any title, words, letters, abbreviations or insignia that may reasonably be confused with licensure as an art therapist. This prohibition does not apply to (i) persons licensed or certified by the departments of nationally-recognized licensing or certifying organizations acting within the scope of their professional training, provided they do not represent themselves to the public as art therapists, or (ii) students enrolled in art therapy educational programs at accredited educational institutions, or graduate art therapy programs approved by the American Art Therapy Association, provided art therapy is an integral part of the students’ course of study and the students are acting under the direct supervision of licensed art therapists.

These Sections also authorize DPH to take disciplinary action against a licensed art therapist.

§§ 230–231 Insurance Data Security

Section 230, effective October 1, 2019

Section 231, effective October 1, 2020

Section 230 of this Act defines “licensee” as any person licensed, authorized to operate, or registered (or required to be licensed, authorized to operate, or registered), pursuant to the insurance laws of this State. “Third-party service provider” means a person, other than a licensee, that: (i) contracts with a licensee to maintain, process or store nonpublic information; or (ii) is otherwise permitted to access nonpublic information through the person’s provision of services to a licensee. These Sections expand and revise State laws governing information security for insurance with detailed provisions substantially similar to the National Association of Insurance Commissioners insurance data security model law.

Section 230 of this Act requires each licensee to implement an information security program no later than October 20, 2020 and outlines the specific elements that must be included in the program, including provisions for an incident-response plan for cybersecurity events. Section 230 of this Act also requires each licensee to exercise due diligence in selecting its third-party service providers. No later than October 1, 2021, each licensee must require its third-party service providers to implement appropriate administrative, technical, and physical measures to protect and secure the information systems that are, and nonpublic information that is, accessible to, or held by, its third-party service providers.

Section 230 of this Act also requires a licensee to investigate a cybersecurity event that has or may have occurred. If the potential cybersecurity event occurred in a system maintained by a third-party service provider, the licensee must investigate the event or confirm and document that the third-party service provider investigated the event. Section 230 of this Act also requires each licensee to notify the Insurance Commissioner of a cybersecurity event.

Section 231 of this Act amends current law governing the obligation for businesses to offer identity theft protections to individuals whose data has been breached. The amendment inserts reference to Section 230 of this Act and therefore makes it clear that the obligation to provide identity theft protections applies to insurance data beaches. Section 231 of this Act provides that any person who conducts business in the State, and who, in the ordinary course of his or her business, owns or licenses computerized data that includes personal information, must offer to each resident whose nonpublic information or personal information was breached or is reasonably believed to have been breached, appropriate identity theft protection services and, if applicable, identity theft mitigation services.

§§ 232–235 Paid Family and Medical Leave Revisions

Effective June 4, 2019

These Sections amend Public Act 19-25, An Act Concerning Paid Family and Medical Leave. Please see the summary of this Public Act 19-25 prepared by Wiggin and Dana LLP's Labor, Employment and Benefits Department, at <https://www.wiggin.com/labor-employment-and-benefits/publications/connecticut-significantly-expands-coverage-of-family-and-medical-leave-act-adopts-paid-leave/>.

These Sections broaden the definition of “base weekly earnings” and “subject earnings” to include self-employment income, provided that the recipient has enrolled in the Paid Family Medical Leave Insurance Program.

Section 233 of this Act reduces, from 15 to 13 members, the voting members of the board of directors of the Paid Family and Medical Leave Insurance Authority. It makes the Secretary of

OPM and the State Treasurer, or persons designated by them to serve in their places, nonvoting members of the board.

Under current law, no member of the board or any officer, agent, or employee of the Paid Family and Medical Leave Authority may have any financial interest in any entity contracting with the Authority. This Section clarifies that “financial interest” does not include an interest of a *de minimis* nature or an interest that is not distinct from that of a substantial segment of the public.

Section 234 of this Act removes a requirement of the board of directors of the Paid Family and Medical Leave Insurance Authority to issue requests for proposals if it chooses to use outside contractors for certain services. It also provides that if the board chooses to establish additional standard criteria for the evaluation of proposals relating to claims processing, website development, database development, and marketing and advertising, the criteria must be posted on a public Internet website maintained by the Authority for notice and comment for at least one week prior to approval by the board by a two-thirds vote.

Section 235 of this Act delays, until January 1, 2022, the creation of a “non-charge” against an employer’s unemployment tax experience rate when an employer lays off an employee due to an employee’s return from FMLA leave. The creation of the “non-charge” will, once in effect, allow an employer to lay off an employee who was temporarily filling the position of someone on FMLA leave without increasing the employer’s unemployment taxes.

§§ 236–237 Health Insurance Cost-Sharing

Effective January 1, 2020

Section 236 of this Act limits the amount of out-of-pocket expenses that certain insurers can charge. Specifically, it prohibits certain individual or group health insurance policies from imposing a coinsurance, copayment, deductible, or other out-of-pocket expense for a covered benefit in an amount that exceeds the lesser of: (i) the amount paid to the provider or vendor for the covered benefit, including all discounts, rebates, and adjustments, by the insurer; (ii) an amount calculated on the basis of the amount charged for the covered benefit by the provider or vendor, less any discount for such covered benefit and any amount due to, or charged by, an entity if such entity is affiliated with, or owned or controlled by, the insurer; and (iii) the amount that the insured would have paid to the provider or vendor for the covered benefit without regard to such policy. Violations of these Sections are considered unfair methods of competition and unfair and deceptive acts or practices in the business of insurance.

§ 238 Health Insurance Penalties for Disclosures to Insureds

Effective January 1, 2020

This Section prohibits health carrier contracts from prohibiting or penalizing disclosure of any information to a covered person, concerning: (i) the cost of a covered benefit, including, the cash price of a covered benefit; or (ii) the availability and cost of any health care service or product that is therapeutically equivalent to a covered benefit, including the cash price of any such health service or product. Health carrier contracts might impermissibly prohibit or penalize disclosure of this information through increased utilization review or reduced payments or other financial incentives.

§ 239 Managed Care Organizations' Calculation of Deductibles

Effective January 1, 2020

This Section requires managed care organizations to calculate insureds' deductibles in the same way that existing law requires them to calculate insureds' percentage coinsurance payments. This Section also requires the amounts payable by subcontractors of managed care organizations to be considered in the calculation.

§ 240 Surprise Billing for Clinical Laboratory Services

Effective January 1, 2020

This Section broadens the definition of "surprise bill" to include bills for health care services, other than emergency services, received by an insured for services rendered by an out-of-network clinical laboratory if an insured is referred to the laboratory by an in-network provider.

§§ 241–243 Adverse Determination Review Timeframes

Effective January 1, 2020

These Sections reduce, from 72 to 48 hours, the maximum time for certain health benefit and adverse determination reviews with exceptions for weekends. The affected reviews include health carrier reviews of urgent care requests and/or concurrent review requests to extend a course of treatment beyond the initial period or the number of treatments, expedited review requests to health carriers, and independent review organization reviews of determinations on expedited external reviews based on assignments from DOI.

§ 246 Medical Necessity and Emergency Medical Conditions

Effective January 1, 2020

This Section requires health insurance policies with (i) basic hospital expense coverage, (ii) basic medical-surgical expense coverage, (iii) major medical expense coverage, (iv) hospital

or medical service plan contract, or (v) hospital and medical coverage provided to subscribers of a health care center, to cover medically necessary health care services to treat emergency medical conditions. Emergency medical conditions are conditions that prudent laypersons, acting reasonably, would believe necessitate emergency medical treatment.

§ 247 Task Force on High Deductible Health Plans

Effective June 4, 2019

This Section establishes a task force to study the structure and impact of high deductible health plans that are not used to establish medical savings accounts, Archer Medical Savings Accounts, or health savings accounts. The task force will make recommendations concerning: (i) measures to ensure access to affordable health care services under high deductible health plans, (ii) the financial impact that high deductible health plans have on enrollees and their families, (iii) the use of health savings accounts and the impact that alternative payment structures would have on such accounts, (iv) measures to ensure that each cost-sharing payment due under a high deductible health plan and paid by an enrollee at the time of service accurately reflects the enrollee's cost-sharing obligation for such service under such plan, (v) measures to ensure the prompt payment of a refund to an enrollee for any cost-sharing payments under a high deductible health plan that exceeds the enrollee's cost-sharing obligation under such plan, (vi) measures to enhance enrollee knowledge regarding how enrollee payments are applied to deductibles under high deductible health plans, and (vii) payment models where a physician can receive reimbursement from a health carrier for services provided to enrollees.

The task force must submit a report of its findings and recommendations to the Joint Committee on Insurance. The task force will terminate either on the date that it submits the report or December 1, 2020, whichever is later.

§ 292 State Supplement

Effective July 1, 2019

This Section states that the adult payment standards for the State supplement to the federal Supplemental Security Income Program for fiscal years 2020 and 2021 will not be increased.

§§ 293, 294, 296 and 297 Rate Freezes for RCHs, Community Living Arrangements and Community Companion Homes

Effective July 1, 2019

These Sections freeze, until fiscal year 2021, the flat rate that the State pays certain RCHs, community living arrangements, and community companion homes for providing residential services.

§ 300 RCH Rates

Effective July 1, 2019

This Section freezes RCH rates but authorizes DSS to approve RCH fair rent increases in fiscal years 2020 and 2021. For fiscal year 2020, rates will not exceed those in effect for fiscal year 2019, except DSS may provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2018 that are not otherwise included in rates issued. For fiscal year 2021, rates will not exceed those in effect for fiscal year 2020, except DSS may provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2019 that are not otherwise included in rates issued.

§ 302 Nursing Home Medicaid Rates

Effective July 1, 2019

This Section requires DSS to determine nursing home facility rates for fiscal year 2020 based upon 2018 cost report filings, adjusted to reflect any rate increases after the cost report year ending September 30, 2018; provided, that no facility receives a rate that is higher than the rate in effect June 30, 2019, unless DSS provides, within available appropriations, pro rata fair rent increases, including increases for facilities that have undergone a material change in circumstances related to fair rent additions in the cost report year ending September 30, 2018 that are not otherwise included in rates issued. For fiscal year 2020, no facility will receive a rate that is more than two percent lower than the rate in effect June 30, 2019, unless the facility has an occupancy level of less than 70% or an overall rating on Medicare's Nursing Home Compare of one star for the three most recent reporting periods as of July 1, 2019, unless the facility is under an interim rate due to new ownership. For fiscal year 2021, no facility will receive a rate that is higher than the rate in effect June 30, 2020 unless DSS provides, within available appropriations, pro rata fair rent increases, including increases for facilities which have undergone a material change in circumstances related to fair rent additions in the cost report year ending September 30, 2019 that are not otherwise included in rates issued.

This Section also requires DSS, within available appropriations, to increase rates for wage and benefit enhancements for nursing home facility employees effective July 1, 2019, October 1, 2020 and January 1, 2021. DSS will issue rate adjustments to the facility to reflect any rate increases paid after the cost report year ending September 30, 2018. Facilities that receive rate adjustment for wage and benefit enhancements but do not provide increases in employee salaries on or before September 30, 2019, October 31, 2020, and January 1, 2021, respectively, may be subject to a rate decrease in the same amount as the adjustment by DSS.

§ 303 Nursing Home/RCH Receiverships

Effective July 1, 2019

This Section raises, from \$3,000 to \$10,000, the amount that an appointed receiver of a nursing home or RCH may spend to correct or eliminate deficiencies in facility structure or furnishings that endanger resident safety or health.

This Section also requires an appointed receiver of a nursing home or RCH to begin closing the facility if its overall occupancy is below 70% and closure is consistent with the State's strategic rebalancing plan. The receiver has 45 days, rather than six months, to determine and report to the court whether the facility can continue to operate and provide adequate care to residents within the facility's State payments, together with income from self-pay residents, Medicare payments, and other current income. Within a reasonable period of time, not to exceed six months, the receiver must seek facility purchase proposals if he or she determines that the continued operation of the facility is viable.

§ 304 Nursing Home/RCH Closures

Effective July 1, 2019

This Section amends the law governing CONs for nursing home and RCH closures. It permits a facility to submit a petition for closure to DSS. DSS must grant or deny petitions for closure within 30 days of receiving them. These provisions do not apply to nursing homes that do not participate in the Medicaid program and are associated with a continuing care facility, since these facilities are exempt from the CON law.

DSS may authorize the closure of a facility if the facility's management demonstrates, in its petition for closure, that the facility (i) is not viable based on actual and projected operating losses; (ii) has an occupancy rate of less than 70% of the facility's licensed bed capacity; (iii) closure is consistent with the State's strategic rebalancing plan, including bed need by geographical region; (iv) is in compliance with the requirements of certain sections of the Social Security Act and regulations concerning the requirements of participation, including but not limited to federal requirements for nursing home closures; and (v) is not providing special services that would go unmet if the facility closes. The facility must submit information DSS requests or deems necessary to make its determination about closure and to provide oversight during the process.

The facility must notify the Office of the LTC Ombudsman at the same time it submits a petition for closure to DSS. The facility must notify, on the same day and in writing, all known patients, guardian or conservators, and legally liable relatives or other responsible parties. The facility must also post notice in a conspicuous location at the facility. The facility's notice must be accompanied by a jointly issued informational letter from the Office of the LTC

Ombudsman and DRS on patients' rights and services available as they relate to the petition for closure. The informational letter must state, among other things, the date and time that the Office of the LTC Ombudsman and DPH will hold an informational session at the facility for known patients, guardian or conservators, and legally liable relatives or other responsible parties about their rights and the process concerning a petition for closure. It must also contain specific information, including a description of the reasons for closure, notice that the petition must be approved by DSS and that the patient will have the right to appeal any proposed transfer or discharge.

§ 305 Covenant Not to Compete for Home Health Care, Homemaker and Companion Services

Effective June 4, 2019

This Section requires that any covenant not to compete that restricts the right of an individual to provide homemaker, companion, or home health services is void and unenforceable.

§ 308 Rate Increase for Meals on Wheels

Effective July 1, 2019

This Section requires DSS to increase the fee schedule for Meals on Wheels by 10% in fiscal year 2020.

§ 309 Medicaid Eligibility Fair Hearings

Effective June 4, 2019

This Section clarifies the deadline for DSS to issue a final decision on an administrative appeal involving Medicaid eligibility or fair hearing. This Section does not apply to provider-initiated Medicaid rate appeals. This Section extends the timeframe for DSS's issuance of a decision on an administrative appeal from 60 days to 90 days after the date it receives a request for a fair hearing. DSS must now, however, issue a final decision within three days after a hearing that concerns a denial of or failure to provide emergency housing. DSS's time for issuing a decision will be extended if (i) the aggrieved person requests or agrees to an extension or (ii) DSS documents an administrative or other extenuating circumstance beyond DSS's control that necessitates an extension. DSS's failure to issue a final decision within these time limits does not constitute approval of the aggrieved person's requested relief on the merits.

This Section also clarifies remedies for when DSS fails to meet the deadline. If DSS fails to issue a final decision within these time limits, the aggrieved person may file a request for a final decision with DSS, and DSS must issue the decision within 20 days after the request.

§§ 312–13 DSS Burial Assistance

Effective July 1, 2019

These Sections raise, from \$1,200 to \$1,350, the cap for DSS burial assistance to individuals receiving assistance from the State under the general assistance State supplement, or temporary family assistance programs.

II. SPECIFIC ACTS OF INTEREST

2. PUBLIC ACT 19-42. AN ACT CONCERNING PARTICIPATION BY A RESIDENT OF A NURSING HOME FACILITY OR RESIDENTIAL CARE HOME IN A RECEIVERSHIP PROCEEDING.

Effective July 1, 2019

Under current law, a resident of a nursing home or RCH (or the resident's legally liable relative, conservator, or guardian), may appear as a party to receivership hearings. This Act requires a court to allow such individuals to be heard during these hearings without having to file an appearance as a party.

3. PUBLIC ACT 19-89. AN ACT CONCERNING NURSING HOME STAFFING LEVELS.

Effective October 1, 2019

§ 2

This Section requires nursing homes to calculate the number of APRNs, RNs, LPNs, and nurse's aides responsible for providing direct care to residents during a shift, post this information daily, and retain this information for 18 months from the date of posting. Information to be posted daily includes (i) name of the nursing home facility, (ii) date, (iii) total number of APRNs, RNs, LPNs, and nurse's aides responsible for direct patient care during the shift, (iv) total number of hours each of these individuals are scheduled to work during the shift, and (v) total number of nursing home facility residents. Calculations should not include nurses or nurse's aides who are managers or administrators or are working on transportation duty and not providing direct care during the primary portion of the shift. The "primary portion" of the shift equates to 6 or more hours of an 8-hour shift.

This Section also requires nursing home facilities to post (i) information daily regarding the minimum number of nursing home staff required by law to provide direct patient care per shift and (ii) the telephone number (860-509-7603) or website (<https://dphflisevents.ct.gov/Complaints>) that individuals may use to report violations of the staffing requirement.

§ 3

This Section permits DPH to take disciplinary action against a nursing home facility that violates the staffing requirements set forth in § 2, above. Such disciplinary actions may include (i) suspending or revoking the facility's license, issuing a letter of reprimand or compliance order, imposing a corrective action plan, or placing it on probationary status, and (ii) issuing a citation to the licensee of the nursing home facility.

Violations relating to a nursing home facility's staffing level requirement must be posted in the facility and included in a listing by DPH.

§ 4

Under current law, nursing homes and RCHs cannot retaliate against any resident, relative, guardian, conservator, sponsoring agency, employee, or other person who files a complaint against the facility. This Section strengthens the rights of employees by requiring the facility to reinstate the employee if the employee was terminated by the facility in violation of these anti-retaliation rules. Further, this Section strengthens the rights of residents in that it requires the facility to restore the resident to his or her living situation prior to the discriminatory or retaliatory action if the resident's living situation was changed in violation of this Section.

4. PUBLIC ACT 19-97. AN ACT REMOVING THE TERM "HOMEMAKER" IN REFERENCE TO HOME HEALTH AIDE AGENCIES AND SERVICES.

Effective July 1, 2019

This Act changes the term "homemaker-home health aide agency" to "home health aide agency" in various statutory provisions regarding these agencies, providers, and services.

5. PUBLIC ACT 19-116. AN ACT CONCERNING REGISTRIES OF PERSONS FOUND RESPONSIBLE FOR ASSAULTS OR OTHER ABUSE, NEGLECT, EXPLOITATION OR ABANDONMENT OF ELDERLY PERSONS OR PERSONS WITH DISABILITIES.

Effective October 1, 2019

§ 1

This Section requires the Commission on Women, Children, and Seniors to (i) provide a portal on the Commission's website with links to publicly-available background databases, and (ii) convene a working group to raise awareness of the availability of these databases to persons hiring providers to care for elderly persons, children, or persons with disabilities. The Commission must record the number of times the portal is utilized and submit a report on its

utilization, no later than January 1, 2021, to the Joint Committees on Aging, Children, Human Services, and Public Health.

Publicly-available background databases to be provided include: (i) the National Sex Offender Public Website, (ii) the Connecticut Sex Offender Registry, (iii) the list of individuals and entities excluded from federally-funded health care programs for reasons that include, but are not limited to, Medicaid or Medicare fraud, (iv) the Connecticut nurse's aide registry, (v) the criminal and motor vehicle conviction database, (vi) the professional licensure verification database, and (vii) the database of practitioners and entities suspended or excluded from participation in programs administered by DSS.

6. PUBLIC ACT 19-118. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Effective July 1, 2019, except as otherwise noted

§ 2

DPH awards Drinking Water State Revolving Fund Grants based on a priority list for funding it establishes and maintains. This Section allows DPH to disregard the priority list for an emergency, including an unanticipated infrastructure failure, water contamination, or a water shortage, that requires an eligible project to be immediately undertaken to protect the public's health and safety. Current law allows DPH to disregard the priority list only if a public drinking water supply emergency exists.

§ 5

This Section requires a nursing home to notify DPH of a proposed change of ownership at least 120 days before the date of transfer, instead of 90 days.

This Section also allows methadone as part of the accepted behavioral health treatment to people in nursing homes.

§ 7

Under current law, a health care practitioner licensing board or commission or DPH may take disciplinary action against a practitioner's license or permit if the practitioner was subject to disciplinary action by an authorized professional agency of any state, federal government, Washington D.C., U.S. possession or territory, or a foreign jurisdiction. Disciplinary actions include:

- revoking a license or permit;

- suspending a license or permit;
- censuring a practitioner or permittee;
- issuing a letter of reprimand;
- placing a practitioner or permittee on probationary status;
- requiring restitution to an injured property owner;
- and any of the above disciplinary action against a practitioner that is a convicted felon.

This Section now permits licensing boards, commissions, or DPH to also take such disciplinary action if the practitioner's license or permit is subject to voluntary surrender or an agreement not to renew or reinstate.

§§ 8–12

These Sections moves the administration of the Connecticut AIDS Drug Assistance Program (“CADAP”) and Connecticut Insurance Premium Assistance Program (“CIPA”) from DSS to DPH by removing references to CADAP in DSS-related statutes. CADAP is a pharmaceutical drug assistance program that pays for certain FDA-approved medications to treat HIV and HIV-related conditions for eligible low-income residents. CIPA, which is funded through CADAP, provides health insurance premium assistance to eligible CADAP participants who have private insurance.

These Sections also reinstate the requirement that CADAP and CIPA applicants and beneficiaries enroll in Medicare Part D or demonstrate their ineligibility to do so. Finally, these Sections allow DPH to pay the premium and coinsurance costs of Medicare Part D coverage for these individuals.

§§ 13–14

These Sections permit, rather than require, DPH to adopt regulations on radon in drinking water consistent with the Environmental Protection Agency's national primary drinking water regulations. These Sections further permit, rather than require, DPH to establish radon measurement requirements and procedures for evaluating radon in indoor air and reducing elevated levels detected in public schools.

§ 15

This Section allows, rather than requires, DPH to adopt regulations to mandate that RCHs designate unlicensed personnel to obtain certification (and recertify every two years thereafter) to administer medication to residents.

If DPH adopts any regulations on medication administration by unlicensed personnel, then DPH must also, at the same time, adopt policies and procedures necessary to administer these requirements.

Unlicensed assistive personnel in RCHs still may (i) obtain and document residents' blood pressures and temperatures with digital medical instruments, (ii) obtain and document residents' weight, and (iii) assist residents in the use of glucose monitors to obtain blood glucose levels.

§ 16

This Section allows, rather than requires, DPH to adopt regulations to implement the requirement under law that home health aide agencies, RCHs and assisted living service agencies, and licensed hospice care organizations provide training and education on Alzheimer's disease and dementia symptoms and care to all staff.

§ 19

This Section eliminates the requirement that DPH annually research, develop, track, and report to the Joint Committee on Public Health quantifiable outcome measures for the State's emergency medical service system.

§ 21

Under current law, DPH must consult with OHS and local health departments to develop and implement a statewide chronic disease plan. Previously that plan had to focus on the reduction of chronic cardiovascular disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis or another metabolic disease, and the effects of behavioral health disorders.

This Section, however, eliminates these focus areas and instead substitutes focus areas of tobacco use, high blood pressure, health care associated infections, asthma, unintended pregnancy, and diabetes.

§ 23

This Section extends by one year, from January 1, 2019 to January 1, 2020, the date by which DPH must adopt the FDA's Model Food Code as the State's food code for regulating food establishments.

§ 25

This Section changes the requirement for DDS to conduct fingerprint and State and national background checks on any job applicant to only job applicants who have been made a conditional employment offer.

§§ 27–40

These Sections repeal provisions and make changes so that DPH will administer CADAP and CIPA, which provide prescription medication assistance to eligible low-income residents with HIV or HIV-related conditions. Previously, the programs were administered by DSS.

These Sections also repeal the provisions establishing a Health Care Access Commission to develop programs needed to ensure appropriate health care access by all residents. The Commission's duties are now performed by the OHS's Health Care Cabinet.

§§ 41–42

These Sections add “behavioral health facilities” to have reporting duties to, and licensing requirements from, DPH. These sections also add DPH licensing and inspection of outpatient clinics every three years. Outpatient clinics that have accreditation from a national accrediting organization within the last year may be inspected by DPH once every four years, if those clinics have not committed any violations that would pose an immediate threat to patients. DPH authority to inspect, suspend, or revoke outpatient clinics is not limited by these Sections.

§ 58

This Section adds an application process and requirements for emergency medical technicians to apply to DPH for certification.

§ 64

This Section defines “mobile integrated health care program” as a DPH-approved program that offers services by licensed or certified ambulance service providers or paramedics. These services include clinically-appropriate medical evaluations, treatment, transportation, and referrals.

§ 65

This Section adds that DPH shall establish rates for the treatment and release of patients by a licensed or certified emergency medical services organization, or an associated health care provider. This Section exempts mobile integrated health care programs from DPH rates.

§ 68

This Section adds that only DPH can authorize an emergency medical services organization that meets certain requirements to establish a mobile integrated health care program under its existing license or certification. Emergency medical services organizations cannot establish mobile integrated health care programs without DPH approval. DPH will post policies and procedures regarding the administration of mobile integrated health care programs to its website no later than January 20, 2020.

This Section also states that any ambulance service that notifies DPH in writing before October 1, 2019 that it has been the primary service area responder for a primary service area for at least a month will be deemed that area's authorized mobile integrated health care program.

§ 69

This Section adds that any person receiving services or transportation from a mobile integrated health care program must be responsible for the reasonable costs of those services.

§§ 70-74

Effective July 9, 2019

These sections contain technical corrections to various statutes, including the nursing home property tax exemption statute, to update and correct the citation to the statutory definition of "nursing home."

III. ACTS CONCERNING HEALTH INSURANCE

7. PUBLIC ACT 19-76. AN ACT EXPANDING MEDICAID COVERAGE OF TELEHEALTH SERVICES.

Effective July 1, 2019

Current law requires DSS to provide coverage under the Medicaid program for telehealth services, within available State and federal resources, for categories of health care services that DSS determined were (i) clinically appropriate to be provided via telehealth, (ii) cost effective, and (iii) likely to expand health care access.

This Act removes the availability of State and federal resources as a condition for providing telehealth coverage. This Act also revises the third requirement listed above, by now requiring that the services were likely to expand health care access and there be a clinical need for the services to be provided via telehealth. Under this Act, DSS may provide coverage of telehealth services regardless of any State regulations that would otherwise prohibit such coverage.

Finally, this Act requires DSS to submit a report to the Joint Committees on Human Services and Public Health by August 1, 2020, on (i) the health care categories utilizing telehealth services, (ii) the cities or regions where the services are being offered, and (iii) any cost savings realized by the State.

8. PUBLIC ACT 19-133. AN ACT EXPANDING REQUIRED HEALTH INSURANCE COVERAGE FOR HEARING AIDS.

Effective January 1, 2020

Current law requires insurance policies to cover hearing aids only for children under age 13. This Act eliminates an age restriction for mandated health insurance coverage for hearing aids, thus requiring certain insurance policies to cover hearing aids for any covered person. In doing so, it codifies the Insurance Department's Bulletin HC-102, which brought the State hearing aid benefit requirement into compliance with the federal Patient Protection and Affordable Care Act, which generally prohibits age-based discrimination in benefit design.

Under current law, policies may limit hearing aid coverage to \$1,000 within a 24-month period. This Act instead allows policies to limit coverage to one hearing aid per ear (with no dollar-amount limitation) within a 24-month period.

9. PUBLIC ACT 19-134. AN ACT EXPANDING REQUIRED HEALTH INSURANCE COVERAGE FOR PREEXISTING CONDITIONS.

Effective January 1, 2020

This Act prohibits short-term health insurance policies issued on a nonrenewable basis for a term of six months or less from containing a provision that limits or excludes coverage for preexisting conditions. Current law already prohibits other individual and group health insurance policies and HMO contracts from imposing a preexisting condition provision.

Current law limits the provision to preexisting conditions for which medical advice, diagnosis, care, or treatment was recommended or received. This Act redefines the term “preexisting condition provision” to include preexisting conditions whether or not medical advice, diagnosis, care, or treatment was recommended or received before the coverage effective date.

IV. ACTS CONCERNING EMPLOYMENT AND BUSINESS RESPONSIBILITIES

10. PUBLIC ACT 19-4. AN ACT INCREASING THE MINIMUM FAIR WAGE.

§ 1

Effective October 1, 2019

This Act increases the State’s minimum hourly wage from its current \$10.10 to (i) \$11.00 on October 1, 2019; (ii) \$12.00 on September 1, 2020; (iii) \$13.00 on August 1, 2021; (iv) \$14.00 on July 1, 2022; and (v) \$15.00 on June 1, 2023. Beginning January 1, 2024, the annual minimum wage is adjusted based on the federal employment cost index. DOL can recommend suspending any scheduled minimum wage increases after two consecutive quarters of negative growth in the State’s real gross domestic product.

This Act also permits employers to pay a training wage only to people under the age of 18, who are not emancipated minors, for the first 90 days of employment. Training wage is eighty-five percent (85%) of the minimum wage. Current law allows employers to pay training wage to any learners and beginners for the first 200 days of employment.

§ 2

Effective May 16, 2019

Starting October 1, 2020, this Section prohibits employers from taking any action to displace, or partially displace, an employee in order to hire people under age 18 at a subminimum wage rate. This includes reducing an employee’s hours, wages, or employment benefits. DOL can suspend the violating employer’s right to pay the reduced rate for employees for a time specified in regulations.

11. PUBLIC ACT NO. 19-16. AN ACT COMBATING SEXUAL ASSAULT AND SEXUAL HARASSMENT.

Effective October 1, 2019, except as otherwise noted

§ 1

Currently, employers with three or more employees must post information about the illegality of sexual harassment and available remedies for victims in a prominent and accessible location. As of October 1, 2019, these same employers must also provide a copy of this information to each employee by electronic mail within three months of the employee's start date with a subject line that includes the words "Sexual Harassment Policy" or words of similar import, if (i) the employer has provided an electronic mail account to the employee, or (ii) the employee has provided the employer with an electronic mail address, provided if an employer has not provided an electronic mail account to the employee, the employer shall post the information concerning the illegality of sexual harassment and remedies available to victims of sexual harassment on the employer's website, if the employer maintains such a website. Alternatively, an employer may comply with the above requirement by providing an employee with the link to the CHRO website concerning the illegality of sexual harassment and the remedies available to victims of sexual harassment by electronic mail, text message or in writing.

Moreover, current law requires employers with fifty or more employees to provide sexual harassment prevention training to all supervisors within six months of assuming a supervisory position. This Section expands these obligations to encompass Connecticut employers of only three or more and requires that all employees both supervisory and non-supervisory receive two hours of sexual harassment prevention training. For existing employees, this training must be provided by October 1, 2020. All employees hired on or after October 1, 2019 must receive the training within six months of hire.

Furthermore, employers with fewer than three employees (including family businesses where an individual is employed by a spouse, parent or child) must provide sexual harassment training to supervisory employees by October 1, 2020, or within six months of an employee assuming a supervisory role.

All employers will be required to provide periodic supplemental training not less than every ten years. Unchanged are the regulations promulgated by the CHRO that encourage, but not require, employers to provide training updates once every three years.

§ 3

Effective July 1, 2019

This Section requires the CHRO to develop and include on the commission's website a link concerning the illegality of sexual harassment and the remedies available to victims of sexual

harassment. Additionally, the CHRO must develop and make available, at no cost to employers, an online training and education video or other interactive methods of training and education that fulfills the requirements prescribed by this Act.

§ 4

This Section establishes that employers who take immediate “corrective action,” which includes but is not limited to employee relocation, assigning an employee to a different work schedule or other substantive changes to an employee’s terms and conditions of employment, are prohibited from modifying the conditions of employment of the employee making the claim of sexual harassment unless such employee agrees, in writing, to any modification in the conditions of employment.

§ 5

The equal employment opportunity officer investigating a complaint may not disclose witness statements or documents received or compiled in conjunction with the investigation of a complaint of discriminatory conduct within the agency, department, board or commission until the conclusion of such investigation, except that witness statements or documents may be disclosed to personnel charged with investigating or adjudicating such complaint, or to the CHRO.

§ 6

This Section extends the amount of time that individuals who believe that they have been subjected to a discriminatory practice in violation of the Connecticut Fair Employment Practices Act (“CFEPA”) have to file a complaint with the CHRO, from within 180 days of the alleged adverse action to within 300 days after the date of the alleged act of discrimination. The extended time in which to file with the CHRO applies to all complaints based on violations alleged to have occurred on or after October 1, 2019.

§ 7

This Section expands the potential damages that can be assessed by the CHRO at the public hearing stage if it concludes that a discriminatory employment practice has occurred. Currently, CHRO hearing officers are authorized by statute to award reinstatement and back-pay as forms of relief. This Section permits the CHRO to award the amount of damages suffered by the complainant, including the “actual costs incurred by the complainant” as well as “reasonable attorney’s fees and costs.”

§ 9

Any employer who fails to provide the training and education concerning the illegality of sexual harassment and the remedies available to victims of sexual harassment as required by this Act, shall be fined up to \$1,000 for this violation.

This Section also authorizes the executive director of the commission to assign a designated representative of the commission to enter an employer's place of business during normal business hours for the purposes of: (1) ensuring compliance with the prescribed posting requirements and (2) examining records, policies, procedures, postings and sexual harassment training materials maintained by the employer in connection with the requirements of this Act. The designated representative of the commission, who is carrying out the duties set forth in this Act, must ensure that such activities do not unduly disrupt the business operations of the employer.

§ 10

This Section expressly permits the award of punitive damages in cases of employment discrimination.

12. PUBLIC ACT 19-25. AN ACT CONCERNING PAID FAMILY AND MEDICAL LEAVE.

Please see the summary of this Act prepared by Wiggin and Dana LLP's Labor, Employment and Benefits Department, at <https://www.wiggin.com/labor-employment-and-benefits/publications/connecticut-significantly-expands-coverage-of-family-and-medical-leave-act-adopts-paid-leave/>.

This Act was amended by Sections 232–235 of Public Act 19-117.

Sections 232–235 of Public Act 19-117 broaden the definition of “base weekly earnings” and “subject earnings” to include self-employment income, provided that the recipient has enrolled in the Paid Family Medical Leave Insurance Program.

Section 233 of Public Act 19-117 reduces, from 15 to 13 members, the voting members of the board of directors of the Paid Family and Medical Leave Insurance Authority. It makes the Secretary of OPM and the State Treasurer, or persons designated by them to serve in their places, nonvoting members of the board.

Under current law, no member of the board or any officer, agent, or employee of the Paid Family and Medical Leave Authority may have any financial interest in any entity contracting with the Authority. Section 232 of Public Act 19-117 clarifies that “financial interest” does not

include an interest of a *de minimis* nature or an interest that is not distinct from that of a substantial segment of the public.

Section 234 of Public Act 19-117 removes a requirement of the board of directors of the Paid Family and Medical Leave Insurance Authority to issue requests for proposals if it chooses to use outside contractors for certain services. It also provides that if the board chooses to establish additional standard criteria for the evaluation of proposals relating to claims processing, website development, database development, and marketing and advertising, the criteria must be posted on a public Internet website maintained by the Authority for notice and comment for at least one week prior to approval by the board by a two-thirds vote.

Section 235 Public Act 19-117 delays, until January 1, 2022, the creation of a “non-charge” against an employer’s unemployment tax experience rate when an employer lays off an employee due to an employee’s return from FMLA leave. The creation of the “non-charge” will, once in effect, allow an employer to lay off an employee who was temporarily filling the position of someone on FMLA leave without increasing the employer’s unemployment taxes.

V. ACTS CONCERNING HOUSING AND REAL PROPERTY

13. PUBLIC ACT 19-51. AN ACT CONCERNING FIRE SPRINKLER SYSTEMS IN RENTAL UNITS.

Effective October 1, 2019

Current law requires all landlords to include a notice in each lease regarding the existence (or lack thereof) of a fire sprinkler system in the building. This Act narrows the requirement to landlords of buildings that are required by law to be equipped with a fire sprinkler system (i.e., those with more than (i) four floors and built for human occupancy and (ii) 12 living units and occupied primarily by elderly individuals).

The notice must be printed in at least 12-point boldface type of uniform font and should include whether there is a fire sprinkler system and the date of the system’s maintenance and inspection.

14. PUBLIC ACT 19-66. AN ACT EXPANDING ELIGIBILITY FOR TAX RELIEF FOR CERTAIN ELDERLY HOMEOWNERS.

Effective October 1, 2019

Under current law, certain elderly and disabled real property owners are entitled to property tax relief under the State’s Circuit Breaker Program (i.e., the Elderly and Disabled Homeowners’ Tax Relief Program). This program entitles older adults and individuals with a

permanent and total disability to a property tax reduction, which varies based on the individual's income.

This Act specifies that tax relief under this program also extends to owners of real property that is held in trust for the owner. Under this Act, to qualify for tax relief on a home that is held in trust, the owner or the owner and his or her spouse must be both the grantor and beneficiary of the trust.

15. PUBLIC ACT 19-168. AN ACT CONCERNING PUBLIC HOUSING.

Effective October 1, 2019

§ 1

Current law allows municipalities to require nonresident landlords to file their current residential addresses with the municipality's tax assessor.

This Section now allows municipalities to require vacant and occupied project-based housing providers ("PBHPs") to file their current residential addresses with the municipality's tax assessor. PBHPs are property owners who contract with the U.S. Department of Housing and Urban Development to rent to tenants under the federal Housing Choice Voucher Program. If the PBHP's owner is a business entity, then the owner may file the residential address of the agent in charge. The PBHP owner must file a change of address within 21 days after the change.

For the purposes of this Act, PBHPs must also identify and provide the residential addresses of individuals and entities that exercise day-to-day financial or operational control of the property.

§ 2

This Section doubles the maximum penalty for the first violation of the filing requirements (from \$250 to \$500).

VI. ACTS CONCERNING LICENSING AND TRAINING REQUIREMENTS FOR PROFESSIONALS

16. PUBLIC ACT NO. 19-115. AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES.

§§ 1–2

Effective January 1, 2020

Under current law, a physician or APRN applying for license renewal must earn 50 contact hours of continuing medical education within the preceding two-year period. This Section requires that behavior health educational opportunities of continuing medical education include at least two contact hours of training and education on the diagnosis, treatment, and care of patients with (i) cognitive conditions such as Alzheimer's disease, dementia, delirium related cognitive impairments, and geriatric depression or (ii) mental health conditions, including, but not limited to, mental health conditions common to veterans and family members of veterans.

§ 3

Effective June 5, 2019

This Section creates a nine-member working group, established by the Commission on Women, Children and Seniors, to review recommendations of the Task Force on Alzheimer's Disease and Dementia, determine gaps in implementation of those recommendations, and make recommendations concerning best practices for Alzheimer's disease and dementia care. The nine-member working group will consist of:

- the executive director of the Commission on Women, Children and Seniors, or the executive director's designee, who will be the chairperson of the working group;
- the executive director of the Connecticut chapter of the Alzheimer's Association, or the executive director's designee;
- the Commissioner of DORS, or the commissioner's designee;
- the executive director of the Connecticut chapter of the American Association of Retired Persons, or the executive director's designee;
- the State Ombudsman, or a representative of the Office of the LTC Ombudsman;
- a family representative of a person with Alzheimer's disease;
- a family representative of a person with dementia;
- a person diagnosed with Alzheimer's disease or dementia; and
- a health care professional with expertise in the diagnosis and treatment of Alzheimer's disease and dementia.

The working group will submit a report on its findings no later than January 30, 2020 to the Joint Committee on Aging. The working group terminates on the day it submits its report, or December 1, 2020, whichever is later.

17. PUBLIC ACT 19-164. AN ACT CONCERNING SOCIAL WORKERS.

Effective October 1, 2019

§ 1

This Section prohibits anyone from using the title “social worker,” or any associated initials, or advertising services as a “social worker” unless he or she (i) has a bachelor’s or master’s degree in social work from a social work program accredited by the Council on Social Work Education (“CSWE”); (ii) has a doctorate in social work; or (iii) completed an education program that CSWE deems equivalent if educated outside of the U.S. or its territories. This Section exempts (i) municipal employees with the title “social worker” hired before July 1, 2019 and (ii) state employees with the title “social worker.”

Finally, this Section requires the State, on any posting for a job in the social work series of classified service that does not require a social work license, to specify that the preferred qualification for employment is a bachelor’s or master’s degree in social work from a CSWE-accredited social work program or a doctorate in social work.

§ 2

From October 1, 2010 to October 1, 2013, a person with a master’s degree in social work could operate his or her own independent practice. This Section removes this ability.

18. PUBLIC ACT 19-170. AN ACT CONCERNING INTERPRETER STANDARDS.

Effective July 1, 2019

Prior to this Act’s effective date, the law required anyone receiving compensation for providing interpreting services for the deaf and hearing impaired as part of his or her job duties to register annually with DORS and hold one of several allowable credentials. This Act expands the interpretive services to include interpretation for a deaf-blind person. This Act also expands the circumstances that require interpreters to register and creates exceptions to this requirement under narrow circumstances. Under this Act, an individual must register with DORS as a qualified interpreter to: (i) interpret or offer to interpret for another person, agency, or entity; (ii) use the title “interpreter,” “transliterator,” or similar title in advertisements or communications or in connection with services provided under his or her name; (iii) present or identify himself or herself as an interpreter qualified to interpret in the State; or (iv) perform the function of, or convey the impression that, he or she is an interpreter or transliterator.

The Act also revises the definition of “medical settings” for which persons providing interpretive services must be registered with DORS. Under the Act, these settings are defined as “gatherings or gathering places where health and wellness issues are addressed, including but not limited to, hospitals, clinics, assisting living and rehabilitation facilities, mental health treatment sessions, psychological evaluations, substance abuse treatment sessions, crisis intervention and appointments or other treatment requiring the presence of a doctor, nurse, medical staff or other health care professional.” While nursing homes and residential care homes are not specifically mentioned, this definition is broad enough to include those settings.

This Act does exempt certain individuals from the requirement to register annually with DORS, including individuals interpreting: (i) at the request of a deaf, deaf-blind, or hard of hearing person (e.g., friends or family); (ii) at worship services conducted by religious entities; (iii) at services for educational purposes conducted by religious entities or religiously-affiliated schools; (iv) during emergency situations, if obtaining a registered interpreter or transliterator could cause delay leading to injury to or loss of the persons requiring interpretation services, provided that emergency assistance does not waive communication access requirements pursuant to the Americans with Disabilities Act or Section 504 of the Rehabilitation Act of 1973; (v) as part of a supervised internship or practicum at an accredited college or university or a DORS-approved mentorship if (a) the interpreting is not in a legal, medical, or educational setting or (b) the individual is accompanied by an interpreter who is registered with DORS; or (vi) in Connecticut for no more than 14 days during a calendar year, if certified by a national professional certifying body (i.e., National Registry for Interpreters for the Deaf or National Association of the Deaf) or a recognized state professional certifying body from outside the State.

This Act also expands the list of allowable credentials for interpreter certification to include the following credentials from the Massachusetts Commission on the Deaf and Hard of Hearing: (i) Approved Deaf Interpreter, (ii) Approved American Sign Language-English Interpreter, and (iii) Approved Sign Language Transliterator.

This Act further requires DORS to (i) maintain a current listing of registered interpreters on its website and (ii) annually issue interpreter identification cards to registered interpreters listing the type of settings where the cardholder can interpret.

In addition, this Act provides that people who are deaf, deaf-blind, or hard of hearing may request or use a different registered interpreter than the one provided in any setting in accordance with a nationally recognized interpreter code of professional conduct.

Finally, this Act authorizes anyone to report a violation of its provisions to Disability Rights Connecticut, Inc.

VII. ACTS CONCERNING PROBATE

19. PUBLIC ACT 19-47. AN ACT CONCERNING PROBATE COURT OPERATIONS.

§§ 1, 10–15

Effective June 4, 2019

These Sections allow for the probate court administrator to maintain an electronic filing system for filing, sending, receiving, and viewing probate court documents. The system must also enable users to pay associated court fees and expenses. Under these Sections, the probate court or a party or attorney in a probate court matter can use the system to electronically serve a filing, notice, or other document to a registered user of the system if the court has granted the filer's request for online access to the matter's records. These Sections also specify that using the electronic filing system satisfies the law's requirements on transmitting a filing, notice, or document by means other than personal service.

Further, under current law, individuals may appeal a probate court order, denial, or decree within a certain time period. The length of time permitted for an appeal varies based on the matter involved. Currently, the time period for an appeal is calculated from when the court sent the order, denial, or decree. Under these Sections, the appeal period is calculated from that date or the date on which it electronically served the order, denial, or decree, whichever is later.

§ 4

Effective July 1, 2019

This Section increases, from \$225 to \$250, the fee for filing motions, petitions, or applications in probate court for matters other than decedents' estates.

§ 17

Effective July 1, 2019

This Section repeals a procedure by which, under current law, a petitioner may freeze the assets of someone who is the subject of a conservatorship proceeding by filing a certified copy of the petition with a financial institution or recording the copy on the land records.

20. PUBLIC ACT 19-137. AN ACT CONCERNING ADOPTION OF THE CONNECTICUT UNIFORM TRUST CODE.

Effective January 1, 2020

Please see the summary of this Act prepared by Wiggin and Dana LLP's Private Client Services Department, at <https://www.wiggin.com/private-client-services/publications/estate-planning-alert-connecticut-legislature-passes-overhaul-of-connecticut-trust-law/>.

VIII. ACTS CONCERNING HEALTH PROVIDER SERVICES

21. PUBLIC ACT 19-56. AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR REVISIONS TO THE PUBLIC HEALTH STATUTES, DENTAL ASSISTANTS AND DENTAL THERAPY.

Effective as noted

§ 12

Effective June 13, 2019

This Section concerns the task force that studies (i) the short-term and long-term needs of adults with intellectual disability including issues related to aging, including Alzheimer's disease, dementia and related disorders, and (ii) ways to provide services and support to such adults in need. This Section requires the task force to submit a report on its findings and recommendations to the Joint Committee on Public Health and terminate by January 1, 2020 (instead of January 1, 2019).

§ 13

Effective July 1, 2019

Current law allows a licensed dentist to delegate procedures concerning fillings, oral health education for patients, placement of dental sealants, and coronal polishing so long as these are done under the dentist's indirect supervision. This Section expands the types of procedures a licensed dentist may delegate to an expanded function dental assistant to include the administration of topical anesthetic and taking alginate impressions of teeth but requires that a licensed dentist will directly supervise and assume responsibility for the procedures.

Current law requires licensed dentists to only delegate these dental procedures to dental assistants or expanded function dental assistants who have successfully completed the Dental Assisting National Board's infection control examination. An "expanded function dental assistant" is a dental assistant who has passed the Dental Assisting National Board's certified dental assistant or certified orthodontic assistant examination and then completed (i) an expanded function dental assistant program at an institution of higher education that is

accredited by the Commission on Dental Accreditation of the American Dental Association and (ii) a written examination administered by the Dental Assisting National Board.

This Section expands this to permit delegation to those assistants who have successfully completed an infection control competency assessment accredited by the American Dental Association's Commission on Dental Accreditation.

This Section increases the amount of on-the-job training by a licensed dentist for the purposes of preparing for an infection control examination from 9 months to 15 months.

§ 14

Effective January 1, 2020

This Section allows dental hygienists to engage in the practice of dental therapy if they (i) are a licensed by the State as a dental hygienist, (ii) obtained a dental therapist certification from an institution of higher education accredited by the Commission on Dental Accreditation, (iii) successfully completed a comprehensive examination prescribed by the Commission on Dental Competency Assessments, (iv) completed 1,000 hours of clinical training under a licensed dentist and six hours of continuing education related to dental therapy prior to entering into the first collaborative agreement, and (v) have entered into a collaborative agreement with a licensed dentist. Each dental therapist must complete six hours of continuing education in dental therapy within 12 months after entering into a collaborative agreement and each subsequent 24-month period afterwards.

This Section defines the practice of dental therapy as the performance of certain educational, preventive, and therapeutic practices and procedures. A dental therapist will practice in a public health facility under the general supervision of a licensed dentist. Public health facilities include a senior center or MRC.

A collaborative agreement is a written agreement between a dental therapist and a licensed dentist that defines their working relationship. The agreement must be signed and maintained by the parties, reviewed on an annual basis, and available for DPH inspection upon request. A dentist may not enter into a collaborative agreement with more than two dental therapists at one time and is professionally and legally responsible for all services authorized and performed by a dental therapist under the collaborative agreement.

22. PUBLIC ACT 19-98. AN ACT CONCERNING THE SCOPE OF PRACTICE OF
ADVANCED PRACTICE REGISTERED NURSES.

Effective October 1, 2019

§§ 3-4

Under current law, an employer must provide a competent physician or surgeon to attend to an injured employee and provide any medical rehabilitation and medication the physician deems reasonable or necessary. These Sections expand the law to allow an employer to provide an APRN instead of a physician or surgeon, and provide the necessary treatment deemed reasonable by the APRN.

An employee must select the physician, surgeon, or APRN that will treat his or her injury from an approved list provided by the Workers' Compensation Commission. If the employer has a full-time staff physician, surgeon, or APRN, the initial treatment required immediately after the injury may be provided by that practitioner.

These Sections allow an injured employee to select a physician or APRN from the approved list provided by the Workers' Compensation Commission at the expense of the employer if the employer fails to promptly provide one.

§ 6

Under current law, when an employer or insurer discontinues or reduces payment for Workers' Compensation claims, it must notify the employee claimant. This notice, under current law, must identify the claimant's physician. This Section expands this to permit identification to the claimant's physician or APRN.

§ 7

Under current law, contracts between a managed care company, other organization, or insurer and a medical provider such as a physician, chiropractor, naturopathic provider, podiatrist, dentist, optometrist, or psychologist are prohibited from containing an indemnification agreement for any expenses and liabilities of the managed care company, other organization, or insurer. This Section now extends the definition of a medical provider to include APRNs.

§ 8

Under current law, mental health services provided by certain health care professionals are covered and paid in the same manner as they would be if rendered by a physician or psychologist. This Section now requires mental health services rendered by an APRN to be

covered by health insurers and paid in the same manner as those services rendered by physicians or psychologists.

Under current law, health care centers are not required to provide benefits for mental health services provided by facilities that are not affiliated with the health care center, except in the case of emergency services or when an individual is referred by a physician. This Section extends this exception to referrals made by an APRN.

§§ 9–12

Under current law, health insurance benefits cover a physician's diagnosis of significant changes in a patient's diabetes and medically necessary outpatient education and training. This Section now requires insurance benefits to cover APRNs diagnoses and outpatient education and training for a patient's diabetes.

§ 14

Under current law, when a patient is denied permission by a hospital to examine his or her medical record, the patient may file a written motion with the Superior Court to access their record. The court may order the record to be produced for examination by the patient or the patient's physician. This Section now allows for an APRN to examine the patient's record under these circumstances.

§ 15

This Section allows an APRN, if they are specified on a death certificate, to access the "administrative purposes" section of the death certificate.

§ 19

Under current law, DPH is required to annually issue a list of reportable diseases, emergency illnesses, health conditions, and reportable laboratory findings to each licensed physician and clinical laboratory in the State. This Section now requires this list to be distributed to licensed APRNs as well.

§ 20

Under current law, DPH establishes and maintains State laboratories to perform examinations of tissue samples or other laboratory tests for the diagnosis and control of preventable diseases and protection of public health. These examinations are performed upon application by a licensed physician, dentist, podiatrist, other laboratories, local directors of health, and public

utilities or State departments or institutions. This Section now allows APRNs to submit applications for laboratory examinations at DPH State laboratories.

§ 21

Under current law, a patient's health care provider may access and examine a patient's tissue samples on a patient's behalf. This Section expands the definition of a health care provider to allow an APRN to access and examine tissue samples on a patient's behalf.

§§ 22–23

Under current law, a pharmacist may enter into a collaborative drug therapy management agreement with one or more physicians to manage the drug therapy of individual patients. A pharmacist who is part of a collaborative drug therapy agreement may be authorized to modify drug therapy prescribed to a patient but must notify the treating physician. Additionally, the pharmacist must report the patient's drug therapy management to the physician at least every thirty days. This Section now allows a collaborative drug therapy agreement between a pharmacist and an APRN.

§ 25

Under current law, disclosure of communications or records concerning a patient's mental health condition without written consent of the patient are authorized only in certain situations, such as: (i) disclosure to other persons treating the patient or another mental health facility where the patient is admitted for diagnosis and treatment, (ii) if there is a substantial risk of imminent physical injury by the patient to himself or others, (iii) when disclosure to individuals or agencies involved in collection of fees for these services is necessary to resolve a dispute over the fees or claims, (iv) if disclosure is ordered by a court, or (v) disclosure in a civil proceeding in which the patient introduces his or her mental condition as an element of a claim or defense. This Section now applies these exceptions to APRNs certified as psychiatric providers.

§ 26

This Section applies the existing statute of limitations for malpractice actions (i.e., two years from the date the injury is first sustained, discovered, or should have been discovered) against physicians or certain other providers to APRNs.

23. PUBLIC ACT 19-113. AN ACT CONCERNING THE USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS.

Effective October 1, 2019

This Act provides that any physicians, dentists, or RNs and LPNs who operate an automatic external defibrillator (“AED”) to render emergency medical or professional assistance to a person in need shall be immune from liability for civil damages for personal injuries caused by the AED’s malfunctioning; provided, that, the malfunctioning was not a result of such provider’s negligence.

24. PUBLIC ACT 19-144. AN ACT CONCERNING A COLLABORATIVE RELATIONSHIP BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS.

Effective July 1, 2019

This Act redefines the relationship between a PA and physician as “collaborative,” rather than “dependent.” Current law defines the relationship as dependent, meaning that PAs must provide care under the supervision, control, responsibility, and direction of a licensed physician.

25. PUBLIC ACT 19-149. AN ACT CONCERNING MOBILE DENTAL CLINICS.

Effective June 24, 2019

This Act requires DSS to reimburse a mobile dental clinic for dental services provided by a licensed dentist or dental hygienist to Medicaid beneficiaries within 30 miles of the associated dentist’s fixed location. The reimbursable service area is a 50-mile radius for mobile dental clinics located in New London, Litchfield, and Windham counties. DSS may adopt regulations to implement this Act.

IX. MISCELLANEOUS ACTS OF INTEREST

26. PUBLIC ACT 19-57. AN ACT CONCERNING FUNERAL SERVICE CONTRACTS AND CEMETERIES.

Effective January 1, 2020

§ 1

This Act increases, from \$8,000 to \$10,000, the maximum allowable amount of an irrevocable funeral service contract. This Act further requires that these contracts provide that after the contract’s required services are performed, the remaining funds be used to pay the State for the amount of medical assistance or other public assistance the State paid on behalf of the decedent or his or her dependent child.

27. PUBLIC ACT 19-127. AN ACT CONCERNING THE INNOVATION INCENTIVE PROGRAM FOR NONPROFIT PROVIDERS OF HUMAN SERVICES.

Effective July 1, 2019

This Act replaces current law, which merely authorizes OPM to establish an incentive program, and requires the establishment of a pilot program to provide incentives for qualifying nonprofit human service providers that realize savings in the State-contracted services they deliver. “Nonprofit providers of human services” means nonprofit providers of services to persons with intellectual, physical, or mental disabilities or autism spectrum disorder.

Under current law, eligible providers must (i) have State contracts of \$1 million or less and (ii) provide direct services to no more than 150 people enrolled in State-funded assistance programs in specific geographic regions of the State. This Act removes these criteria and instead limits eligibility to eight nonprofit human service providers with State contracts in the following amounts (two from each tier):

- \$50 million or more,
- at least \$20 million but less than \$50 million,
- at least \$5 million but less than \$20 million, and
- less than \$5 million.

This Act also mandates that the pilot program (i) allow participating providers to keep a portion of any savings they realize from the contracted service cost as long as they meet their contractual requirements and use 50% of the savings they retain to expand services, and (ii) prohibit future State contracts for the same type of service from being reduced solely on savings achieved under the pilot.

28. PUBLIC ACT 19-157. AN ACT CONCERNING THE DEPARTMENT ON AGING AND DISABILITY SERVICES AND MEALS ON WHEELS.

Effective July 1, 2019, except as otherwise noted

§§ 1–97

Effective October 1, 2019

The Department of Rehabilitation Services will be renamed the “Department of Aging and Disability Services.” To affect this name change, these Sections replace references to DORS with references to DOADS.

§ 98

This Section allows DSS, beginning July 1, 2020, to annually increase the reimbursement rate for meals-on-wheels providers under the Connecticut Home Care Program for Elders (“CHCPE”) by at least the Consumer Price Index’s cost-of-living adjustment. CHCPE is a

Medicaid waiver and State-funded program that provides a range of home- and community-based services for individuals age 65 and older who are at risk of institutionalization, and who qualify because their limited income and asset levels meet eligibility requirements.

This Section also allows DSS to further increase a Meals-on-Wheels provider's rate if the provider submits evidence of extraordinary costs related to delivering these meals in underpopulated, rural areas of the State.

§ 99

Under current law, DORS must (i) review, in consultation with Senior Resources Agency on Aging, North Central Area Agency on Aging, Agency on Aging of South Central CT, Southwestern CT Agency on Aging, and Western CT Area Agency on Aging its method for allocating federal Older Americans Act funds to the agencies for supportive services and elderly nutrition and (ii) report any findings and recommendations from its review to the Joint Committees on Appropriations and Human Services. This Section requires DORS to now also report service level and cost data to the committees and requires elderly nutrition program providers to annually provide DORS with such information.

§ 100

This Section requires DPH, as part of its quality of care program for licensed health care facilities (including nursing homes), to develop recommendations on collecting and analyzing data on patient malnutrition to improve quality of care. By law, the program must develop a standardized data set to measure health care facilities' clinical performance and require such data to be periodically collected and reported to DPH.

29. PUBLIC ACT 19-191. AN ACT ADDRESSING OPIOID USE.

Effective October 1, 2019, unless otherwise noted

§ 1

Under current law, a pharmacy is required to maintain a record, either in writing or electronically, of any prescription transmitted to it. This Section requires that prior to or simultaneous with dispensing a drug, a pharmacist must offer to discuss the drug and counsel the patient on its use, except when the person picking up the prescription is someone other than the patient or the pharmacist determined it is appropriate to make the consultation offer in writing. A written offer to the patient must include an offer to communicate either in person at the pharmacy or by telephone.

A pharmacist is not required to provide counseling to a patient who refuses it. The pharmacist must keep a record of counseling, or any refusal by (or inability of) the patient to accept counseling. These records must be maintained for three years.

§ 3

Effective June 5, 2019

Under current law, a prescribing practitioner is required to review a patient's record in the electronic drug monitoring program prior to prescribing any controlled substance for greater than 72 hours. If a prescribing practitioner prescribes a controlled substance for continuous or prolonged treatment, the prescriber must review the patient's record at least once every 90 days. A prescribing practitioner is permitted to designate an authorized person to review the electronic drug monitoring program on their behalf prior to prescribing a controlled substance.

This Section now allows for a pharmacist to designate a pharmacy technician to access the electronic prescription drug monitoring program on behalf of the pharmacist, but only for the purposes of facilitating the pharmacist's review. A pharmacist must provide training for the authorized pharmacy technician prior to designating him or her to access the electronic prescription drug monitoring program and patients'-controlled substance prescription information. Additionally, a pharmacist must be designated as the person responsible for ensuring a pharmacy technician's access is limited to the purposes described in this Section and maintains confidentiality. The pharmacist may be subject to disciplinary action for acts of the authorized pharmacy technician.

This Section does not prohibit a prescribing practitioner from disclosing controlled substance prescription information to DSS for the purposes of administering medical assistance programs.

§ 4

Under current law, a registered manufacturer or wholesaler of drugs must have a system to identify suspicious orders of controlled substances and must immediately inform the Drug Control Division of suspicious orders. This Section now requires registered manufacturers or wholesalers of drugs that cease or decline distribution of schedule II–V controlled substances to a pharmacy or practitioner in Connecticut to report (i) the name and location of the pharmacy or practitioner and (ii) the reason for ceasing or declining distribution. This report must be provided in writing to the Drug Control Division no later than five business days after ceasing or declining distribution.

§ 5

This Section prohibits a life insurance or annuity policy from excluding coverage solely based on the applicant receiving a prescription for naloxone or a generic equivalent opioid antagonist.

§ 6

This Section requires a practitioner who prescribes an opioid drug for the treatment of pain for a patient for greater than 12 weeks to establish a treatment agreement or discuss a care plan for chronic use of opioids. The treatment agreement or care plan must include treatment goals, risks of using opioids, urine drug screens, and expectations regarding the continuing treatment of pain with opioids, or situations requiring discontinuation of opioid treatment. The treatment agreement or care plan must be recorded in the patient's medical record.

X. ACTS CONCERNING GOVERNMENT STUDIES AND TASK FORCES

30. PUBLIC ACT 19-70. AN ACT ESTABLISHING A COUNCIL ON PROTECTING WOMEN'S HEALTH.

Effective July 1, 2019

This Act creates a 20-member Council on Protecting Women's Health to monitor federal legislation and litigation related to women's health. The council will advise the Joint Committees of Public Health and Insurance on strategies and any necessary legislative changes to ensure that the federal government does not impede the provision of health care to women in Connecticut. The council must meet at least quarterly. Starting by January 1, 2020, the council must annually submit a status report to the Joint Committees on Public Health and Insurance.

The committee will be comprised of:

- the Commissioner of DPH, or the commissioner's designee;
- the Commissioner of DMAS, or the commissioner's designee;
- the Commissioner of DOI, or the commissioner's designee;
- the executive director of OHS, or the executive director's designee;
- the Healthcare Advocate, or the advocate's designee;
- the Secretary of OPM, or the secretary's designee; and
- 14 members of the public knowledgeable on issues relating to women's health in the State.

31. SPECIAL ACT 19-10. AN ACT ESTABLISHING A TASK FORCE TO STUDY REMEDIES AND POTENTIAL LIABILITY FOR UNREASONABLY CONTESTED OR DELAYED WORKERS' COMPENSATION CLAIMS.

Effective June 4, 2019

This Act establishes a task force to study unreasonably contested and delayed workers' compensation claims. Specifically, the task force must (i) identify the extent of unreasonably contested or delayed claims, (ii) study methods to expand remedies for such unreasonably contested or delayed claims, and (iii) clarify existing law regarding bad faith handling of such claims. This Act requires the study to include, but not be limited to an examination of: (i) how claims are handled when an injured worker is or is not covered by employee benefit health insurance, (ii) the ability of the Workers' Compensation Commission to fine insurance companies for unreasonably contesting or delaying claims, (iii) delays caused by the failure of medical professionals to follow the Professional Guide for Attorneys, Physicians and Other Health Care Practitioners Guidelines for Cooperation, and (iv) remedies available when an undue delay results in an unnecessary delay in medical treatment.

Not later than January 1, 2020, the task force must submit a report on its findings and recommendations to the Joint Committee on Labor. The task force terminates on the date it submits its report or January 1, 2020, whichever is later.

32. SPECIAL ACT 19-12. AN ACT ESTABLISHING A TASK FORCE TO INCREASE EMPLOYMENT OPPORTUNITIES FOR PERSONS WITH DISABILITIES.

Effective June 4, 2019

This Act establishes a task force to study how to increase employment opportunities for persons with disabilities. The task force will study and make recommendations about (i) expanding existing employment assistance programs for persons with disabilities and (ii) establishing financial incentives for businesses to employ more persons with disabilities.

The task force must submit a report of its findings and recommendations to the Joint Committees on Finance, Revenue and Bonding, Human Services, Labor, and Public Health. The task force will terminate either on the date that it submits the report or on February 1, 2020, whichever is later.

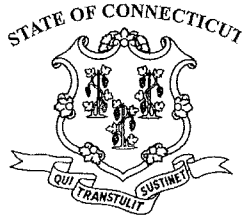
33. SPECIAL ACT 19-18. AN ACT CONCERNING A COMMUNITY OMBUDSMAN.

Effective June 5, 2019

This Act requires DSS and the LTC Ombudsman, who heads DORS and DSS, to jointly develop a Community Ombudsman program to investigate complaints concerning home and community-based services administered by DSS. The LTC Ombudsman and DSS must submit

a report to the Joint Committees on Aging and Human Services by January 1, 2020, describing program logistics such as the population served, types of services offered, and the appropriations needed to staff the program.

1



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Public Act No. 19-117

**AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM
ENDING JUNE 30, 2021, AND MAKING APPROPRIATIONS
THEREFOR, AND PROVISIONS RELATED TO REVENUE AND
OTHER ITEMS TO IMPLEMENT THE STATE BUDGET.**

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

Section 1. (*Effective July 1, 2019*) The following sums are appropriated from the GENERAL FUND for the annual periods indicated for the purposes described:

	2019-2020	2020-2021
LEGISLATIVE		
LEGISLATIVE MANAGEMENT		
Personal Services	47,000,000	50,000,000
Other Expenses	14,930,000	14,930,000
Equipment	2,172,000	1,172,000
Flag Restoration	65,000	65,000
Minor Capital Improvements		1,800,000
Interim Salary/Caucus Offices	677,642	536,102
Redistricting	475,000	475,000
Old State House	550,000	600,000
Interstate Conference Fund	409,038	425,400

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New England Board of Higher Education	183,750	183,750
AGENCY TOTAL	66,462,430	70,187,252
AUDITORS OF PUBLIC ACCOUNTS		
Personal Services	11,446,794	12,196,119
Other Expenses	272,143	272,143
AGENCY TOTAL	11,718,937	12,468,262
COMMISSION ON WOMEN, CHILDREN, SENIORS, EQUITY AND OPPORTUNITY		
Personal Services	600,000	636,000
Other Expenses	60,000	60,000
AGENCY TOTAL	660,000	696,000
GENERAL GOVERNMENT		
GOVERNOR'S OFFICE		
Personal Services	2,043,764	2,154,748
Other Expenses	174,483	174,483
New England Governors' Conference	74,391	74,391
National Governors' Association	106,600	106,600
AGENCY TOTAL	2,399,238	2,510,222
SECRETARY OF THE STATE		
Personal Services	2,681,168	2,826,337
Other Expenses	1,606,594	1,606,594
Commercial Recording Division	4,672,490	4,819,503
AGENCY TOTAL	8,960,252	9,252,434
LIEUTENANT GOVERNOR'S OFFICE		
Personal Services	618,549	648,244
Other Expenses	57,251	57,251
AGENCY TOTAL	675,800	705,495
ELECTIONS ENFORCEMENT COMMISSION		

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Women & Families Center	10,000
YMCA Wilson-Gray	30,000

Sec. 49. (*Effective from passage*) Up to \$400,000 of the amount appropriated in section 1 of public act 17-2 of the June special session, as amended by section 16 of public act 17-4 of the June special session, section 1 of public act 17-1 of the January special session and section 1 of public act 18-81, to Legislative Management, for Personal Services, for the fiscal year ending June 30, 2019, shall not lapse on said date, and such amount shall be carried forward and made available for such purpose for the fiscal year ending June 30, 2020.

Sec. 50. (*Effective from passage*) (a) In the event of and upon approval by the General Assembly, pursuant to section 3-125a of the general statutes, of a comprehensive court settlement between the state and hospitals regarding all outstanding litigation and administrative matters related to pending claims of such hospitals against the state concerning the user fee that was sunset on June 30, 2017, and Medicaid reimbursement: (1) The General Assembly shall adjust the state budget for the biennium ending June 30, 2021, to reflect the state's costs and revenues related to such settlement; and (2) the parties to such settlement shall take all steps necessary to effectuate such settlement, including, but not limited to, working in collaboration to establish quality measures that will improve overall health outcomes and patient experience and reduce unnecessary costs and readmissions, as defined in section 45 of this act.

(b) For the purpose of funding a portion of the state's costs related to such settlement, such budget adjustment shall include the following: (1) \$160,000,000 shall be transferred from the resources of the General Fund for the fiscal year ending June 30, 2019, and made available for the fiscal years ending June 30, 2020, and June 30, 2021; and (2) for the

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fiscal year ending June 30, 2020, \$30,000,000 shall be made available from the resources of the General Fund.

Sec. 51. (*Effective July 1, 2019*) The Secretary of the Office of Policy and Management may make reductions in allotments in any budgeted agency of the executive branch for the fiscal years ending June 30, 2020, and June 30, 2021, in order to achieve savings in the General Fund of \$5,000,000 during the fiscal year ending June 30, 2021, and \$15,000,000 during the fiscal year ending June 30, 2022, associated with contracting savings initiatives.

Sec. 52. (*Effective from passage*) Up to \$50,000 of the amount appropriated in section 1 of public act 17-2 of the June special session, as amended by section 16 of public act 17-4 of the June special session, section 1 of public act 17-1 of the January special session and section 1 of public act 18-81, to the Department of Administrative Services, for Other Expenses, to fund the Office of the Claims Commissioner, for the fiscal year ending June 30, 2019, shall not lapse on June 30, 2019, and shall continue to be available for such purpose for the fiscal year ending June 30, 2020.

Sec. 53. (*Effective from passage*) Up to \$13,000,000 of the unexpended balance of funds in the State Comptroller - Fringe Benefits Higher Education Alternative Retirement System account shall not lapse on June 30, 2019, and such amount shall be carried forward and made available for such purpose for the fiscal year ending June 30, 2020.

Sec. 54. (*Effective July 1, 2019*) Notwithstanding any provision of the general statutes, for the fiscal years ending June 30, 2020, and June 30, 2021, each town, city and borough listed below shall receive the following payment in lieu of taxes for state-owned property not later than October thirty-first of each year:

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Sec. 102. Section 31-428 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Connecticut Retirement Security Authority board of directors shall establish and maintain a secure Internet web site to provide Connecticut Retirement Security Exchange participants with information regarding [approved vendors that offer individual retirement accounts through the program and the various investment options] the various investment options offered through the program, including the historical investment performance of such options. [, that may be available for such individual retirement accounts.]

Sec. 103. Section 4-215 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Each personal service agreement executed on or after July 1, 1994, and having a cost of more than twenty thousand dollars but not more than fifty thousand dollars and a term of not more than one year shall be based on competitive negotiation or competitive quotations, unless the state agency purchasing the personal services determines that a sole source purchase is required and applies to the secretary for a waiver from such requirement and the secretary grants the waiver. Not later than March 1, 1994, the secretary shall adopt guidelines for determining the types of services that may qualify for such waivers. The qualifying services shall include, but not be limited to, (1) services for which the cost to the state of a competitive selection procedure would outweigh the benefits of such procedure, as documented by the state agency, (2) proprietary services, (3) services to be provided by a contractor mandated by the general statutes or a public or special act, and (4) emergency services, including services needed for the protection of life or health. The secretary shall post any approvals of requests for a waiver received under this section on the State Contracting Portal. Not later than January 15, 2020, and annually thereafter, the secretary shall submit a report, in accordance with the

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provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and government administration and the State Contracting Standards Board listing any such waiver requests received during the prior year and the justification for the grant or denial of such request.

(b) The secretary shall immediately notify the Auditors of Public Accounts of any application that the secretary receives for approval of a sole source purchase of audit services and give the auditors the opportunity to review the application to advise the secretary as to whether such services are necessary and, if so, whether such services could be provided by said auditors.

Sec. 104. (NEW) (*Effective October 1, 2019*) Not later than January 1, 2020, and every three years thereafter, each state agency, as defined in section 4-212 of the general statutes, shall submit to the Secretary of the Office of Policy and Management for approval an agency procurement plan that includes, but is not limited to, a list of all services and programs the agency intends to contract for over the three-year period next succeeding such report, and a planned schedule of procurements indicating whether such procurements shall be based on competitive negotiation or competitive quotations, or whether the state agency has determined that a sole source purchase of services is required and the agency intends to apply to the secretary for a waiver in accordance with the guidelines adopted under section 4-215 of the general statutes.

Sec. 105. Section 2-127 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established a Commission on Women, Children, Seniors, Equity and Opportunity which shall be part of the Legislative Department. The commission shall focus on issues affecting each of the

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following underrepresented and underserved populations: Women, children and the family, elderly persons, African Americans, Asian Pacific Americans, and Latinos and Puerto Ricans. The Commission on Women, Children, Seniors, Equity and Opportunity shall constitute a successor to the [African-American Affairs Commission, Latino and Puerto Rican Affairs Commission and Asian Pacific American Affairs Commission] Commission on Equity and Opportunity and the Commission on Women, Children and Seniors, in accordance with the provisions of subsections (b) to (d), inclusive, and subsection (f) of section 4-38d and section 4-38e.

(b) The Commission on Women, Children, Seniors, Equity and Opportunity shall consist of an advisory board, an executive committee and six subcommissions. On and after July 1, 2019, the advisory board shall consist of the following members:

[(1) With respect to members appointed prior to July 1, 2016, to serve on either the African-American Affairs Commission, Latino and Puerto Rican Affairs Commission or Asian Pacific American Affairs Commission and whose term has not expired as of July 1, 2016, such members shall be deemed appointed to serve on the Commission on Equity and Opportunity until the expiration of the term of the member on such former commission, the occurrence of a vacancy or June 30, 2018, whichever occurs first. Upon the expiration of any such member's term or the occurrence of a vacancy on or after July 1, 2018, the vacancy shall be filled by the appointing authority who made the original appointment, except such appointment shall be made in accordance with the provisions of subdivision (2) of this subsection.

(2) On and after July 1, 2018, the Commission on Equity and Opportunity shall consist of thirty-nine members, appointed as follows:]

[(A)] (1) Three members appointed by a joint appointment of the

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speaker of the House of Representatives and the president pro tempore of the Senate, one of whom has experience in the field of African-American affairs, one of whom has experience in the field of Asian Pacific-American affairs and one of whom has experience in the field of Latino and Puerto Rican affairs, provided at least one of such members shall also be from the central region of the state;

[(B) Six] (2) Three members appointed by the president pro tempore of the Senate, [two of whom have] one of whom has experience in the field of African-American affairs, [two of whom have] one of whom has experience in the field of Asian Pacific-American affairs and [two of whom have] one of whom has experience in the field of Latino and Puerto Rican affairs, provided at least two of such members shall also be from the northeastern region of the state;

[(C) Six] (3) Three members appointed by the speaker of the House of Representatives, [two of whom have] one of whom has experience in the field of African-American affairs, [two of whom have] one of whom has experience in the field of Asian Pacific-American affairs and [two of whom have] one of whom has experience in the field of Latino and Puerto Rican affairs, provided at least [two] one of such members shall also be from the southeastern region of the state;

[(D) Six] (4) Three members appointed by the majority leader of the Senate, [two of whom have] one of whom has experience in the field of African-American affairs, [two of whom have] one of whom has experience in the field of Asian Pacific-American affairs and [two of whom have] one of whom has experience in the field of Latino and Puerto Rican affairs;

[(E) Six] (5) Three members appointed by the majority leader of the House of Representatives, [two of whom have] one of whom has experience in the field of African-American affairs, [two of whom have] one of whom has experience in the field of Asian Pacific-

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American affairs and [two of whom have] one of whom has experience in the field of Latino and Puerto Rican affairs;

[(F) Six] (6) Three members appointed by the minority leader of the Senate, [two of whom have] one of whom has experience in the field of African-American affairs, [two of whom have] one of whom has experience in the field of Asian Pacific-American affairs and [two of whom have] one of whom has experience in the field of Latino and Puerto Rican affairs, provided at least [two] one of such members shall also be from the northwestern region of the state; [and]

[(G) Six] (7) Three members appointed by the minority leader of the House of Representatives, [two of whom have] one of whom has experience in the field of African-American affairs, [two of whom have] one of whom has experience in the field of Asian Pacific-American affairs and [two of whom have] one of whom has experience in the field of Latino and Puerto Rican affairs, provided at least [two] one of such members shall also be from the southwestern region of the state.

(8) Three members appointed by a joint appointment of the speaker of the House of Representatives and the president pro tempore of the Senate, one of whom has expertise in issues concerning women, one of whom has expertise in issues concerning children or the family and one of whom has expertise in issues concerning elderly persons, provided at least one of such members shall also be from the central region of the state;

(9) Three members appointed by the president pro tempore of the Senate, one of whom has expertise in issues concerning women, one of whom has expertise in issues concerning children or the family and one of whom has expertise in issues concerning elderly persons, provided at least one of such members shall also be from the northeastern region of the state;

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(10) Three members appointed by the speaker of the House of Representatives, one of whom has expertise in issues concerning women, one of whom has expertise in issues concerning children or the family and one of whom has expertise in issues concerning elderly persons, provided at least one of such members shall also be from the southeastern region of the state;

(11) Three members appointed by the majority leader of the Senate, one of whom has expertise in issues concerning women, one of whom has expertise in issues concerning children or the family and one of whom has expertise in issues concerning elderly persons;

(12) Three members appointed by the majority leader of the House of Representatives, one of whom has expertise in issues concerning women, one of whom has expertise in issues concerning children or the family and one of whom has expertise in issues concerning elderly persons;

(13) Three members appointed by the minority leader of the Senate, one of whom has expertise in issues concerning women, one of whom has expertise in issues concerning children or the family and one of whom has expertise in issues concerning elderly persons, provided at least one of such members shall also be from the northwestern region of the state;

(14) Three members appointed by the minority leader of the House of Representatives, one of whom has expertise in issues concerning women, one of whom has expertise in issues concerning children or the family and one of whom has expertise in issues concerning elderly persons, provided at least one of such members shall also be from the southwestern region of the state; and

(15) Two members appointed by the Joint Committee on Legislative Management, who have experience in equity and culturally responsive

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leadership, who shall serve as chairpersons of the advisory board and executive committee, except that the former chairpersons of the Commission on Women, Children and Seniors and the Commission on Equity and Opportunity serving on June 30, 2019, shall be deemed appointed to serve as the chairpersons of the board of the Commission on Women, Children, Seniors, Equity and Opportunity until June 30, 2021. Other than said chairpersons, the term of any members appointed prior to July 1, 2019, to serve on either the Commission on Women, Children and Seniors or the Commission on Equity and Opportunity and whose term has not expired as of June 30, 2019, shall expire on June 30, 2019.

[(H) In the event of a vacancy for any member appointed pursuant to this subdivision, such vacancy shall be filled by the appointing authority.]

(c) All initial appointments to the [commission] board, other than appointments made pursuant to subdivision [(1)] (15) of subsection (b) of this section, shall be made not later than July 31, [2016] 2019, and the term of such initial members shall terminate on June 30, [2018] 2021, regardless of when the initial appointment was made. [The speaker of the House of Representatives and the president pro tempore of the Senate shall jointly select the chairperson of the commission from among the members of the commission. Such chairperson] The chairpersons shall schedule the first meeting of the [commission] board.

(d) Members of the [commission] advisory board appointed on or after July 1, [2018] 2019, shall serve for two-year terms, [which shall commence on the date of appointment.] Members shall continue to serve until their successors are appointed. Any vacancy shall be filled by the appointing authority. Any vacancy occurring other than by expiration of term shall be filled for the balance of the unexpired term except as provided in subdivision (15) of subsection (b) of this section.

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The members of the [commission] board shall serve without compensation, but shall, within the limits of available funds, be reimbursed for expenses necessarily incurred in the performance of their duties.

(e) (1) The advisory board shall be organized into an executive committee and six subcommittees with members to be designated by the chairpersons of the advisory board: (A) One subcommittee to advise on policies affecting members of the African-American population, (B) one subcommittee to advise on policies affecting members of the Asian Pacific-American population, (C) one subcommittee to advise on policies affecting members of the Latino and Puerto Rican population, (D) one subcommittee to advise on policies affecting women, (E) one subcommittee to advise on policies affecting children and family, and (F) one subcommittee to advise on policies affecting elderly persons. Each subcommittee shall select a chairperson from among its members.

(2) The executive committee shall be comprised of the chairpersons of the advisory board and the chairpersons of each of the six subcommittees. The chairpersons of the advisory board shall serve as the chairpersons of the executive committee and the chairpersons of the subcommittees shall serve as vice-chairpersons of the executive committee. The executive committee shall meet no less than bimonthly, and at special meetings called by one or both of the chairpersons. The chairpersons of the executive committee shall establish standing committees and designate the chairperson of each standing committee, which shall include, but not be limited to, committees on equity, opportunity, communications, civic engagement and programs.

[(e)] (f) A majority of the [commission] advisory board shall constitute a quorum for the transaction of any business of the board. A majority of the membership of a subcommittee shall constitute a

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quorum for the transaction of any business of such subcommission.
The [commission] advisory board shall meet as often as deemed necessary by the [chairperson] chairpersons or a majority of the [commission] board. Any appointed member who fails to attend three consecutive meetings of the board or of a subcommission or who fails to attend fifty per cent of all meetings of the board or its subcommissions held during any calendar year shall be deemed to have resigned from the [commission] board.

[(f)] (g) The commission shall have no authority over staffing or personnel matters. There shall be an executive director of the commission. The executive director and any necessary staff shall be employed by the Joint Committee on Legislative Management, which shall have authority over the hiring, termination and performance review of the executive director and any staff.

[(g)] The commission shall be organized into three policy divisions, one of which shall advise on policies affecting members of the African-American population, one of which shall advise on policies affecting members of the Asian Pacific-American population and one of which shall advise on policies affecting members of the Latino and Puerto Rican population.]

Sec. 106. Section 2-128 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commission on Women, Children, Seniors, Equity and Opportunity shall:

(1) Focus its efforts on the following quality of life desired results for women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state: That all such [members] persons are (A) healthy, safe and achieve educational success; (B) free from poverty;

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and (C) free from discrimination;

(2) [Make] With the advice of the executive committee of the commission, make recommendations to the General Assembly and the Governor for new or enhanced policies, programs and services that will foster progress in achieving the desired results described in subdivision (1) of this subsection. Such recommendations shall, when applicable, include, but need not be limited to: (A) Systems innovations, model policies and practices which embed two-generational practice in program, policy and systems change on the state and local levels, in accordance with section 17b-112l; (B) strategies for reducing family poverty, promoting parent leadership and family civics; (C) the promotion of youth leadership opportunities that keep youth engaged in the community; and (D) strategies and programs that address equitable access, impede bias, and narrow the opportunity gap for women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state. Such recommendations may include other state and national best practices, and recommendations on federal funding maximization;

(3) [Review] With the advice of the executive committee of the commission, review and comment, as necessary, on any specific proposed state legislation or recommendations that may affect women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state and provide copies of any such comments to members of the General Assembly;

(4) [Advise] With the advice of the executive committee of the commission, advise the General Assembly concerning the coordination and administration of state programs that affect [families] women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican

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populations of the state;

(5) Gather and maintain, as necessary, current information regarding women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state that can be used to better understand the status, condition, and contributions of such [populations] groups. Such information, as appropriate and pertinent to the desired results delineated in subdivision (1) of this subsection, shall be included in the annual report submitted in accordance with subsection (b) of this section and shall be made available to legislators and other interested parties upon request;

(6) Maintain liaisons between women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state and government agencies, including the General Assembly; and

(7) Conduct educational and outreach activities intended to raise awareness of and address critical issues for women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state.

(b) Not later than January first, annually, the executive director of the commission shall submit a status report, organized by [policy division] subcommission, concerning its efforts [and any progress made in achieving] in promoting the desired results listed in subdivision (1) of subsection (a) of this section to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies in accordance with the provisions of section 11-4a.

(c) The Commission on Equity and Opportunity may: (1) Request, and shall receive, from any state agency such information and

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assistance as the commission may require; (2) use such funds as may be available from federal, state or other sources and may enter into contracts to carry out [its] the purposes of the commission; (3) utilize voluntary and uncompensated services of private individuals, state or federal agencies and organizations as may, from time to time, be offered and needed; (4) recommend policies to federal agencies and political subdivisions of the state relative to women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state; (5) accept any gift, donation or bequest for the purpose of performing [its] the duties of the commission; (6) hold public hearings; (7) establish task forces or [advisory] standing committees, as necessary, to perform [its] the duties of the commission; (8) adopt regulations, in accordance with chapter 54, as it may deem necessary to carry out [its] the duties of the commission; and (9) inform leaders of business, education, state and local governments and the communications media of the nature and scope of the problems faced by women, children and their families, seniors and members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state.

(d) The executive director of the commission may enter into any agreement with a state agency for the purpose of maximizing the receipt of federal funds by such state agency, provided such state agency shall utilize any federal funds received as a result of such agreement to perform those statutory duties of such agency that relate to the commission's duties. The commission may accept that portion of federal funds received by any such state agency as a result of any such agreement which federal law otherwise permits to be received by the commission.

Sec. 107. Section 2-129 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Wherever the terms ["African-American Affairs Commission",

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"Asian Pacific American Affairs Commission" or "Latino and Puerto Rican Affairs Commission"] "Commission on Women, Children and Seniors" are used in any public or special act of the [2016] 2019 regular session, [or May special session,] the term ["Commission on Equity and Opportunity"] "Commission on Women, Children, Seniors, Equity and Opportunity" shall be substituted in lieu thereof. Wherever the terms ["Commission on Children", "Permanent Commission on the Status of Women" and "Commission on Aging"] "Commission on Equity and Opportunity" are used in any public or special act of the [2016] 2019 regular session, [or May special session,] the term ["Commission on Women, Children and Seniors"] "Commission on Women, Children, Seniors, Equity and Opportunity" shall be substituted in lieu thereof.

(b) The Legislative Commissioners' Office shall, in codifying the provisions of this section, make such technical, grammatical and punctuation changes as are necessary to carry out the purposes of this section.

Sec. 108. Subsections (b) and (c) of section 2-111 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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

(1) Four members of the General Assembly, one of whom shall be appointed by the speaker of the House of Representatives, one of whom shall be appointed by the president pro tempore of the Senate, one of whom shall be appointed by the minority leader of the House of Representatives, and one of who shall be appointed by the minority leader of the Senate;

(2) The Chief Court Administrator, or the Chief Court Administrator's designee;

(3) The Comptroller, or the Comptroller's designee;

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- (4) The director of the Office of Fiscal Analysis;
 - (5) The director of the Office of Legislative Research;
 - (6) The director of the Institute for Municipal and Regional Policy at Central Connecticut State University;
 - (7) The executive director of the Commission on Women, Children, [and] Seniors, Equity and Opportunity, or a designee;
 - (8) A representative of private higher education, appointed by the Connecticut Conference of Independent Colleges;
 - (9) Two representatives of the Connecticut business community, one of whom shall be appointed by the majority leader of the House of Representatives, and one who shall be appointed by the majority leader of the Senate; and
 - (10) Such other members as the committee may prescribe.
- (c) All appointments to the committee under subdivisions (1) to (10), inclusive, of subsection (b) of this section shall be made not later than thirty days after June 19, 2013. Any vacancy shall be filled by the appointing authority.

Sec. 109. Subsection (a) of section 4-67x of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There shall be a Child Poverty and Prevention Council consisting of the following members or their designees: The Secretary of the Office of Policy and Management, the president pro tempore of the Senate, the speaker of the House of Representatives, the minority leader of the Senate and the minority leader of the House of Representatives, the Commissioners of Children and Families, Social Services, Correction, Developmental Services, Mental Health and

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Addiction Services, Transportation, Public Health, Education, Housing, Agriculture and Economic and Community Development, the Labor Commissioner, the Chief Court Administrator, the chairperson of the Board of Regents for Higher Education, the Child Advocate, the executive directors of the Office of Early Childhood and the Commission on Human Rights and Opportunities and the executive director of the Commission on Women, Children, and Seniors, Equity and Opportunity or a designee. The Secretary of the Office of Policy and Management, or the secretary's designee, shall be the chairperson of the council. The council shall (1) develop and promote the implementation of a ten-year plan, to begin June 8, 2004, to reduce the number of children living in poverty in the state by fifty per cent, and (2) within available appropriations, establish prevention goals and recommendations and measure prevention service outcomes in accordance with this section in order to promote the health and well-being of children and families.

Sec. 110. Subsection (h) of section 4-67x of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(h) Not later than July 1, 2006, the Office of Policy and Management shall, within available appropriations, develop a protocol requiring state contracts for programs aimed at reducing poverty for children and families to include performance-based standards and outcome measures related to the child poverty reduction goal specified in subsection (a) of this section. Not later than July 1, 2007, the Office of Policy and Management shall, within available appropriations, require such state contracts to include such performance-based standards and outcome measures. The Secretary of the Office of Policy and Management may consult with the Commission on Women, Children, and Seniors, Equity and Opportunity to identify academic, private and other available funding sources and may accept and utilize funds

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from private and public sources to implement the provisions of this section.

Sec. 111. Subsection (d) of section 7-127c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(d) The Department of Education may adopt and disseminate to municipalities guidelines as to the role and duties of municipal agents and such informational and technical materials as may assist such agents in the performance of their duties. The department, in collaboration with the Commission on Women, Children, and Seniors, Equity and Opportunity may provide training for municipal agents within the available resources of the department and the commission.

Sec. 112. Subsection (c) of section 10-16n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) There is established a committee to advise the commissioner concerning the coordination, priorities for allocation and distribution, and utilization of funds for Head Start and Early Head Start and concerning the competitive grant program established under this section, and to evaluate programs funded pursuant to this section. The committee shall consist of the following members: (1) One member designated by the commissioner; (2) six members who are directors of Head Start programs, two from community action agency program sites or school readiness liaisons, one of whom shall be appointed by the president pro tempore of the Senate and one by the speaker of the House of Representatives, two from public school program sites, one of whom shall be appointed by the majority leader of the Senate and one by the majority leader of the House of Representatives, and two from other nonprofit agency program sites, one of whom shall be

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appointed by the minority leader of the Senate and one by the minority leader of the House of Representatives; (3) one member designated by the Commission on Women, Children, [and] Seniors, Equity and Opportunity; (4) one member designated by the Early Childhood Cabinet, established pursuant to section 10-16z; (5) two members designated by the Head Start Association, one of whom shall be the parent of a present or former Head Start student; (6) one member designated by the Connecticut Association for Community Action who shall have expertise and experience concerning Head Start; (7) one member designated by the Region I Office of Head Start within the federal Administration of Children and Families of the Department of Health and Human Services; and (8) the director of the Head Start Collaboration Office.

Sec. 113. Subsections (a) and (b) of section 10-16v of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commissioner of Education, in consultation with the Commissioner of Social Services, and the executive director of the Commission on Women, Children, [and] Seniors, Equity and Opportunity, shall establish an after school committee.

(b) The after school committee shall be appointed by the Commissioner of Education, in consultation with the Commissioner of Social Services, and the executive director of the Commission on Women, Children, [and] Seniors, Equity and Opportunity and shall include, but not be limited to, persons having expertise in after school programs, after school program providers, local elected officials, members of community agencies, members of the business community and professional educators.

Sec. 114. Subsection (a) of section 10-16z of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July*

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1, 2019):

(a) There is established the Early Childhood Cabinet. The cabinet shall consist of: (1) The Commissioner of Early Childhood, or the commissioner's designee, (2) the Commissioner of Education, or the commissioner's designee, (3) the Commissioner of Social Services, or the commissioner's designee, (4) the president of the Connecticut State Colleges and Universities, or the president's designee, (5) the Commissioner of Public Health, or the commissioner's designee, (6) the Commissioner of Developmental Services, or the commissioner's designee, (7) the Commissioner of Children and Families, or the commissioner's designee, (8) the executive director of the Commission on Women, Children, [and] Seniors, Equity and Opportunity or the executive director's designee, (9) the project director of the Connecticut Head Start State Collaboration Office, (10) a parent or guardian of a child who attends or attended a school readiness program appointed by the minority leader of the House of Representatives, (11) a representative of a local provider of early childhood education appointed by the minority leader of the Senate, (12) a representative of the Connecticut Family Resource Center Alliance appointed by the majority leader of the House of Representatives, (13) a representative of a state-funded child care center appointed by the majority leader of the Senate, (14) two appointed by the speaker of the House of Representatives, one of whom is a member of a board of education for a town designated as an alliance district, as defined in section 10-262u, and one of whom is a parent who has a child attending a school in an educational reform district, as defined in section 10-262u, (15) two appointed by the president pro tempore of the Senate, one of whom is a representative of an association of early education and child care providers and one of whom is a representative of a public elementary school with a prekindergarten program, (16) eight appointed by the Governor, one of whom is a representative of the Connecticut Head Start Association, one of whom is a representative of the business

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community in this state, one of whom is a representative of the philanthropic community in this state, one of whom is a representative of the Connecticut State Employees Association, one of whom is an administrator of the child care development block grant pursuant to the Child Care and Development Block Grant Act of 1990, one of whom is responsible for administering grants received under section 1419 of Part B of the Individuals with Disabilities Education Act, 20 USC 1419, as amended from time to time, one of whom is responsible for administering the provisions of Title I of the Elementary and Secondary Education Act, 20 USC 6301 et seq., and one of whom is responsible for coordinating education services to children and youth who are homeless, (17) the Secretary of the Office of Policy and Management, or the secretary's designee, (18) the Lieutenant Governor, or the Lieutenant Governor's designee, (19) the Commissioner of Housing, or the commissioner's designee, and (20) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee.

Sec. 115. Subsection (a) of section 10-76i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There shall be an Advisory Council for Special Education which shall advise the General Assembly, State Board of Education and the Commissioner of Education, and which shall engage in such other activities as described in this section. On and after July 1, 2012, the advisory council shall consist of the following members: (1) Nine appointed by the Commissioner of Education, (A) six of whom shall be (i) the parents of children with disabilities, provided such children are under the age of twenty-seven, or (ii) individuals with disabilities, (B) one of whom shall be an official of the Department of Education, (C) one of whom shall be a state or local official responsible for carrying out activities under Subtitle B of Title VII of the McKinney-Vento

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Homeless Assistance Act, 42 USC 11431 et seq., as amended from time to time, and (D) one of whom shall be a representative of an institution of higher education in the state that prepares teacher and related services personnel; (2) one appointed by the Commissioner of Developmental Services who shall be an official of the department; (3) one appointed by the Commissioner of Children and Families who shall be an official of the department; (4) one appointed by the Commissioner of Correction who shall be an official of the department; (5) one appointed by the director of the Parent Leadership Training Institute within the Commission on Women, Children, Equity and Opportunity who shall be (A) the parent of a child with a disability, provided such child is under the age of twenty-seven, or (B) an individual with a disability; (6) a representative from the parent training and information center for Connecticut established pursuant to the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time; (7) the Commissioner of Rehabilitation Services, or the commissioner's designee; (8) five who are members of the General Assembly who shall serve as nonvoting members of the advisory council, one appointed by the speaker of the House of Representatives, one appointed by the majority leader of the House of Representatives, one appointed by the minority leader of the House of Representatives, one appointed by the president pro tempore of the Senate and one appointed by the minority leader of the Senate; (9) one appointed by the president pro tempore of the Senate who shall be a member of the Connecticut Speech-Language-Hearing Association; (10) one appointed by the majority leader of the Senate who shall be a public school teacher; (11) one appointed by the minority leader of the Senate who shall be a representative of a vocational, community or business organization concerned with the provision of transitional services to children with disabilities; (12) one appointed by the speaker of the House of Representatives who shall be a member of the Connecticut Council of Special Education Administrators and who is a local education official; (13) one appointed by the majority leader of

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the House of Representatives who shall be a representative of charter schools; (14) one appointed by the minority leader of the House of Representatives who shall be a member of the Connecticut Association of Private Special Education Facilities; (15) one appointed by the Chief Court Administrator of the Judicial Department who shall be an official of such department responsible for the provision of services to adjudicated children and youth; (16) seven appointed by the Governor, all of whom shall be (A) the parents of children with disabilities, provided such children are under the age of twenty-seven, or (B) individuals with disabilities; (17) the executive director of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system, or the executive director's designee; and (18) such other members as required by the Individuals with Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time, appointed by the Commissioner of Education. Appointments made pursuant to the provisions of this section shall be representative of the ethnic and racial diversity of, and the types of disabilities found in, the state population. The terms of the members of the council serving on June 8, 2010, shall expire on June 30, 2010. Appointments shall be made to the council by July 1, 2010. Members shall serve two-year terms, except that members appointed pursuant to subdivisions (1) to (3), inclusive, of this subsection whose terms commenced July 1, 2010, shall serve three-year terms and the successors to such members appointed pursuant to subdivisions (1) to (3), inclusive, of this subsection shall serve two-year terms.

Sec. 116. Subsection (a) of section 10-145a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Any candidate in a program of teacher preparation leading to professional certification shall be encouraged to successfully complete

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an intergroup relations component of such a program which shall be developed with the participation of both sexes, and persons of various ethnic, cultural and economic backgrounds. Such intergroup relations program shall have the following objectives: (1) The imparting of an appreciation of the contributions to American civilization of the various ethnic, cultural and economic groups composing American society and an understanding of the life styles of such groups; (2) the counteracting of biases, discrimination and prejudices; and (3) the assurance of respect for human diversity and personal rights. The State Board of Education, the Board of Regents for Higher Education, the Commission on Human Rights and Opportunities and the Commission on Women, Children, [and] Seniors, Equity and Opportunity shall establish a joint committee composed of members of the four agencies, which shall develop and implement such programs in intergroup relations.

Sec. 117. Subsection (b) of section 10-156aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The task force shall consist of the following members:

(1) One appointed by the speaker of the House of Representatives;

(2) One appointed by the president pro tempore of the Senate;

(3) One appointed by the majority leader of the House of Representatives, who is a member of the Black and Puerto Rican Caucus of the General Assembly;

(4) One appointed by the majority leader of the Senate;

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

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- (6) One appointed by the minority leader of the Senate;
- (7) The Commissioner of Education, or the commissioner's designee;
- (8) The president of the Connecticut State Colleges and Universities, or the president's designee;
- (9) The executive director of the Commission on Women, Children, [and] Seniors, Equity and Opportunity, or the executive director's designee;
- (10) Three appointed by the executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, one of whom has expertise in African American affairs, one of whom has expertise in Latino and Puerto Rican affairs, and one of whom has expertise in Asian Pacific American affairs; and
- (11) On and after July 1, 2018, one appointed by the chairpersons of the task force.

Sec. 118. Subsection (a) of section 10-222i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Department of Education, in consultation with the State Education Resource Center, established pursuant to section 10-357a, the Governor's Prevention Partnership, the Commission on Women, Children, [and] Seniors, Equity and Opportunity and the Connecticut Coalition Against Domestic Violence, shall establish, within available appropriations, a state-wide safe school climate resource network for the identification, prevention and education of school bullying and teen dating violence in the state. Such state-wide safe school climate resource network shall make available to all schools information, training opportunities and resource materials to improve the school climate to diminish bullying and teen dating violence.

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Sec. 119. Subsections (a) and (b) of section 17a-22ff of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established a Children's Mental, Emotional and Behavioral Health Plan Implementation Advisory Board that shall advise (1) the Departments of Children and Families, Developmental Services, Social Services, Public Health, Mental Health and Addiction Services, and Education, the Insurance Department, the Offices of Early Childhood, the Child Advocate and the Healthcare Advocate, the Court Support Services Division of the Judicial Branch and the Commission on Women, Children, ~~[and]~~ Seniors, Equity and Opportunity, (2) providers of mental, emotional or behavioral health services for children and families, (3) advocates, and (4) others interested in the well-being of children and families in the state regarding: (A) The execution of the comprehensive implementation plan developed pursuant to section 17a-22bb; (B) cataloging the mental, emotional and behavioral health services offered for families with children in the state by agency, service type and funding allocation to reflect capacity and utilization of services; (C) adopting standard definitions and measurements for the services that are delivered, when applicable; and (D) the collaboration of such agencies, providers, advocates and other stakeholders enumerated in said section in order to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children.

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

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

(2) Two appointed by the Commissioner of Children and Families, who shall represent a private foundation providing mental, emotional

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or behavioral health care services for children and families in the state;

(3) Four appointed by the Commissioner of Children and Families, who shall be providers of mental, emotional or behavioral health care services for children in the state, at least one of whom shall be a provider of services to children involved with the juvenile justice system;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 120. Subsection (b) of section 17a-22gg of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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

(1) Four representing families who are receiving services or have received services within the last five years from one or more home

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visitation programs in the state;

(2) Not more than ten representing home visitation programs in the state, at least four of whom shall utilize different home visitation models;

(3) Two representing private advocacy organizations that provide services for children and families in the state;

(4) One representing the United Way of Connecticut 2-1-1 Infoline program;

(5) One representing the birth-to-three program established under section 17a-248b;

(6) The director of the Connecticut Head Start State Collaboration Office, or the director's designee;

(7) The Commissioner of Early Childhood, or the commissioner's designee;

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

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

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

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

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

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

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

(15) The director of the Maternal, Infant Early Childhood Home Visiting program in the state, or the director's designee.

Sec. 121. Subsection (a) of section 17a-219c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established a Family Support Council to assist the Department of Developmental Services and other state agencies that administer or fund family support services to act in concert and, within available appropriations, to (1) establish a comprehensive, coordinated system of family support services, (2) use existing state and other resources efficiently and effectively as appropriate for such services, (3) identify and address services that are needed for families of children with disabilities, and (4) promote state-wide availability of such services. The council shall consist of twenty-six voting members including the Commissioners of Public Health, Developmental Services, Children and Families, Education and Social Services, or their designees, the Child Advocate or the Child Advocate's designee, the chairperson of the State Interagency Birth-to-Three Coordinating Council, established pursuant to section 17a-248b, or the chairperson's designee, the executive director of the Commission on Women, Children, [and] Seniors, Equity and Opportunity, or the executive director's designee, and family members of, or individuals who advocate for, children with disabilities. The family members or individuals who advocate for children with disabilities shall comprise two-thirds of the council and shall be appointed as follows: Six by the Governor, three by the president pro tempore of the Senate, two by the majority leader of the Senate, one by the minority leader of the Senate, three by the speaker of the House of Representatives, two by the

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majority leader of the House of Representatives and one by the minority leader of the House of Representatives. All appointed members serving on or after October 5, 2009, including members appointed prior to October 5, 2009, shall serve in accordance with the provisions of section 4-1a. Members serving on or after October 5, 2009, including members appointed prior to October 5, 2009, shall serve no more than eight consecutive years on the council. The council shall meet at least quarterly and shall select its own chairperson. Council members shall serve without compensation but shall be reimbursed for necessary expenses incurred. The costs of administering the council shall be within available appropriations in accordance with this section and sections 17a-219a and 17a-219b.

Sec. 122. Section 17a-302a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Department of Rehabilitation Services shall hold quarterly meetings with nutrition service stakeholders to (1) develop recommendations to address complexities in the administrative processes of nutrition services programs, (2) establish quality control benchmarks in such programs, and (3) help move toward greater quality, efficiency and transparency in the elderly nutrition program. Stakeholders shall include, but need not be limited to, (A) one representative of each of the following: (i) Area agencies on aging, (ii) access agencies, (iii) the Commission on Women, Children, [and] Seniors, Equity and Opportunity, and (iv) nutrition providers, and (B) one or more representatives of (i) food security programs, (ii) contractors, (iii) nutrition host sites, and (iv) consumers.

Sec. 123. Subsection (c) of section 17b-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) On and after October 31, 2017, the council shall be composed of

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the following members:

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

(2) Five appointed by the speaker of the House of Representatives, one of whom shall be a member of the General Assembly, one of whom shall be a community provider of adult Medicaid health services, one of whom shall be a recipient of Medicaid benefits for the aged, blind and disabled or an advocate for such a recipient, one of whom shall be a representative of the state's federally qualified health clinics and one of whom shall be a member of the Connecticut Hospital Association;

(3) Five appointed by the president pro tempore of the Senate, one of whom shall be a member of the General Assembly, one of whom shall be a representative of the home health care industry, one of whom shall be a primary care medical home provider, one of whom shall be an advocate for Department of Children and Families foster families and one of whom shall be a representative of the business community with experience in cost efficiency management;

(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, one of whom shall be a Medicaid dental provider and one of whom shall be a representative of the for-profit nursing home industry;

(5) Three appointed by the majority leader of the Senate, one of whom shall be a representative of school-based health centers, one of whom shall be a recipient of benefits under the HUSKY Health program and one of whom shall be a physician who serves Medicaid

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clients;

(6) Three appointed by the minority leader of the House of Representatives, one of whom shall be an advocate for persons with disabilities, one of whom shall be a dually eligible Medicaid-Medicare beneficiary or an advocate for such a beneficiary and one of whom shall be a representative of the not-for-profit nursing home industry;

(7) Three appointed by the minority leader of the Senate, one of whom shall be a low-income adult recipient of Medicaid benefits or an advocate for such a recipient, one of whom shall be a representative of hospitals and one of whom shall be a representative of the business community with experience in cost efficiency management;

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

(9) A member of the Commission on Women, Children, [and] Seniors, Equity and Opportunity, designated by the executive director;

(10) A representative of the Long-Term Care Advisory Council;

(11) The Commissioners of Social Services, Children and Families, Public Health, Developmental Services, Rehabilitation Services and Mental Health and Addiction Services, or their designees, who shall be ex-officio nonvoting members;

(12) The Comptroller, or the Comptroller's designee, who shall be an ex-officio nonvoting member;

(13) The Secretary of the Office of Policy and Management, or the secretary's designee, who shall be an ex-officio nonvoting member; and

(14) One representative of an administrative services organization which contracts with the Department of Social Services in the administration of the Medicaid program, who shall be a nonvoting

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member.

Sec. 124. Subsections (c) and (d) of section 17b-112l of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) The initiative shall foster the comprehensive two-generational service delivery approach for early care and education and workforce readiness in learning communities that may include, but need not be limited to, New Haven, Hartford, East Hartford, West Hartford, Norwalk, Meriden, Windham, Enfield, Waterbury and Bridgeport. The initiative shall be informed by members of low-income households within these communities and foster a peer-to-peer exchange and technical assistance in best practices that shall be shared with the advisory council established pursuant to subsection (d) of this section. The staff of the Commission on Women, Children, [and] Seniors, Equity and Opportunity shall serve as the organizing and administrative staff to the learning communities.

(d) A Two-Generational Advisory Council shall be established as part of the initiative to advise the state on how to foster family economic self-sufficiency in low-income households through a comprehensive two-generational service delivery approach for early care and education and workforce readiness. The council shall consist of one member of the General Assembly appointed by the speaker of the House of Representatives, who shall serve as a cochairperson; one member of the Senate appointed by the president pro tempore of the Senate, who shall serve as a cochairperson; one member representing the interests of business or trade organizations appointed by the majority leader of the Senate; one member with expertise on issues concerning health and mental health appointed by the majority leader of the House of Representatives; one member on issues concerning children and families appointed by the minority leader of the Senate; one member of the General Assembly appointed by the minority

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leader of the House of Representatives; a member of a low-income household selected by the Commission on Women, Children, [and] Seniors, Equity and Opportunity; representatives of nonprofit and philanthropic organizations and scholars who are experts in two-generational programs and policies; and other business and academic professionals as needed to achieve goals for two-generational systems planning, evaluations and outcomes selected by the cochairpersons. The Commissioners of Social Services, Early Childhood, Education, Housing, Transportation, Public Health and Correction and the Labor Commissioner, or each commissioner's designee; and the Chief Court Administrator, or the Chief Court Administrator's designee, shall serve as ex-officio members of the advisory council. The staff of the Commission on Women, Children, [and] Seniors, Equity and Opportunity shall serve as the organizing and administrative staff of the advisory council.

Sec. 125. Subsection (a) of section 17b-338 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established a Long-Term Care Advisory Council which shall consist of the following: (1) The executive director of the Commission on Women, Children, [and] Seniors, Equity and Opportunity, or the executive director's designee; (2) the State Nursing Home Ombudsman, or the ombudsman's designee; (3) the president of the Coalition of Presidents of Resident Councils, or the president's designee; (4) the executive director of the Legal Assistance Resource Center of Connecticut, or the executive director's designee; (5) the state president of AARP, or the president's designee; (6) one representative of a bargaining unit for health care employees, appointed by the president of the bargaining unit; (7) the president of LeadingAge Connecticut, Inc., or the president's designee; (8) the president of the Connecticut Association of Health Care Facilities, or the president's

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designee; (9) the president of the Connecticut Association of Residential Care Homes, or the president's designee; (10) the president of the Connecticut Hospital Association or the president's designee; (11) the executive director of the Connecticut Assisted Living Association or the executive director's designee; (12) the executive director of the Connecticut Association for Homecare or the executive director's designee; (13) the president of Connecticut Community Care, Inc. or the president's designee; (14) one member of the Connecticut Association of Area Agencies on Aging appointed by the agency; (15) the president of the Connecticut chapter of the Connecticut Alzheimer's Association; (16) one member of the Connecticut Association of Adult Day Centers appointed by the association; (17) the president of the Connecticut Chapter of the American College of Health Care Administrators, or the president's designee; (18) the president of the Connecticut Council for Persons with Disabilities, or the president's designee; (19) the president of the Connecticut Association of Community Action Agencies, or the president's designee; (20) a personal care attendant appointed by the speaker of the House of Representatives; (21) the president of the Family Support Council, or the president's designee; (22) a person who, in a home setting, cares for a person with a disability and is appointed by the president pro tempore of the Senate; (23) three persons with a disability appointed one each by the majority leader of the House of Representatives, the majority leader of the Senate and the minority leader of the House of Representatives; (24) a legislator who is a member of the Long-Term Care Planning Committee; (25) one member who is a nonunion home health aide appointed by the minority leader of the Senate; and (26) the executive director of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system or the executive director's designee.

Sec. 126. Section 17b-420a of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) For purposes of this section, (1) "livable community" means a community with affordable and appropriate housing, infrastructure, community services and transportation options for residents of all ages, and (2) "age in place" means the ability of residents to stay in their own homes or community settings of their choice regardless of age or disability.

(b) The Commission on Women, Children, ~~[and]~~ Seniors, Equity and Opportunity shall establish a "Livable Communities" initiative to serve as a forum for best practices and a clearinghouse for resources to help municipal and state leaders to design livable communities to allow residents of this state to age in place.

(c) The Commission on Women, Children, ~~[and]~~ Seniors, Equity and Opportunity shall establish and facilitate partnerships with (1) municipal leaders, (2) representatives of municipal senior and social services offices, (3) community stakeholders, (4) planning and zoning boards and commissions, (5) representatives of philanthropic organizations, and (6) representatives of social services and health organizations to (A) plan informational forums on livable communities, (B) investigate innovative approaches to livable communities nationwide, and (C) identify various public, private and philanthropic funding sources to design such communities.

(d) The Commission on Women, Children, ~~[and]~~ Seniors, Equity and Opportunity shall establish a single portal on its Internet web site for information and resources concerning the "Livable Communities" initiative.

(e) Not later than July 1, 2017, and annually thereafter, the Commission on Women, Children, ~~[and]~~ Seniors, Equity and Opportunity, in accordance with the provisions of section 11-4a, shall

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submit a report on the initiative to the joint standing committees of the General Assembly having cognizance of matters relating to aging, housing, human services and transportation.

(f) The Commission on Women, Children, [and] Seniors, Equity and Opportunity, as part of the livable community initiative established pursuant to this section, shall recognize communities that have implemented livable community initiatives allowing individuals to age in place and to remain in the home setting of their choice. Such initiatives shall include, but not be limited to: (1) Affordable and accessible housing, (2) community and social services, (3) planning and zoning regulations, (4) walkability, and (5) transportation-related infrastructure.

Sec. 127. Subsection (b) of section 17b-463 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) A financial agent shall participate in mandatory training to detect potential fraud, exploitation and financial abuse of elderly persons, including utilizing the resources available on the Commission on Women, Children, [and] Seniors, Equity and Opportunity portal established pursuant to section 17b-463a. All financial agents shall complete such training within six months from availability of training resources on the Commission on Women, Children, [and] Seniors, Equity and Opportunity web portal, or within the first six months of their employment, if later.

Sec. 128. Section 17b-463a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commission on Women, Children, [and] Seniors, Equity and Opportunity shall establish a forum and clearing house for best practices and free training resources to help financial institutions and

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financial agents detect potential fraud, exploitation and financial abuse. Not later than January 1, 2017, the Commission on Women, Children, [and] Seniors, Equity and Opportunity shall establish a single portal for training resources and materials.

Sec. 129. Subsection (b) of section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The committee shall be composed of the following members:

(1) One appointed by the speaker of the House of Representatives, who shall be a family advocate or a parent whose child utilizes school-based health center services;

(2) One appointed by the president pro tempore of the Senate, who shall be a school nurse;

(3) One appointed by the majority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a community health center;

(4) One appointed by the majority leader of the Senate, who shall be a representative of a school-based health center that is sponsored by a nonprofit health care agency;

(5) One appointed by the minority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a school or school system;

(6) One appointed by the minority leader of the Senate, who shall be a representative of a school-based health center that does not receive state funds;

(7) Two appointed by the Governor, one each of whom shall be a representative of the Connecticut Chapter of the American Academy

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of Pediatrics and a representative of a school-based health center that is sponsored by a hospital;

(8) Three appointed by the Commissioner of Public Health, one of whom shall be a representative of a school-based health center that is sponsored by a local health department, one of whom shall be from a municipality that has a population of at least fifty thousand but less than one hundred thousand and that operates a school-based health center and one of whom shall be from a municipality that has a population of at least one hundred thousand and that operates a school-based health center;

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

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

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

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

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

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

(15) Three school-based health center providers, one of whom shall be the executive director of the Connecticut Association of School-Based Health Centers and two of whom shall be appointed by the board of directors of the Connecticut Association of School-Based

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Health Centers.

Sec. 130. Subsection (a) of section 19a-112a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is created a Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations composed of fifteen members as follows: (1) The Chief State's Attorney or a designee; (2) the executive director of the Commission on Women, Children, [and] Seniors, Equity and Opportunity or a designee; (3) the Commissioner of Children and Families or a designee; (4) one member from the Division of State Police and one member from the Division of Scientific Services appointed by the Commissioner of Emergency Services and Public Protection; (5) one member from Connecticut Alliance to End Sexual Violence appointed by its board of directors; (6) one member from the Connecticut Hospital Association appointed by the president of the association; (7) one emergency physician appointed by the president of the Connecticut College of Emergency Physicians; (8) one obstetrician-gynecologist and one pediatrician appointed by the president of the Connecticut State Medical Society; (9) one nurse appointed by the president of the Connecticut Nurses' Association; (10) one emergency nurse appointed by the president of the Emergency Nurses' Association of Connecticut; (11) one police chief appointed by the president of the Connecticut Police Chiefs Association; (12) one member of the Office of Victim Services within the Judicial Department; and (13) one member of Disability Rights Connecticut, Inc. appointed by its board of directors. The Chief State's Attorney or a designee shall be chairman of the commission. The commission shall be within the Division of Criminal Justice for administrative purposes only.

Sec. 131. Subsection (c) of section 28-5 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July*

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1, 2019):

(c) The Commissioner of Emergency Services and Public Protection shall, within available appropriations and in consultation with the Commissioners of Social Services, Public Health, Children and Families, Mental Health and Addiction Services and Education, and the Commission on Women, Children, [and] Seniors, Equity and Opportunity, update and amend the state civil preparedness plan and program established pursuant to subsection (b) of this section to address the needs of children during natural disasters, man-made disasters and terrorism. The plan may also be amended in consultation with parents, local emergency services and child care providers. The amended plan shall include, but not be limited to, a requirement that all schools and licensed and regulated child care services, as defined in section 19a-77, have written multihazard disaster response plans that address (1) the evacuation and removal of children to a safe location, (2) notification of parents in the event of a disaster or terrorism, (3) reunification of parents with their children, and (4) care for children with special needs during a disaster or terrorism.

Sec. 132. Section 31-3cc of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Connecticut Employment and Training Commission, in cooperation with the Commission on Women, Children, [and] Seniors, Equity and Opportunity and the Commission on Human Rights and Opportunities, shall regularly collect and analyze data on state-supported training programs that measure the presence of gender or other systematic bias and work with the relevant boards and agencies to correct any problems that are found.

Sec. 133. Section 46a-4b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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The Commission on Women, Children, [and] Seniors, Equity and Opportunity, in conjunction with the Police Officer Standards and Training Council, shall develop a training program on trafficking in persons and make such training program available, upon request, to the Division of State Police within the Department of Emergency Services and Public Protection, the office of the Chief State's Attorney, local police departments and community organizations.

Sec. 134. Subsection (b) of section 46a-68 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) (1) Each state agency, department, board or commission shall designate a full-time or part-time equal employment opportunity officer. If such equal employment opportunity officer is an employee of the agency, department, board or commission, the executive head of the agency, department, board or commission shall be directly responsible for the supervision of the officer.

(2) The Commission on Human Rights and Opportunities shall provide training and technical assistance to equal employment opportunity officers in plan development and implementation.

(3) The Commission on Human Rights and Opportunities and the Commission on Women, Children, [and] Seniors, Equity and Opportunity shall provide training concerning state and federal discrimination laws and techniques for conducting investigations of discrimination complaints to persons designated by state agencies, departments, boards or commissions as equal employment opportunity officers and persons designated by the Attorney General or the Attorney General's designee to represent such agencies, departments, boards or commissions pursuant to subdivision (5) of this subsection. On or after October 1, 2011, such training shall be provided for a minimum of five hours during the first year of service

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or designation, and a minimum of three hours every two years thereafter.

(4) (A) Each person designated by a state agency, department, board or commission as an equal employment opportunity officer shall (i) be responsible for mitigating any discriminatory conduct within the agency, department, board or commission, (ii) investigate all complaints of discrimination made against the state agency, department, board or commission, except if any such complaint has been filed with the Commission on Human Rights and Opportunities or the Equal Employment Opportunity Commission, the state agency, department, board or commission may rely upon the process of the applicable commission, as applicable, in lieu of such investigation, and (iii) report all findings and recommendations upon the conclusion of an investigation to the commissioner or director of the state agency, department, board or commission for proper action.

(B) Notwithstanding the provisions of subparagraphs (A)(i), (A)(ii) and (A)(iii) of this subdivision, if a discrimination complaint is made against the executive head of a state agency or department, any member of a state board or commission or any equal employment opportunity officer alleging that the executive head, member or officer directly or personally engaged in discriminatory conduct, or if a complaint of discrimination is made by the executive head of a state agency, any member of a state board or commission or any equal employment opportunity officer, the complaint shall be referred to the Commission on Human Rights and Opportunities for review and, if appropriate, investigation by the Department of Administrative Services, except if any such complaint has been filed with the Equal Employment Opportunity Commission or the Commission on Human Rights and Opportunities, the Commission on Human Rights and Opportunities or Department of Administrative Services may rely upon the process of the applicable commission in lieu of such

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investigation. If the discrimination complaint is made by or against the executive head, any member or the equal employment opportunity officer of the Commission on Human Rights and Opportunities alleging that the executive head, member or officer directly or personally engaged in discriminatory conduct, the commission shall refer the complaint to the Department of Administrative Services for review and, if appropriate, investigation. If the complaint is by or against the executive head or equal employment opportunity officer of the Department of Administrative Services, the complaint shall be referred to the Commission on Human Rights and Opportunities for review and, if appropriate, investigation. Each person who conducts an investigation pursuant to this subparagraph shall report all findings and recommendations upon the conclusion of such investigation to the appointing authority of the individual who was the subject of the complaint for proper action. The provisions of this subparagraph shall apply to any such complaint pending on or after July 5, 2007.

(5) Each person designated by a state agency, department, board or commission as an equal employment opportunity officer, and each person designated by the Attorney General or the Attorney General's designee to represent an agency pursuant to subdivision (6) of this subsection, shall complete training provided by the Commission on Human Rights and Opportunities and the Commission on Women, Children, [and] Seniors, Equity and Opportunity pursuant to subdivision (3) of this subsection.

(6) No person designated by a state agency, department, board or commission as an equal employment opportunity officer shall represent such agency, department, board or commission before the Commission on Human Rights and Opportunities or the Equal Employment Opportunity Commission concerning a discrimination complaint. If a discrimination complaint is filed with the Commission on Human Rights and Opportunities or the Equal Employment

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Opportunity Commission against a state agency, department, board or commission, the Attorney General, or the Attorney General's designee, other than the equal employment opportunity officer for such agency, department, board or commission, shall represent the state agency, department, board or commission before the Commission on Human Rights and Opportunities or the Equal Employment Opportunity Commission. In the case of a discrimination complaint filed against the Metropolitan District of Hartford County, the Attorney General, or the Attorney General's designee, shall not represent such district before the Commission on Human Rights and Opportunities or the Equal Employment Opportunity Commission.

Sec. 135. Section 46a-128 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commission on Women, Children, [and] Seniors, Equity and Opportunity shall review the general statutes with regard to matters involving children and shall, on or before February 1, 2017, and annually thereafter on or before September first, make a report of its findings with regard to any matter before it with specific recommendations for legislation to the Governor and the General Assembly.

Sec. 136. Section 46a-131a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commission on Women, Children, [and] Seniors, Equity and Opportunity shall develop, within available appropriations, an annual social health index report for the state of Connecticut to monitor the social health of its citizens and assist the state in analyzing and publicizing social health issues and in evaluating the state's progress in addressing these issues.

(b) Said commission may accept for the development of said index,

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any and all grants, contributions or donations of money and may receive, utilize and dispose of the same.

Sec. 137. Section 46a-131b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commission on Women, Children, [and] Seniors, Equity and Opportunity shall coordinate information on youth leadership opportunities that keep youth engaged in the community. The commission shall inform the General Assembly and the public of such opportunities.

Sec. 138. Subsection (c) of section 46b-69c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) The advisory committee shall consist of not more than ten members to be appointed by the Chief Justice of the Supreme Court and shall include members who represent the Commission on Women, Children, [and] Seniors, Equity and Opportunity, the family law section of the Connecticut Bar Association, educators specializing in children studies, agencies representing victims of family violence, service providers and the Judicial Department. The members shall serve for terms of two years and may be reappointed for succeeding terms. The members shall elect a chairperson from among their number and shall receive no compensation for their services.

Sec. 139. Subsection (b) of section 46b-215a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The commission shall consist of thirteen members as follows:

(1) The Chief Court Administrator, or the Chief Court Administrator's designee;

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

(3) The Attorney General, or the Attorney General's designee;

(4) The chairpersons and ranking members of the joint standing committee on judiciary, or their designees;

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

(6) A representative of the Connecticut Bar Association, designated by the Connecticut Bar Association; and

(7) Four members appointed by the Governor, one of whom represents an agency that delivers legal services to the poor, one of whom represents the financial concerns of child support obligors, one of whom represents the Commission on Women, Children, and Seniors, Equity and Opportunity and one of whom represents the rights and best interests of children.

Sec. 140. Subdivision (3) of subsection (c) of section 19a-59i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(3) A community health worker, appointed by the Commission on Women, Children, Seniors, Equity and Opportunity;

Sec. 141. Subsection (a) of section 51-10c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established a Commission on Racial and Ethnic Disparity in the Criminal Justice System. The commission shall consist of the Chief Court Administrator, the Chief State's Attorney, the Chief Public Defender, the Commissioner of Emergency Services and Public Protection, the Commissioner of Correction, the Commissioner of

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Children and Families, the Child Advocate, the Victim Advocate, the chairperson of the Board of Pardons and Paroles, the chairperson of the Commission on Equity and Opportunity, or their designees, two members of the Commission on Women, Children, Seniors, Equity and Opportunity designated by the executive director of the commission, a representative of municipal police chiefs, a representative of a coalition representing police and correctional officers, six members appointed one each by the president pro tempore of the Senate, the speaker of the House of Representatives, the majority leader of the Senate, the majority leader of the House of Representatives, the minority leader of the Senate and the minority leader of the House of Representatives, and two members appointed by the Governor. The Chief Court Administrator or said administrator's designee shall serve as chairperson of the commission. The commission shall meet quarterly and at such other times as the chairperson deems necessary.

Sec. 142. Subsection (b) of section 54-1s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The board shall include the following members:

- (1) The Chief State's Attorney, or a designee;
- (2) The Chief Public Defender, or a designee;
- (3) The president of the Connecticut Police Chiefs Association, or a designee;
- (4) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or a designee;
- (5) Two members of the Commission on Women, Children, Seniors, Equity and Opportunity, designated by the executive director;

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- (6) The executive director of the Commission on Human Rights and Opportunities, or a designee;
- (7) The Commissioner of Emergency Services and Public Protection, or a designee;
- (8) The Commissioner of Transportation, or a designee;
- (9) The director of the Institute for Municipal and Regional Policy at Central Connecticut State University, or a designee; and
- (10) Such other members as the board may prescribe.

Sec. 143. Subsections (a) to (c), inclusive, of section 46a-170 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established a Trafficking in Persons Council that shall be within the Commission on Women, Children, [and] Seniors, Equity and Opportunity for administrative purposes only.

(b) The council shall consist of the following members: (1) The Chief State's Attorney, or a designee; (2) the Chief Public Defender, or a designee; (3) the Commissioner of Emergency Services and Public Protection, or the commissioner's designee; (4) the Labor Commissioner, or the commissioner's designee; (5) the Commissioner of Social Services, or the commissioner's designee; (6) the Commissioner of Public Health, or the commissioner's designee; (7) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee; (8) the Commissioner of Children and Families, or the commissioner's designee; (9) the Commissioner of Consumer Protection, or the commissioner's designee; (10) the director of the Basic Training Division of the Police Officer Standards and Training Council, or the director's designee; (11) the Child Advocate, or the Child Advocate's designee; (12) the Victim Advocate, or the

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Victim Advocate's designee; (13) [the] a chairperson of the Commission on Women, Children, [and] Seniors, Equity and Opportunity or the chairperson's designee; (14) one representative of the Office of Victim Services of the Judicial Branch appointed by the Chief Court Administrator; (15) a municipal police chief appointed by the Connecticut Police Chiefs Association, or a designee; (16) the Commissioner of Education, or the commissioner's designee; (17) an adult victim of trafficking, appointed by the Governor; and (18) ten public members appointed as follows: The Governor shall appoint two members, one of whom shall represent victims of commercial exploitation of children and one of whom shall represent sex trafficking victims who are children, the president pro tempore of the Senate shall appoint two members, one of whom shall represent the Connecticut Alliance to End Sexual Violence and one of whom shall represent an organization that provides civil legal services to low-income individuals, the speaker of the House of Representatives shall appoint two members, one of whom shall represent the Connecticut Coalition Against Domestic Violence and one of whom shall represent the Connecticut Lodging Association, the majority leader of the Senate shall appoint one member who shall represent an organization that deals with behavioral health needs of women and children, the majority leader of the House of Representatives shall appoint one member who shall represent an organization that advocates on social justice and human rights issues, the minority leader of the Senate shall appoint one member who shall represent the Connecticut Immigrant and Refugee Coalition, and the minority leader of the House of Representatives shall appoint one member who shall represent the Motor Transport Association of Connecticut, Inc.

(c) The chairperson of the Commission on Women, Children, [and] Seniors, Equity and Opportunity, or a designee, shall serve as chairperson of the council. The members of the council shall serve without compensation but shall be reimbursed for necessary expenses

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incurred in the performance of their duties.

Sec. 144. (NEW) (*Effective from passage and applicable to any notification made on or after January 1, 2019*) Notwithstanding any other provision of the general statutes, any elected or appointed state official of the executive, legislative or judicial branch may, at such official's sole discretion, elect to decline any compensation or benefit paid by the state that the official is otherwise entitled to receive pursuant to any provision of the general statutes or regulations by notifying the State Comptroller of such election. Such election shall be effective upon the date indicated in such notification.

Sec. 145. (NEW) (*Effective from passage*) (a) If the Secretary of the Office of Policy and Management enters into a contract with an actuarial consulting firm or actuarial software service provider, the Teachers' Retirement Board shall promptly provide, in the form and format specified by the secretary, any data requested by the secretary during the term of such contact.

(b) The Secretary of the Office of Policy and Management may, by interagency agreement, share actuarial data, analyses or software services with any other state agency, including, but not limited to, the office of the State Treasurer, the office of the State Comptroller and the Office of Fiscal Analysis.

Sec. 146. (*Effective from passage*) The Hartford Community Court in the city of Hartford shall be renamed the "Honorable Raymond R. Norko Community Court".

Sec. 147. (NEW) (*Effective July 1, 2019*) (a) For the purposes of this section:

(1) "Open educational resource" means a college level resource made available on an Internet web site to be used by students, faculty and members of the public on an unlimited basis at a cost lower than

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to be satisfactory to the commissioner. The commissioner shall [also] provide such periodical inspections and review as shall safeguard the well-being, health and morality of all children cared for or placed under a license issued by the commissioner under this section and shall visit and consult with each such child and with the licensee as often as the commissioner deems necessary but at intervals of not more than ninety days. Each licensee under the provisions of this section shall file annually with the commissioner a report containing such information concerning its functions, services and operation, including financial data, as the commissioner requires. Any license issued under this section may be revoked, suspended or limited by the commissioner for cause, after notice given to the person or entity concerned and after opportunity for a hearing thereon. Any party whose application is denied or whose license is revoked, suspended or limited by the commissioner may appeal from such adverse decision in accordance with the provisions of section 4-183. Appeals under this section shall be privileged in respect to the order of trial assignment.

Sec. 160. (NEW) (*Effective January 1, 2020*) (a) As used in this section:

(1) "Community health worker" means a public health outreach professional with an in-depth understanding of the experience, language, culture and socioeconomic needs of the community and who provides a range of services, including, but not limited to, outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to social determinants of health and basic screenings and assessments of any risks associated with social determinants of health;

(2) "Certified community health worker" means a community health worker certified by the Department of Public Health;

(3) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee; and

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(4) "Social determinants of health" means societal factors that contribute to a person's state of health.

(b) There is established within the Office of Health Strategy a Community Health Worker Advisory Body. Said body shall (1) advise said office and the Department of Public Health on matters relating to the educational and certification requirements for training programs for community health workers, including the minimum number of hours and internship requirements for certification of community health workers, (2) conduct a continuous review of such educational and certification programs, and (3) provide the department with a list of approved educational and certification programs for community health workers;

(c) The executive director of the Office of Health Strategy, or the executive director's designee, shall act as the chair of the Community Health Worker Advisory Body and shall appoint the following members to said body:

(1) Six members who are actively practicing as community health workers in the state;

(2) A member of the Community Health Workers Association of Connecticut;

(3) A representative of a community-based community health worker training organization;

(4) A representative of a regional community-technical college;

(5) An employer of community health workers;

(6) A representative of a health care organization that employs community health workers;

(7) A health care provider who works directly with community

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health workers; and

(8) The Commissioner of Public Health, or the commissioner's designee.

(d) On or after January 1, 2020, no person shall use the title "certified community health worker" unless certified by the Department of Public Health pursuant to subsection (e) this section.

(e) Each application for certification as a community health worker shall be in writing on forms prescribed by the Commissioner of Public Health, signed by the applicant and accompanied by a fee of one hundred dollars and satisfactory proof that such applicant meets the following requirements:

(1) (A) Is trained and educated as a community health worker by an organization approved by the Community Health Worker Advisory Body pursuant to subsection (a) of this section, (B) is at least sixteen years of age, (C) submits a professional reference from an employer with direct knowledge of the applicant's experience as a community health worker and a reference from a member of the community with direct knowledge of the applicant's experience as a community health worker, and (D) has a minimum of one thousand hours of experience working as a community health worker during the three years prior to the date of such application; or

(2) (A) Has a minimum of two thousand hours of paid or unpaid experience as a community health worker, and (B) submits a professional reference from an employer with direct knowledge of the applicant's experience as a community health worker and a reference from a member of the community with direct knowledge of the applicant's experience as a community health worker.

(f) A certification issued under this section may be renewed every three years. The license shall be renewed in accordance with the

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provisions of section 19a-88 of the general statutes for a fee of one hundred dollars. Each certified community health worker applying for license renewal shall furnish evidence satisfactory to the commissioner of having completed a minimum of thirty hours of continuing education requirements, including two hours focused on cultural competency, systemic racism or systemic oppression and two hours focused on social determinants of health.

(g) The provisions of this section shall not apply to a community health worker who is providing services, including, but not limited to, outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to social determinants of health and basic screenings and assessments of any risks associated with social determinants of health, provided such person does not hold himself or herself out to the public as a certified community health worker.

(h) The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 of the general statutes against a certified community health worker for failure to conform to the accepted standards of the profession including, but not limited to, any of the following reasons: (1) Fraud or deceit in obtaining or seeking reinstatement of a license to practice as a community health worker; (2) engaging in fraud or material deception in the course of professional services or activities; (3) negligent, incompetent or wrongful conduct in professional activities; (4) aiding or abetting the use of the title "certified community health worker by an individual who is not certified"; (5) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; or (6) abuse or excessive use of drugs, including alcohol, narcotics or chemicals. 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

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

Sec. 161. Subsection (e) of section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(e) (1) Each person holding a license or certificate issued under section 19a-514, 20-65k, 20-74s, 20-185k, 20-185l, 20-195cc or 20-206ll and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 384, 384a, 384b, 384d, 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the Department of Public Health, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(2) Each person holding a license or certificate issued under section 19a-514, section 20-266o and chapters 384a, 384c, 386, 387, 388 and 398 shall apply for renewal of such license or certificate once every two years, during the month of such person's birth, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(3) Each person holding a certificate issued under section 160 of this act shall apply for renewal of such certificate once every three years, during the month of such person's birth, giving such person's name in full, such person's residence and business address and such other information as the department requests.

~~[(3)]~~ (4) Each person holding a license or certificate issued pursuant

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to chapter 400c shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the department. Each lead training provider certified pursuant to chapter 400c and each asbestos training provider certified pursuant to chapter 400a shall, annually, during the anniversary month of such training provider's initial certification, apply for renewal of such certificate to the department.

[(4)] (5) Each entity holding a license issued pursuant to section 20-475 shall, annually, during the anniversary month of initial licensure, apply for renewal of such license or certificate to the department.

[(5)] (6) Each person holding a license issued pursuant to section 20-162bb shall, annually, during the month of such person's birth, apply for renewal of such license to the Department of Public Health, upon payment of a fee of three hundred twenty dollars, giving such person's name in full, such person's residence and business address and such other information as the department requests.

Sec. 162. Section 20-195aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

As used in this section and sections 20-195bb to 20-195ee, inclusive, and section 166 of this act:

(1) "Licensed professional counselor" or "professional counselor" means a person who has been licensed as a professional counselor pursuant to this chapter;

(2) "Licensed professional counselor associate" or "professional counselor associate" means a person who has been licensed as a professional counselor associate pursuant to this chapter;

[(2)] (3) "Commissioner" means the Commissioner of Public Health;

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- (15) Dietitian-Nutritionist;
- (16) Asbestos abatement worker;
- (17) Asbestos abatement site supervisor;
- (18) Licensed or certified alcohol and drug counselor;
- (19) Professional counselor and professional counselor associate;

Sec. 174. Subsection (a) of section 20-195f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) No license as a marital and family therapist shall be required of:

(1) A student pursuing a course of study in an educational institution meeting the requirements of section 20-195c if such activities constitute a part of his or her supervised course of study; (2) a faculty member within an institution of higher learning performing duties consistent with his or her position; [(3) a person holding a graduate degree in marriage and family therapy; provided (A) the activities performed or services provided by the person constitute part of the supervised work experience required for licensure under subdivision (3) of subsection (a) of section 20-195c, and (B) not later than two years after completion of such supervised work experience, the exemption to the licensure requirement shall cease if the person did not successfully complete the licensing examination, as required under subdivision (4) of subsection (a) of said section; or (4)] or (3) a person licensed or certified in this state in a field other than marital and family therapy practicing within the scope of such license or certification.

Sec. 175. Section 20-195ee of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of Public Health may take any disciplinary

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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; (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; (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.

Sec. 176. Section 20-195mmm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

[(a)] As used in this section, sections 177 to 180, inclusive, of this act and section 19a-14:

(1) "Art therapy" means clinical and evidence-based use of art, including art media, the creative process and the resulting artwork, to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an art therapy program approved by the American Art Therapy Association, or any successor of said association; [and]

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(2) "Art therapist" means a person who [(A) has earned a graduate degree in art therapy or a related field from an accredited institution of higher education, and (B) is certified as an art therapist by the Art Therapy Credentials Board or any successor of said board.] has been licensed as an art therapist pursuant to section 178 of this act or issued a temporary permit pursuant to section 179 of this act;

(3) "Commissioner" means the Commissioner of Public Health; and

(4) "Department" means the Department of Public Health.

[(b) No person unless certified as an art therapist may use the title "art therapist" or "certified art therapist" or make use of any title, words, letters, abbreviations or insignia indicating or implying that he or she is a certified art therapist. Any person who violates this section shall be guilty of a class D felony. For purposes of this section, each instance of contact or consultation with an individual that is in violation of any provision of this section shall constitute a separate offense.

(c) The provisions of this section shall not apply to a person who (1) provides art therapy while acting within the scope of practice of the person's license and training, provided the person does not hold himself or herself out to the public as an art therapist, or (2) is a student enrolled in an art therapy educational program or graduate art therapy educational program approved by the American Art Therapy Association, or any successor of said association, and art therapy is an integral part of the student's course of study and such student is performing such therapy under the direct supervision of an art therapist.]

Sec. 177. (NEW) (*Effective October 1, 2019*) (a) No person may use the title "art therapist" or "licensed art therapist" or make use of any title, words, letters, abbreviations or insignia that may reasonably be

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confused with licensure as an art therapist unless such person is licensed pursuant to section 178 of this act or has been issued a temporary permit pursuant to section 179 of this act.

(b) The provisions of this section shall not apply to (1) prohibit or restrict any activity or service, including the use of art or art materials, by a person who is licensed or certified by the department of a nationally recognized licensing or certifying organization when acting within the scope of such person's professional training, provided such person does not represent himself or herself to the public as an art therapist or as licensed to practice art therapy pursuant to section 178 of this act, or (2) a student enrolled in an art therapy educational program at an accredited educational institution, or a graduate art therapy educational program approved by the American Art Therapy Association, or any successor of said association, provided art therapy is an integral part of the student's course of study and such student is acting under the direct supervision of a licensed art therapist.

Sec. 178. (NEW) (*Effective October 1, 2019*) (a) On and after October 1, 2019, the Commissioner of Public Health shall grant a license as an art therapist to any applicant who, except as provided in subsections (b) and (c) of this section, furnishes evidence satisfactory to the commissioner that such applicant (1) has earned a graduate degree in art therapy or a related field from an accredited institution of higher education, and (2) holds a current credential or certification as an art therapist from the Art Therapy Credentials Board, or any successor of said board. The commissioner shall develop and provide application forms. The application fee shall be three hundred fifteen dollars.

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant is licensed or certified as an art therapist, or as a person entitled to perform similar services under a different designation, in another state or jurisdiction that has requirements for practicing in such capacity that

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are substantially similar to, or higher than, those of this state and that there are no disciplinary actions or unresolved complaints pending in this state or any other state.

(c) Licenses issued under this section shall be renewed annually pursuant to section 19a-88 of the general statutes. The fee for such renewal shall be one hundred ninety dollars. Each licensed art therapist applying for license renewal shall furnish evidence satisfactory to the commissioner of having a current credential or certification with the Art Therapy Credentials Board, or any successor of said board, and having obtained continuing education units for such credential or certification as required by said board.

Sec. 179. (NEW) (*Effective October 1, 2019*) The Department of Public Health may issue a temporary permit to an applicant for licensure as an art therapist who holds a graduate degree in art therapy or a related field. Such temporary permit shall authorize the holder of the temporary permit to practice art therapy under the general supervision of a licensed art therapist at all times during which the holder of the temporary permit performs art therapy. Such temporary permit shall be valid for a period not to exceed three hundred sixty-five calendar days after the date of attaining such graduate degree and shall not be renewable. No temporary permit shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this state or any other state. The commissioner may revoke a temporary permit for good cause, as determined by the commissioner. The fee for a temporary permit shall be fifty dollars.

Sec. 180. (NEW) (*Effective October 1, 2019*) The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 of the general statutes 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; (3) fraud or deceit in

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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; 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 of the general statutes. The commissioner shall give notice and an opportunity to be heard on any contemplated action under section 19a-17 of the general statutes.

Sec. 181. Subsection (c) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

- (1) Speech and language pathologist and audiologist;
- (2) Hearing instrument specialist;
- (3) Nursing home administrator;
- (4) Sanitarian;
- (5) Subsurface sewage system installer or cleaner;
- (6) Marital and family therapist;
- (7) Nurse-midwife;

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- (8) Licensed clinical social worker;
- (9) Respiratory care practitioner;
- (10) Asbestos contractor, asbestos consultant and asbestos training provider;
- (11) Massage therapist;
- (12) Registered nurse's aide;
- (13) Radiographer;
- (14) Dental hygienist;
- (15) Dietitian-Nutritionist;
- (16) Asbestos abatement worker;
- (17) Asbestos abatement site supervisor;
- (18) Licensed or certified alcohol and drug counselor;
- (19) Professional counselor;
- (20) Acupuncturist;
- (21) Occupational therapist and occupational therapist assistant;
- (22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement supervisor, lead abatement worker, lead training provider, lead inspector, lead inspector risk assessor and lead planner-project designer;
- (23) Emergency medical technician, advanced emergency medical technician, emergency medical responder and emergency medical services instructor;

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- (24) Paramedic;
- (25) Athletic trainer;
- (26) Perfusionist;
- (27) Master social worker subject to the provisions of section 20-195v;
- (28) Radiologist assistant, subject to the provisions of section 20-74tt;
- (29) Homeopathic physician;
- (30) Certified water treatment plant operator, certified distribution system operator, certified small water system operator, certified backflow prevention device tester and certified cross connection survey inspector, including certified limited operators, certified conditional operators and certified operators in training;
- (31) Tattoo technician;
- (32) Genetic counselor; [and]
- (33) Behavior analyst; and
- (34) Art therapist.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

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general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(e) (1) Each person holding a license or certificate issued under section 19a-514, 20-65k, 20-74s, 20-185k, 20-185l, 20-195cc or 20-206ll and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 383g, 384, 384a, 384b, 384d, 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the Department of Public Health, giving such person's name in full, such person's residence and business address and such other information as the department requests.

Sec. 183. (NEW) (*Effective from passage*) (a) As used in this section and sections 184 to 188, inclusive, of this act:

(1) "Corporation" means the nonprofit nonstock corporation described in subsection (b) of this section, which has been established in accordance with the provisions of chapter 602 of the general statutes; and

(2) "Philanthropic enterprise" means a philanthropic enterprise founded in 2003 and located in Fairfield County that advances diverse philanthropic initiatives which include strengthening public education in this state and supporting financial inclusion and social entrepreneurship or a philanthropic designee under the direct control of the philanthropic enterprise.

(b) There shall be established "The Partnership for Connecticut, Inc.", which shall be a nonstock corporation and shall be organized and established by the philanthropic enterprise and its agents. The corporation shall be formed for the conduct of any affairs or the promotion of any purpose which may be lawfully carried out, including, but not limited to, the following public purposes:

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- (1) Strengthening public education in this state;
- (2) Supporting financial inclusion and social entrepreneurship;
- (3) Promoting upward mobility in Connecticut by connecting at-risk high school-aged youths and young adults to educational and career opportunities;
- (4) Supporting economic development in under-resourced communities through microfinance and social entrepreneurship, with a specific focus on communities where there is a high poverty rate and youths and young adults between the ages of fourteen to twenty-four, inclusive, who are showing signs of disengagement or disconnection from high school, the workplace or the community;
- (5) Promoting and expanding upon the collaboration between the state and one or more philanthropic or nonprofit entities designated by the philanthropic enterprise to carry out the public purposes set forth in this section; and
- (6) Providing additional resources for the purposes set forth in this section.

(c) Except as provided in sections 183 to 188, inclusive, of this act, the corporation shall be subject to and shall have all the powers provided in chapter 602 of the general statutes. The property and affairs of the corporation shall be governed and controlled by its board of directors appointed in accordance with section 185 of this act. The corporation shall submit an application for recognition of federal income tax exempt status for the corporation as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time. Except as provided in section 185 of this act, no member of the board of directors or any officer or employee of the corporation shall, by virtue of such service to the

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\$375,000 to Lighthouse Program, City of Bridgeport; \$100,000 to Christian Community Action Agency; \$275,000 to the City of New Haven; \$15,625 to Girls for Technology; \$24,233 for Hartford Hurricane; \$240,793 to Legacy Foundation of Hartford; \$41,875 to West Indian Foundation, Inc.; \$52,474 to Upper Albany in Hartford; \$25,000 to West Haven Library; \$25,000 to Youth Family Services/West Haven; \$5,000 to West Haven Coastal Ecology Camp - Vouchers; \$5,000 to Park and Recreation Camp - Vouchers/West Haven; \$5,000 to Divas on the Move; \$20,000 to West Haven Community House, Outdoor Teen Program; and to the West Haven Board of Education, \$25,000 for Justice-Incarceration Diversion Program, \$8,000 for Career Day, and \$22,000 to Anti-Drug/Alcohol Enrichment (PTA's).

Sec. 229. Section 4-66n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established an account to be known as the "municipal reimbursement and revenue account" which shall be a separate, nonlapsing account within the General Fund. The account shall contain any moneys required by law to be deposited in the account.

(b) Moneys transferred to the account in accordance with section 87 of public act 13-247 shall be expended by the Office of Policy and Management as follows: (1) For the Nutmeg Network, two million one hundred [seventy-four] four thousand dollars; (2) for a tax incidence study, seven hundred thousand dollars; (3) for the universal chart of accounts, [four] two hundred [fifty] seventy thousand dollars; (4) to audit private providers of special education services, in accordance with section 2-90 and sections 10-91g to 10-91i, inclusive, three hundred sixty-six thousand dollars; [and] (5) for the Department of Education, to conduct the study described in section 4 of public act 16-144, two hundred fifty thousand dollars; and (6) to promote and facilitate the implementation of the most efficient, high-quality, cost-effective and responsive service delivery, two hundred fifty thousand

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dollars. Such moneys for the universal chart of accounts may be used to reimburse expenses incurred on or after July 1, 2013.

Sec. 230. (NEW) (*Effective October 1, 2019*) (a) Title. This section may be cited as the "Insurance Data Security Law".

(b) Definitions. For the purposes of this section:

(1) "Authorized individual" means an individual who is known to, and screened by, a licensee, and who is determined to be necessary and appropriate to have access to the nonpublic information that is held by the licensee and on such licensee's information systems.

(2) "Consumer" means an individual, including, but not limited to, an applicant, beneficiary, certificate holder, claimant, insured or policyholder, who is a resident of this state and whose nonpublic information is in a licensee's possession, custody or control.

(3) "Cybersecurity event" means an event resulting in any unauthorized access to, or disruption or misuse of, an information system or the information stored thereon, except if: (A) The event involves the unauthorized acquisition of encrypted nonpublic information if the encryption process for such information or encryption key to such information is not acquired, released or used without authorization; or (B) the event involves access of nonpublic information by an unauthorized person and the licensee determines that such information has not been used or released and has been returned or destroyed.

(4) "Encryption" means the transformation of data or information into a form that results in a low probability of assigning meaning to such data or information without the use of a protective process or key.

(5) "Information security program" means the administrative,

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technical and physical safeguards that a licensee uses to access, collect, distribute, process, protect, store, use, transmit, dispose of or otherwise handle nonpublic information.

(6) "Information system" means a discrete set of electronic information resources organized for the collection, processing, maintenance, use, sharing, dissemination or disposition of electronic data or information, as well as any specialized system such as an industrial or process controls system, telephone switching and private branch exchange system, and environmental control system.

(7) "Licensee" means any person licensed, authorized to operate or registered, or required to be licensed, authorized to operate or registered, pursuant to the insurance laws of this state, except for a purchasing group or a risk retention group chartered and licensed in another state or a licensee that is acting as an assuming insurer and domiciled in another state or jurisdiction.

(8) "Multifactor authentication" means authentication through verification of at least two of the following types of authentication factors: (A) A knowledge factor, including, but not limited to, a password; (B) a possession factor, including, but not limited to, a token or text message on a mobile phone; or (C) an inheritance factor, including, but not limited to, a biometric characteristic.

(9) "Nonpublic information" means data and information, other than publicly available information and information concerning a consumer's age or gender, that: (A) Concerns the business of a licensee and that, if accessed, disclosed, tampered with or used without authorization from the licensee, would have a material adverse impact on the business, operations or security of such licensee; (B) concerns a consumer and that, because such data or information contains a name, number, personal mark or other identifier, can be used to identify such consumer in combination with: (i) A Social Security number; (ii) a

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driver's license number or nondriver identification card number; (iii) an account, credit or debit card number; (iv) an access or security code, or a password, that would permit access to the consumer's financial account; or (v) a biometric record; or (C) is in a form or medium created by, or derived from, a health care provider or consumer and concerns: (i) The past, present or future physical, mental or behavioral health or condition of a consumer or a member of a consumer's family; (ii) the provision of health care to a consumer; or (iii) payment for the provision of health care to a consumer.

(10) "Person" means any individual or any nongovernmental entity, including, but not limited to, any nongovernmental partnership, corporation, branch, agency or association.

(11) "Publicly available information" means data or information that: (A) (i) Must be disclosed to the general public pursuant to applicable law; or (ii) may be made available to the general public from government records or widely distributed media; and (B) a licensee reasonably believes, after investigation: (i) Is of a type that is available to the general public; and (ii) the consumer has not directed to be withheld from the general public, if the consumer may direct that such data or information be withheld from the general public pursuant to applicable law.

(12) "Risk assessment" means the risk assessment that each licensee is required to conduct pursuant to subdivision (3) of subsection (c) of this section.

(13) "Third-party service provider" means a person, other than a licensee, that: (A) Contracts with a licensee to maintain, process or store nonpublic information; or (B) is otherwise permitted to access nonpublic information through the person's provision of services to a licensee.

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(c) Information Security Program. (1) Implementation of an information security program. Except as provided in subdivision (10) of this subsection, each licensee shall, not later than October 1, 2020, develop, implement and maintain a comprehensive written information security program that is based on the licensee's risk assessment and contains the administrative, technical and physical safeguards for the protection of nonpublic information and such licensee's information systems. Each information security program shall be commensurate with the size and complexity of the licensee, the nature and scope of the licensee's activities, including, but not limited to, such licensee's use of third-party service providers, and the sensitivity of the nonpublic information used by such licensee or in such licensee's possession, custody or control.

(2) Objectives of Information Security Program. Except as provided in subdivision (10) of this subsection, each information security program developed, implemented and maintained by a licensee pursuant to subdivision (1) of this subsection shall:

(A) Be designed to:

(i) Protect the security and confidentiality of the nonpublic information and the security of the information system;

(ii) Protect against all threats and hazards to the security or integrity of nonpublic information and the information system; and

(iii) Protect against unauthorized access to, or use of, nonpublic information and minimize the likelihood of harm to any consumer; and

(B) Define, and periodically reevaluate, a schedule for retention of nonpublic information and a mechanism for the destruction of such information when such information no longer is needed.

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(3) Risk Assessment. Except as provided in subdivision (10) of this subsection, each licensee shall:

(A) Designate one or more employees, an affiliate or an outside vendor designated to act on behalf of such licensee as the person responsible for such licensee's information security program;

(B) Identify reasonably foreseeable internal or external threats that could result in unauthorized access, transmission, disclosure, misuse, alteration or destruction of nonpublic information, including, but not limited to, the security of information systems that are, and nonpublic information that is, accessible to, or held by, third-party service providers;

(C) Assess the likelihood and potential damage of the threats identified pursuant to subparagraph (B) of this subdivision, taking into consideration the sensitivity of the nonpublic information;

(D) Assess the sufficiency of policies, procedures, information systems and other safeguards in place to manage the threats identified pursuant to subparagraph (B) of this subdivision by considering such threats in the following areas of such licensee's operations:

(i) Employee training and management;

(ii) Information systems, including, but not limited to, network and software design, as well as information classification, governance, processing, storage, transmission and disposal; and

(iii) Detection, prevention and response to attacks, intrusions or other systems failures;

(E) Implement information safeguards to manage the threats identified in such licensee's ongoing assessment; and

(F) Not less than annually, assess the effectiveness of such licensee's

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safeguards' key controls, systems and procedures.

(4) Risk Management. Except as provided in subdivision (10) of this subsection, each licensee shall, based on such licensee's risk assessment:

(A) Design such licensee's information security program to mitigate the identified risks, commensurate with the size and complexity of such licensee's activities, including, but not limited to, such licensee's use of third-party service providers, and the sensitivity of the nonpublic information used by such licensee or in such licensee's possession, custody or control.

(B) Determine which of the following security measures are appropriate and, if such measures are appropriate, implement such measures:

(i) Placement of access controls on such licensee's information systems, including, but not limited to, controls to authenticate and restrict access only to authorized individuals to protect against the unauthorized acquisition of nonpublic information;

(ii) Identification and management of the data, personnel, devices, systems and facilities that enable such licensee to achieve such licensee's business purposes in accordance with their relative importance to such licensee's business objectives and risk strategy;

(iii) Restriction of access to physical locations containing nonpublic information only to authorized individuals;

(iv) Protection, by encryption or other appropriate means, of all nonpublic information while such information is transmitted over an external network or stored on a laptop computer or other portable computing or storage device or medium;

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(v) Adoption of secure development practices for in-house developed applications utilized by such licensee and procedures for evaluating, assessing or testing the security of externally developed applications utilized by such licensee;

(vi) Modification of such licensee's information system in accordance with such licensee's information security program;

(vii) Utilization of effective controls, which may include multifactor authentication procedures for any individual accessing nonpublic information;

(viii) Regular testing and monitoring of systems and procedures to detect actual and attempted attacks on, or intrusions into, information systems;

(ix) Inclusion of audit trails within the information security program that are designed to detect and respond to cybersecurity events, and designed to reconstruct material financial transactions sufficient to support the normal operations and obligations of the licensee;

(x) Implementation of measures to protect against the destruction, loss or damage of nonpublic information due to environmental hazards, including, but not limited to, fire and water, or other catastrophes or technological failures; and

(xi) Development, implementation and maintenance of procedures for the secure disposal of nonpublic information in any format.

(C) Include cybersecurity risks in such licensee's enterprise risk management process.

(D) Stay informed regarding emerging threats or vulnerabilities and utilize reasonable security measures when sharing information relative to the character of the sharing and the type of information shared.

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(E) Provide such licensee's personnel with cybersecurity awareness training that is updated as necessary to reflect risks identified by such licensee in such licensee's risk assessment.

(5) Oversight by Board of Directors. Except as provided in subdivision (10) of this subsection, if a licensee has a board of directors, the board, or an appropriate committee of such board, shall, at a minimum:

(A) Require the licensee's executive management or its delegates to develop, implement and maintain such licensee's information security program.

(B) Require the licensee's executive management or its delegates to report, in writing and at least annually, the following information:

(i) The overall status of such licensee's information security program and such licensee's compliance with this section; and

(ii) Material matters related to such licensee's information security program, addressing issues such as risk assessment, risk management and control decisions, third-party service provider arrangements, results of testing, cybersecurity events or violations and management's responses thereto, and recommendations for changes in such information security program.

(C) If a licensee's executive management delegates any of its responsibilities under subparagraph (A) or (B) of this subdivision, it shall oversee the development, implementation and maintenance of the licensee's information security program prepared by the delegate or delegates, and shall receive a report from such delegate or delegates that satisfies the requirements established in subparagraph (B) of this subdivision.

(6) Oversight of Third-Party Service Provider Arrangements. Except

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as provided in subdivision (10) of this subsection:

(A) Each licensee shall exercise due diligence in selecting such licensee's third-party service providers; and

(B) Not later than October 1, 2021, each licensee shall require each of such licensee's third-party service providers to implement appropriate administrative, technical and physical measures to protect and secure the information systems that are, and nonpublic information that is, accessible to, or held by, such licensee's third-party service providers.

(7) Program Adjustments. Except as provided in subdivision (10) of this subsection, each licensee shall monitor, evaluate and adjust, as appropriate, such licensee's information security program consistent with any relevant changes in technology, the sensitivity of such licensee's nonpublic information, internal or external threats to such information and such licensee's own changing business arrangements, including, but not limited to, changes stemming from mergers and acquisitions, alliances and joint ventures, outsourcing arrangements and changes to information systems.

(8) Incident Response Plan. (A) Except as provided in subdivision (10) of this subsection, each licensee shall, as part of such licensee's information security program, establish a written incident response plan that is designed to promptly respond to, and recover from, any cybersecurity event that compromises the confidentiality, integrity or availability of nonpublic information that is in such licensee's possession, custody or control, such licensee's information systems or the continuing functionality of any aspect of such licensee's business or operations.

(B) Each incident response plan shall address the following areas:

(i) The internal process for responding to a cybersecurity event;

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- (ii) The goals of such incident response plan;
- (iii) The definition of clear roles, responsibilities and levels of decision-making authority;
- (iv) External and internal communications;
- (v) Information sharing;
- (vi) Identification of requirements for the remediation of any identified weaknesses in information systems and associated controls;
- (vii) Documentation and reporting regarding cybersecurity events and related incident response activities; and
- (viii) Evaluation and revision, as necessary, of such incident response plan following each cybersecurity event.

(9) Annual Certification to Commissioner of Domiciliary State. Except as provided in subdivision (10) of this subsection, each insurer domiciled in this state shall submit to the Insurance Commissioner a written statement, not later than February fifteenth, annually, certifying that such insurer is in compliance with the requirements set forth in this subsection. Each insurer shall maintain, for examination by the Insurance Department, all records, schedules and data supporting each statement that such insurer submits to the commissioner for a period of five years. To the extent an insurer has identified areas, systems or processes that require material improvement, updating or redesign, the insurer shall document such identification and the remedial efforts planned and underway to address such areas, systems or processes. Such documentation must be available for inspection by the commissioner.

(10) Exceptions. (A) The following exceptions shall apply to this subsection:

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(i) (I) During the period beginning on October 1, 2020, and ending on September 30, 2021, each licensee with fewer than twenty employees, which, for the purposes of this subclause, includes independent contractors having access to the nonpublic information used by such licensee or in such licensee's possession, custody or control, shall be exempt from this subsection; and

(II) On and after October 1, 2021, each licensee with fewer than ten employees, which, for the purposes of this subclause, includes independent contractors having access to the nonpublic information used by such licensee or in such licensee's possession, custody or control, shall be exempt from this subsection;

(ii) Each licensee that is subject to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and has established and maintains an information security program pursuant to said act and the rules, regulations, procedures or guidelines established thereunder, shall be deemed to have satisfied the requirements of this subsection, provided such licensee is in compliance therewith and submits to the Insurance Commissioner a written statement certifying such licensee's compliance therewith;

(iii) Each employee, agent, representative or designee of a licensee, who is also a licensee, shall be exempt from the provisions of this subsection and need not develop its own information security program to the extent that such employee, agent representative or designee is covered by the other licensee's information security program; and

(iv) Each licensee that has established and maintains an information security program in compliance with the statutes, rules and regulations of a jurisdiction approved by the commissioner pursuant to regulations adopted pursuant to subsection (i) of this section shall be deemed to have satisfied the provisions of this subsection, provided such licensee is in compliance therewith and submits to the

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commissioner, not later than February fifteenth, annually, a written statement certifying such licensee's compliance therewith.

(B) In the event that a licensee ceases to qualify for an exception under this subdivision, the licensee shall have one hundred eighty days to comply with this subsection.

(d) Investigation of a Cybersecurity Event. (1) If a licensee learns that a cybersecurity event has, or may have, occurred, the licensee, or an outside vendor or service provider, or both, designated to act on behalf of such licensee, shall conduct a prompt investigation in accordance with the provisions of this subsection.

(2) During any investigation conducted pursuant to subdivision (1) of this subsection, the licensee or the outside vendor or service provider, or both, shall, at a minimum and to the extent possible:

(A) Determine whether the cybersecurity event occurred; and

(B) If the cybersecurity event occurred:

(i) Assess the nature and scope of such cybersecurity event;

(ii) Identify the nonpublic information, if any, that may have been involved in such cybersecurity event; and

(iii) Perform or oversee reasonable measures to restore the security of the information systems compromised in such cybersecurity event in order to prevent further unauthorized acquisition, release or use of nonpublic information that is in the licensee's possession, custody or control.

(3) If a licensee learns that a cybersecurity event has, or may have, occurred in a system maintained by a third-party service provider, the licensee shall complete the steps listed in subdivision (2) of this subsection or confirm and document that the third-party service

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provider has completed such steps.

(4) Each licensee that is subject to the provisions of this subsection shall maintain records concerning each cybersecurity event for a period of at least five years from the date of such cybersecurity event, and shall produce such records to the Insurance Commissioner upon demand by the commissioner.

(e) Notification of a Cybersecurity Event. (1) Notification to the Commissioner. Each licensee shall notify the Insurance Commissioner that a cybersecurity event has occurred, as promptly as possible but in no event later than three business days after the date of the cybersecurity event, if:

(A) Such licensee is an insurer and this state is the insurer's state of domicile, or the licensee is an insurance producer, as defined in section 38a-702a of the general statutes, and this state is the insurance producer's home state, as defined in section 38a-702a of the general statutes; and

(B) The licensee reasonably believes that the nonpublic information involved in the cybersecurity event is of two hundred fifty or more consumers residing in this state and:

(i) State or federal law requires that a notice concerning such cybersecurity event be provided to a government body, self-regulatory agency or another supervisory body; or

(ii) It is reasonably likely that such cybersecurity event will materially harm:

(I) A consumer residing in this state; or

(II) A material part of such licensee's normal operations.

(2) Information to Be Provided to Commissioner. (A) Each licensee

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that notifies the Insurance Commissioner pursuant to subdivision (1) of this subsection shall provide to the commissioner, in an electronic form prescribed by the commissioner, as much of the following information as possible:

- (i) The date of the cybersecurity event;
- (ii) A description of how the information was exposed, lost, stolen or breached, including, but not limited to, the specific roles and responsibilities of third-party service providers, if any;
- (iii) How the cybersecurity event was discovered;
- (iv) Whether any lost, stolen or breached information has been recovered and, if so, how such information was recovered;
- (v) The identity of the source of the cybersecurity event;
- (vi) Whether such licensee has filed a police report or notified any regulatory, government or law enforcement agency, and, if so, when such licensee filed such report or provided such notice;
- (vii) A description of the specific types of exposed, lost, stolen or breached information, including, for example, specific types of medical information, financial information or information allowing identification of a consumer;
- (viii) The period during which each information system that was compromised by the cybersecurity event was compromised by such cybersecurity event;
- (ix) The number of total consumers in this state affected by the cybersecurity event;
- (x) The results of an internal review identifying any lapse in automated controls or internal procedures, or confirming that all such

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controls and procedures were followed;

(xi) A description of any efforts being undertaken to remediate the situation that permitted the cybersecurity event to occur;

(xii) A copy of the licensee's privacy policy and a statement outlining the steps the licensee will take to investigate and notify consumers affected by the cybersecurity event; and

(xiii) The name of a contact person who is both familiar with the cybersecurity event and authorized to act for the licensee.

(B) Each licensee that provides information to the Insurance Commissioner pursuant to subparagraph (A) of this subdivision shall have a continuing obligation to update and supplement such information.

(3) Notification to Consumers. Each licensee shall comply with all applicable provisions of section 36a-701b of the general statutes, and provide to the Insurance Commissioner a copy of the notice that such licensee sends to consumers pursuant to said section, if any, if such licensee is required to notify the commissioner pursuant to subdivision (1) of this subsection.

(4) Notice Regarding Cybersecurity Events of Third-Party Service Providers. (A) In the case of a cybersecurity event involving a system maintained by a third-party service provider, each licensee affected by the event shall treat such event, if the licensee as is aware of such event, as such licensee would treat such event under subdivision (1) of this subsection.

(B) The computation of a licensee's deadlines shall begin on the day after a third-party service provider notifies the licensee of the cybersecurity event or such licensee otherwise first becomes aware of such event, whichever is sooner.

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(C) Nothing in this section shall prevent or abrogate an agreement between a licensee and another party to fulfill any of the investigation requirements imposed under subsection (d) of this section or the notice requirements imposed under this subsection.

(5) Notice Regarding Cybersecurity Events of Reinsurers to Insurers.

(A) (i) In the case of a cybersecurity event involving nonpublic information that is used by a licensee that is acting as an assuming insurer or in the possession, custody or control of a licensee that is acting as an assuming insurer and that does not have a direct contractual relationship with the affected consumers, the assuming insurer shall notify its affected ceding insurers and the insurance regulatory official of its state of domicile not later than seventy-two hours after such assuming insurer discovered that the cybersecurity event had occurred.

(ii) Each ceding insurer that has a direct contractual relationship with the consumers affected by a cybersecurity event shall fulfill the consumer notification requirements imposed under section 36a-701b of the general statutes and any other notification requirements relating to a cybersecurity event imposed under this section.

(B) (i) In the case of a cybersecurity event involving nonpublic information that is in the possession, custody or control of a third-party service provider of a licensee, when the licensee is acting as an assuming insurer, including an assuming insurer that is domiciled in another state or jurisdiction, the assuming insurer shall notify its affected ceding insurers and the insurance regulatory official of its state of domicile not later than seventy-two hours after such assuming insurer received notice from the third-party service provider disclosing that the cybersecurity event occurred.

(ii) Ceding insurers that have a direct contractual relationship with affected consumers shall fulfill the consumer notification requirements

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imposed under section 36a-701b of the general statutes and any other notification requirements relating to a cybersecurity event imposed under this section.

(6) Notice Regarding Cybersecurity Events of Insurers to Producers of Record. If a cybersecurity event involves nonpublic information that is in the possession, custody or control of a licensee that is an insurer, or a third-party service provider for a licensee that is an insurer, and for which a consumer who is affected by the cybersecurity event accessed such licensee's services through an independent insurance producer, such licensee shall notify the producer of record for such consumer of the occurrence of such cybersecurity event not later than the time at which notice is provided to such consumer, provided such licensee has the current producer of record information for such individual consumer.

(f) Power of Commissioner. (1) The Insurance Commissioner shall have power to examine and investigate into the affairs of a licensee to determine whether the licensee is, or has been, engaged in conduct in this state that violates the provisions of this section. The commissioner's power under this subsection is in addition to the commissioner's powers under sections 38a-14 to 38a-16, inclusive, of the general statutes. Any such investigation or examination shall be conducted pursuant to said sections, if applicable.

(2) Whenever the Insurance Commissioner has reason to believe that a licensee is, or has been, engaged in conduct in this state that violates the provisions of this section, the commissioner shall issue and serve upon the licensee:

(A) A statement setting forth such violation; and

(B) A notice of a hearing to be held at a time and place fixed in such notice, which time shall not be less than thirty calendar days after the

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date of service of such notice.

(3) (A) The licensee shall, at the time and place fixed for the hearing in the notice issued and served upon such licensee pursuant to subdivision (2) of this subsection, have an opportunity to be heard and show cause why an order should not be entered by the Insurance Commissioner:

(i) Enforcing the provisions of this section; or

(ii) Suspending, revoking or refusing to reissue or renew any license, certificate of registration or authorization to operate the Insurance Commissioner has issued, or may issue, to such licensee.

(B) The Insurance Commissioner may, after holding a hearing pursuant to subparagraph (A) of this subdivision and in addition to or in lieu of suspending, revoking or refusing to reissue or renew any license, certificate of registration or authorization to operate the commissioner has issued, or may issue, to the licensee, impose on such licensee a civil penalty of not more than fifty thousand dollars for each violation of the provisions of this section. The commissioner may bring a civil action to recover the amount of any civil penalty that the commissioner imposes on a licensee pursuant to this subparagraph.

(g) Confidentiality. (1) (A) Except as provided in subparagraph (B) of this subdivision, documents, materials and other information in the possession, custody or control of the Insurance Department and furnished to the department by a licensee, or an employee or agent of a licensee acting on behalf of the licensee, pursuant to subdivision (9) of subsection (c) of this section or subparagraph (A)(ii), (A)(iii), (A)(iv), (A)(v), (A)(viii), (A)(x) or (A)(xi) of subdivision (2) of subsection (e) of this section, or obtained by the commissioner in an investigation or examination conducted pursuant to subsection (f) of this section, shall be confidential by law, privileged, not subject to disclosure under

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section 1-210 of the general statutes, not subject to subpoena, and not subject to discovery or admission into evidence in any private civil action.

(B) The Insurance Commissioner is authorized to use all documents, materials and other information in furtherance of any regulatory or legal actions brought as a part of the commissioner's duties.

(2) Neither the Insurance Commissioner nor any person acting under the authority of the commissioner who receives documents or materials that are, or other information that is, subject to the provisions of subdivision (1) of this subsection shall be permitted or required to testify in any private civil action concerning such documents, materials or other information.

(3) The Insurance Commissioner, in order to assist the commissioner in performing the commissioner's duties under this section, may:

(A) Share documents, materials and other information, including, but not limited to, confidential and privileged documents, materials and other information subject to subdivision (1) of this subsection, with other state, federal and international regulatory agencies, the National Association of Insurance Commissioners and the affiliates and subsidiaries of said association, the Attorney General and other state, federal or international law enforcement authorities, provided the recipient of such documents, materials or other information agrees, in writing, to maintain the confidentiality and privileged status of such documents, materials or other information;

(B) Receive documents, materials and other information, including, but not limited to, otherwise confidential and privileged documents, materials and other information, from the National Association of Insurance Commissioners and the affiliates and subsidiaries of said association, the Attorney General and other domestic or foreign

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regulatory or law enforcement officials, provided the commissioner shall maintain as confidential and privileged all documents, materials and other information that the commissioner receives with notice or an understanding that such documents or materials are, or such other information is, confidential or privileged under the laws of the jurisdiction that is the source of such documents, materials or other information;

(C) Share documents, materials and other information subject to subdivision (1) of this subsection with a third-party consultant or vendor, provided the third-party consultant or vendor agrees, in writing, to maintain the confidentiality and privileged status of such documents, materials and other information; and

(D) Enter into agreements governing the sharing and use of documents, materials and other information, provided such agreements are consistent with the provisions of this subsection.

(4) No waiver of any applicable privilege or claim of confidentiality in a document, material or other information shall occur as a result of any disclosure of the document, material or other information to the Insurance Commissioner pursuant to this section, or as a result of any sharing of such document, material or other information authorized under subdivision (3) of this subsection.

(5) Nothing in this section shall prohibit the Insurance Commissioner from releasing final, adjudicated actions that are open to public inspection pursuant to section 1-210 of the general statutes to a database or other clearinghouse service maintained by the National Association of Insurance Commissioners or the affiliates or subsidiaries of said association.

(h) Private Right of Action. Nothing in this section shall be construed to create or imply a private right of action, or to affect or

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limit a private right of action that exists without regard to this section.

(i) Regulations. The Insurance Commissioner may adopt such regulations, in accordance with chapter 54 of the general statutes, as are necessary to carry out the provisions of this section.

Sec. 231. Subparagraph (B) of subdivision (2) of subsection (b) of section 36a-701b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2020*):

(B) The person who conducts business in this state, and who, in the ordinary course of such person's business, owns or licenses computerized data that includes personal information, shall offer to each resident whose ~~[personal]~~ nonpublic information under subparagraph ~~[(A)]~~ (B)(i) of subdivision ~~[(4)]~~ (9) of subsection ~~[(a)]~~ (b) of section ~~[38a-999b]~~ 230 of this act or personal information as defined in subparagraph (A) of subdivision (2) of subsection (a) of this section was breached or is reasonably believed to have been breached, appropriate identity theft prevention services and, if applicable, identity theft mitigation services. Such service or services shall be provided at no cost to such resident for a period of not less than twenty-four months. Such person shall provide all information necessary for such resident to enroll in such service or services and shall include information on how such resident can place a credit freeze on such resident's credit file.

Sec. 232. Section 1 of public act 19-25 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in this section and sections 2 to 16, inclusive, of [this act] public act 19-25:

(1) "Authority" means the Paid Family and Medical Leave Insurance Authority established in section 2 of [this act] public act 19-25. "Authority" does not mean an appointing authority;

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(2) "Base period" means the first four of the five most recently completed quarters;

(3) "Base weekly earnings" means an amount equal to one twenty-sixth, rounded to the next lower dollar, of a covered employee's total wages, as defined in subsection (b) of section 31-222 of the general statutes [or] and self-employment income, as defined in 26 USC 1402(b), as amended from time to time, earned during the two quarters of the covered employee's base period in which such earnings were highest, provided self-employment income shall be included only if the recipient has enrolled in the program pursuant to section 9 of public act 19-25;

(4) "Covered employee" means an individual who has earned not less than two thousand three hundred twenty-five dollars in subject earnings during the employee's highest earning quarter within the base period and (A) is presently employed by an employer, (B) has been employed by an employer in the previous twelve weeks, or (C) is a self-employed individual or sole proprietor and Connecticut resident who has enrolled in the program pursuant to section 9 of [this act] public act 19-25;

(5) "Covered public employee" means an individual who is (A) employed in state service, as defined in section 5-196 of the general statutes, and who is not in a bargaining unit established pursuant to sections 5-270 to 5-280, inclusive, of the general statutes, or (B) a member of a collective bargaining unit whose exclusive collective bargaining agent negotiates inclusion in the program, in accordance with chapter 68 of the general statutes, sections 7-467 to 7-477, inclusive, of the general statutes or sections 10-153a to 10-153n, inclusive, of the general statutes. If a municipal employer, as defined in section 7-467 of the general statutes, or a local or regional board of education negotiates inclusion in the program for members of a collective bargaining unit, "covered public employee" also means an

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individual who is employed by such municipal employer or local or regional board of education and who is not in a bargaining unit established under sections 7-467 to 7-477, inclusive, of the general statutes, or sections 10-153a to 10-153n, inclusive, of the general statutes;

(6) "Employ" means to allow or permit to work;

(7) "Employee" means an individual engaged in service to an employer in this state in the business of the employer;

(8) "Employer" means a person engaged in any activity, enterprise or business who employs one or more employees, and includes any person who acts, directly or indirectly, in the interest of an employer to any of the employees of such employer and any successor in interest of an employer. "Employer" does not mean the federal government, the state or a municipality, a local or regional board of education or a nonpublic elementary or secondary school, except that the state, a municipal employer or local or regional board of education is an employer with respect to each of its covered public employees;

(9) "Family and medical leave compensation" or "compensation" means the paid leave provided to covered employees from the Family and Medical Leave Insurance Trust Fund;

(10) "Family and Medical Leave Insurance Authority Board" means the board of directors established in section 2 of [this act] public act 19-25;

(11) "Family and Medical Leave Insurance Program" or "program" means the program established in section 3 of [this act] public act 19-25;

(12) "Family and Medical Leave Insurance Trust Fund" or "trust" means the trust fund established in section 5 of [this act] public act 19-

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25;

(13) "Health care provider" has the same meaning as provided in section 31-51kk of the general statutes, as amended by [this act] public act 19-25;

(14) "Person" means one or more individuals, partnerships, associations, corporations, limited liability companies, business trusts, legal representatives or any organized group of persons;

(15) "Serious health condition" has the same meaning as provided in section 31-51kk of the general statutes, as amended by [this act] public act 19-25; and

(16) "Subject earnings" means total wages, as defined in subsection (b) of section 31-222 of the general statutes [, or] and self-employment income as defined in 26 USC 1402(b), as amended from time to time, that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time, provided self-employment income shall be included only if the recipient has enrolled in the program pursuant to section 9 of public act 19-25.

Sec. 233. Section 2 of public act 19-25 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a Paid Family and Medical Leave Insurance Authority which shall be a body politic and corporate and shall constitute a public instrumentality and political subdivision of the state created for the performance of an essential public and governmental function. The authority shall not be construed to be a department, institution or agency of the state.

(b) The powers of the authority shall be vested in and exercised by a board of directors, which shall consist of [fifteen] thirteen voting

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members, as follows: (1) The Labor Commissioner, or his or her designee, who shall serve as an ex-officio voting member; (2) the Secretary of the Office of Policy and Management, or his or her designee, who shall serve as an ex-officio voting member; (3) [the State Treasurer, or his or her designee, who shall serve as an ex-officio voting member; (4) the State Comptroller, or his or her designee, who shall serve as an ex-officio voting member; (5)] the Commissioner of Administrative Services, or [at that commissioner's designation, the Chief Information Officer] his or her designee, who shall serve as an ex-officio voting member; [(6)] (4) the Commissioner of Economic and Community Development, or his or her designee, who shall serve as an ex-officio voting member; [(7)] (5) one appointed by the speaker of the House of Representatives, who shall have skill, knowledge and experience in the interests of employees; [(8)] (6) one appointed by the majority leader of the House of Representatives, who shall be an attorney advocating for the rights, benefits and opportunities of employees; [(9)] (7) one appointed by the minority leader of the House of Representatives, who shall have skill, knowledge and experience in the interests of disability insurance plans; [(10)] (8) one appointed by the president pro tempore of the Senate, who shall be an impacted individual who has personal knowledge and experience with economically distressed and underserved communities and is reflective of the ethnic and economic diversity of such communities; [(11)] (9) one appointed by the majority leader of the Senate, who shall have skill, knowledge and experience in the interests of small business employees; [(12)] (10) one appointed by the minority leader of the Senate, who shall have skill, knowledge and experience in the interests of employees of large businesses; and [(13)] (11) three appointed by the Governor, one of whom shall have skill, knowledge and experience in modern software practices, and two of whom shall have skill, knowledge and experience in family and medical leave programs. The State Treasurer, or his or her designee, and the State Comptroller, or his or her designee, shall serve as ex-officio nonvoting members. Each

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member appointed pursuant to subdivisions [(7)] (5) to [(13)] (11), inclusive, of this subsection shall serve an initial term of four years. Thereafter, said members of the General Assembly and the Governor shall appoint members of the board to succeed such appointees whose terms have expired and each member so appointed shall hold office for a term of [six] three years from July first in the year of his or her appointment. Members shall hold office until a successor member has been duly appointed. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the board.

(c) All initial appointments to the board shall be made not later than July 1, 2019. Any vacancy shall be filled by the appointing authority not later than thirty calendar days after the office becomes vacant. Any member previously appointed to the board may be reappointed.

(d) The Governor [, the speaker of the House of Representatives and the president pro tempore of the Senate shall collectively] shall select a chairperson of the board from among the members of the board. The board shall annually elect a vice-chairperson and such other officers as it deems necessary from among its members. The board may appoint an executive director, who shall not be a member of the board and who shall serve at the pleasure of the board. The executive director shall be an employee of the authority and shall receive such compensation as prescribed by the board.

(e) (1) On and after January 1, 2022, the employees of the authority shall be considered state employees for the purposes of sections 5-270 to 5-280, inclusive, of the general statutes. To the extent such employees are performing jobs which would normally be within a current executive branch bargaining unit, such jobs shall be added to the unit descriptions of such bargaining units and employees in those jobs shall be deemed part of such units. Managerial employees and

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other employees not covered by a collective bargaining agreement shall be exempt from the classified service. With regard to unclassified positions, the authority shall not be required to comply with personnel policies and procedures of the Department of Administrative Services and the Office of Policy and Management with regard to approval for the creation of new positions, the number of such positions, the decision to fill such positions or the time for filling such positions. The authority, not the executive branch, shall have the power to determine whether an individual is qualified to fill an unclassified position at the authority. The authority shall determine the qualifications and set the terms and conditions of employment of employees not covered by a collective bargaining agreement, including the establishment of compensation and incentive plans, subject to such bargaining obligation as may be created if any such employees elect an exclusive bargaining agent pursuant to the provisions of sections 5-270 to 5-280, inclusive, of the general statutes.

(2) The executive branch shall be authorized and empowered to negotiate on behalf of the authority with employees of the authority covered by collective bargaining and represent the authority in all other collective bargaining matters. The authority shall be entitled to have a representative present at all such bargaining.

(3) In any interest arbitration regarding employees of the authority, the arbitrator shall take into account the purpose of this section as a factor, in addition to those factors specified in section 5-276a of the general statutes.

(f) The officers and all other employees of the authority shall be state employees for the purposes of group welfare benefits and retirement, including, but not limited to, those provided under chapter 66 of the general statutes and sections 5-257 and 5-259 of the general statutes. The authority shall reimburse the appropriate state agencies for all costs incurred by such designation.

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(g) The members of the board shall serve without compensation but shall, within available appropriations, be reimbursed in accordance with the standard travel regulations for all necessary expenses that they may incur through service on the board.

(h) (1) Each member of the board shall, not later than ten calendar days after his or her appointment, take and subscribe the oath of affirmation required by article XI, section 1, of the Constitution of the state. The oath shall be filed in the office of the Secretary of the State.

(2) Each officer or member of the board authorized by resolution of the board to handle funds or sign checks for the program shall, not later than ten calendar days after the date the board adopts such authorizing resolution, execute a surety bond in the penal sum of fifty thousand dollars or procure an equivalent insurance product or, in lieu thereof, the chairperson shall obtain a blanket position bond covering the executive director and each member of the board and other employee or authorized officer of the authority in the penal sum of fifty thousand dollars. Each such bond or equivalent insurance product shall be (A) conditioned upon the faithful performance of the duties of the chairperson or the members, executive director and other authorized officers or employees, as the case may be, and (B) issued by an insurance company authorized to transact business in this state as surety. The cost of each such bond shall be paid by the authority.

(i) An authorized officer or the executive director, if one is appointed by the board pursuant to subsection (d) of this section, shall supervise the administrative affairs and technical activities of the program in accordance with the directives of the board. Such authorized officer or executive director, as the case may be, shall keep a record of the proceedings of the program and shall be custodian of all books, documents and papers filed with the program, the minute book or journal of the program and its official seal. Such authorized officer or executive director, as the case may be, may cause copies to be

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made of all minutes and other records and documents of the program and may give certificates under the official seal of the program to the effect that such copies are true copies, and all persons dealing with the program may rely upon such certificates.

(j) A majority of the voting members of the board shall constitute a quorum for the transaction of any business or the exercise of any power of the authority. Except as specified in section 1-121 of the general statutes and subdivision (14) of subsection (b) of section 4 of public act 19-25, the affirmative vote of a majority of voting members present at a meeting of the board shall be sufficient for action taken by the board.

(k) (1) No member of the board or any officer, agent or employee of the authority shall, directly or indirectly, have any financial interest in any corporation, business trust, estate, trust, partnership or association, two or more persons having a joint or common interest, or any other legal or commercial entity contracting with the authority. As used in this section, "financial interest" does not include an interest of a de minimis nature or an interest that is not distinct from that of a substantial segment of the general public.

(2) Notwithstanding the provisions of subdivision (1) of this subsection or any other section of the general statutes, it shall not be a conflict of interest or a violation of the provisions of said subdivision or any other section of the general statutes for a trustee, director, officer or employee of a bank, insurance company, investment advisor, investment company or investment banking firm, to serve as a member of the board, provided, in each case to which the provisions of this subdivision are applicable, such trustee, director, officer or employee of such a firm abstains from discussion, deliberation, action and vote by the board in specific respect to any undertaking pursuant to this section or sections 2 to 16, inclusive, of [this act] public act 19-25 in which such firm has a direct interest separate from the interests of

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all similar firms generally.

(l) The authority shall continue as long as the program remains in effect and until its existence is terminated by law. Upon termination of the existence of the authority, all its rights and properties shall pass to and be vested in the state of Connecticut.

(m) The provisions of this section and section 1-125 of the general statutes, as amended by [this act] public act 19-25, shall apply to any member, director or employee of the authority. No person shall be subject to civil liability for the debts, obligations or liabilities of the authority as provided in this section and section 1-125 of the general statutes, as amended by [this act] public act 19-25.

Sec. 234. Section 4 of public act 19-25 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The board, on behalf of the authority, and for the purpose of implementing the Paid Family and Medical Leave Insurance Program established in section 3 of [this act] public act 19-25, shall adopt written procedures in accordance with the provisions of section 1-121 of the general statutes for the purposes of:

(1) Adopting an annual budget and plan of operations, including a requirement of board approval before such budget or plan may take effect;

(2) Adopting bylaws for the regulation of the affairs of the board and the conduct of its business;

(3) Hiring, dismissing, promoting and compensating employees of the authority and instituting an affirmative action policy;

(4) Acquiring real and personal property and personal services, including requiring board approval for any nonbudgeted expenditure

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in excess of five thousand dollars;

(5) Contracting for financial, legal and other professional services, and requiring that the authority solicit proposals not less than every three years for each such service used by the board;

(6) Using surplus funds to the extent authorized under sections 2 to 16, inclusive, of [this act] public act 19-25 or any other provisions of the general statutes;

(7) Establishing an administrative process by which grievances, complaints and appeals regarding employment at the authority are reviewed and addressed by the board; and

(8) Implementing the provisions of sections 1 to 16, inclusive, of [this act] public act 19-25 or other provisions of the general statutes, as appropriate.

(b) The Paid Family and Medical Leave Authority may:

(1) Adopt an official seal and alter the same at the pleasure of the board;

(2) Maintain an office at such place or places in the state as the board may designate;

(3) Sue and be sued, and plea and be impleaded, in its own name;

(4) Establish criteria and guidelines for the Paid Family and Medical Leave Insurance Program to be offered pursuant to this section, sections 2 and 3 and sections 5 to 16, inclusive, of [this act] public act 19-25;

(5) Employ staff, agents and contractors as may be necessary or desirable and fix the compensation of such persons;

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(6) Design, establish and operate the program to ensure transparency in the management of the program through oversight and ethics review of plan fiduciaries;

(7) Design and establish a process by which employees and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of [this act] public act 19-25 shall contribute a portion of their subject earnings to the trust;

(8) Evaluate and establish a process by which employers may credit employee contributions to the trust through payroll deposit;

(9) Ensure that contributions to the trust collected from employees and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of [this act] public act 19-25 shall not be used for any purpose other than providing compensation to covered employees, educating and informing persons about the program and paying the operational, administrative and investment costs of the program;

(10) Establish and maintain a secure Internet web site that displays all public notices issued by the authority and such other information as the authority deems relevant and necessary for the implementation of the program and for the education of the public regarding the program;

(11) Establish policies, or written procedures in accordance with the provisions of section 1-121 of the general statutes, as appropriate, including, but not limited to, policies or procedures:

(A) Establishing a process to determine whether an individual meets the requirements for compensation under this section, including the certification required for establishing eligibility for such compensation;

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(B) Establishing methods by which any books, records, documents, contracts or other papers relevant to the eligibility of a covered employee shall be examined, or caused to be produced or examined;

(C) Establishing methods by which witnesses who provide information relevant to a covered employee's claim for family and medical leave compensation may be summoned and examined under oath;

(D) Ensuring the confidentiality of records and documents relating to medical certifications, recertifications and medical histories of covered employees and covered employees' family members pursuant to section 31-5100 of the general statutes, as amended by [this act] public act 19-25;

(E) Establishing the percentage of subject earnings each employee and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of [this act] public act 19-25 shall contribute to the Family and Medical Leave Insurance Trust Fund, provided such percentage shall not exceed one-half of one per cent;

(F) Certifying the ongoing solvency of the Family and Medical Leave Insurance Trust Fund and adjusting the compensation offered to covered employees as necessary to ensure the solvency of the fund as provided in subdivision (3) of subsection (c) of section 3 of [this act] public act 19-25, provided the contribution percentage established by the Authority pursuant to subdivision (5) of this section has reached the statutory maximum; and

(G) Determining whether an employer meets the requirements for the administration of a private plan, including the approval, oversight and termination of such private plan, and developing any potential alternate measure of subject earnings for the purposes of calculating compensation under such plans;

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(12) Notwithstanding any provision of the general statutes, and to the extent consistent with federal law, (A) use state administrative data collected by any agency for the purposes of carrying out and implementing such program, including, but not limited to, eligibility determination, benefit calculation, program planning, recipient outreach and continuous improvement and program evaluation, including assessment of longitudinal impact; and (B) share user data and other data collected through program administration with other state agencies for purposes, including, but not limited to, improving delivery of benefits and services to program participants and other persons, streamlining eligibility determination for programs administered by other agencies, recipient outreach and continuous improvement and program evaluation, including assessment of longitudinal impact. Expenses incurred for activities undertaken pursuant to this subdivision, as well as compensation paid to other state agencies for any associated costs, shall be considered appropriate administrative expenses of the program.

(13) Enter into agreements with any department, agency, office or instrumentality of the United States or this state to carry out the purposes of the program, including, but not limited to:

(A) Memoranda of understanding with the Labor Department and other state agencies regarding (i) the gathering or dissemination of information necessary for the operations of the program, subject to such obligations of confidentiality as may be agreed or required by law, (ii) the sharing of costs incurred pursuant to the gathering and dissemination of such information, and (iii) the reimbursement of costs for any enforcement activities conducted pursuant to section 14 of [this act] public act 19-25. Each state agency may also enter into such memoranda of understanding;

(B) Memoranda of understanding with the Department of Revenue Services and the Labor Department for (i) the collection of employee

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contributions, and (ii) the reimbursement of costs by the authority for any costs incurred related to the collection of employee contributions. The Department of Revenue Services and the Labor Department shall also enter into such memoranda of understanding; and

(C) Memoranda of understanding with the Labor Department for (i) the adjudication of claims by covered employees aggrieved by a denial of compensation under the Family and Medical Leave Insurance Program, and (ii) the reimbursement of costs by the authority for any costs incurred by the Labor Department related to the adjudication of contested claims or penalties imposed pursuant to section 14 of [this act] public act 19-25. The Labor Department shall also enter into such memoranda of understanding.

(14) Make and enter into any contract or agreement necessary or incidental to the performance of its duties and execution of its powers. [subject to the provisions of subsection (c) of this section.] The contracts and agreements entered into by the authority shall not be subject to the approval of any other state department, office or agency, provided copies of all such contracts shall be maintained by the authority as public records, subject to the proprietary rights of any party to such contracts. No contract shall contain any provision in which any contractor derives any direct or indirect economic benefit from denying or otherwise influencing the outcome of any claim for benefits. The standard criteria for the evaluation of proposals relating to claims processing, web site development, database development, marketing and advertising, in the event the authority seeks the services of an outside contractor for such tasks, and for the evaluation of proposals relating to all other contracts in amounts equal to or exceeding two hundred fifty thousand dollars shall include, but need not be limited to: (A) Transparency, (B) cost, (C) efficiency of operations, (D) quality of work related to the contracts issued, (E) user experience, (F) accountability, and (G) a cost-benefit analysis

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documenting the direct and indirect costs of such contracts, including qualitative and quantitative benefits that will result from the implementation of such contracts. The establishment of additional standard criteria shall be approved by a two-thirds vote of the board after such criteria have been posted on a public Internet web site maintained by the authority for notice and comment for at least one week prior to such vote.

(15) Do all things necessary or convenient to carry out the provisions of sections 1 to 16, inclusive, of [this act] public act 19-25.

[(c) (1) The board of directors of the authority shall issue requests for proposals, in the event the authority seeks the services of an outside contractor for the following:

- (A) Initial claims processing;
- (B) Proposals for web site development;
- (C) Database development;
- (D) Marketing and advertising; or
- (E) Implementing any other elements of the program.

(2) The authority shall develop criteria for evaluating proposals relating to the purposes listed in this subsection and all other contracts in amounts equal to or exceeding five hundred thousand dollars. Such criteria shall include, but need not be limited to: (A) Transparency, (B) cost, (C) efficiency of operations, (D) quality of the work related to the contracts issued, (E) user experience, (F) accountability, and (G) a cost-benefit analysis documenting the direct and indirect costs of such contracts, including qualitative and quantitative benefits that will result from the implementation of such contracts. The establishment of such criteria shall be subject to the notice and adoption requirements

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specified in section 1-121 of the general statutes.]

Sec. 235. (*Effective from passage*) Section 26 of public act 19-25 shall take effect January 1, 2022.

Sec. 236. (NEW) (*Effective January 1, 2020*) (a) Notwithstanding any provision of the general statutes and to the maximum extent permitted by federal law, no individual or group health insurance policy delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2020, providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes shall impose a coinsurance, copayment, deductible or other out-of-pocket expense for a covered benefit in an amount that exceeds the lesser of:

(1) The amount paid to the provider or vendor for the covered benefit, including all discounts, rebates and adjustments, by the insurer, health care center, fraternal benefit society, hospital service corporation, medical service corporation or other entity that delivered, issued for delivery, renewed, amended or continued such policy or an intermediary engaged by such insurer, center, society, corporation or entity;

(2) An amount calculated on the basis of the amount charged for the covered benefit by the provider or vendor, less any discount for such covered benefit and any amount due to, or charged by, an entity if such entity is affiliated with, or owned or controlled by, the insurer, health care center, fraternal benefit society, hospital service corporation, medical service corporation or other entity that delivered, issued for delivery, renewed, amended or continued such policy; or

(3) The amount that the insured would have paid to the provider or vendor for the covered benefit without regard to such policy. If the Insurance Commissioner adopts regulations pursuant to subsection (c)

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of this section, the commissioner may define such amount in such regulations.

(b) Any violation of subsection (a) of this section shall be deemed an unfair method of competition and unfair and deceptive act or practice in the business of insurance under section 38a-816 of the general statutes.

(c) The Insurance Commissioner may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section.

Sec. 237. Section 38a-816 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

The following are defined as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance:

(1) Misrepresentations and false advertising of insurance policies. Making, issuing or circulating, or causing to be made, issued or circulated, any estimate, illustration, circular or statement, sales presentation, omission or comparison which: (A) Misrepresents the benefits, advantages, conditions or terms of any insurance policy; (B) misrepresents the dividends or share of the surplus to be received, on any insurance policy; (C) makes any false or misleading statements as to the dividends or share of surplus previously paid on any insurance policy; (D) is misleading or is a misrepresentation as to the financial condition of any person, or as to the legal reserve system upon which any life insurer operates; (E) uses any name or title of any insurance policy or class of insurance policies misrepresenting the true nature thereof; (F) is a misrepresentation, including, but not limited to, an intentional misquote of a premium rate, for the purpose of inducing or tending to induce to the purchase, lapse, forfeiture, exchange, conversion or surrender of any insurance policy; (G) is a

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misrepresentation for the purpose of effecting a pledge or assignment of or effecting a loan against any insurance policy; or (H) misrepresents any insurance policy as being shares of stock.

(2) False information and advertising generally. Making, publishing, disseminating, circulating or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated or placed before the public, in a newspaper, magazine or other publication, or in the form of a notice, circular, pamphlet, letter or poster, or over any radio or television station, or in any other way, an advertisement, announcement or statement containing any assertion, representation or statement with respect to the business of insurance or with respect to any person in the conduct of his insurance business, which is untrue, deceptive or misleading.

(3) Defamation. Making, publishing, disseminating or circulating, directly or indirectly, or aiding, abetting or encouraging the making, publishing, disseminating or circulating of, any oral or written statement or any pamphlet, circular, article or literature which is false or maliciously critical of or derogatory to the financial condition of an insurer, and which is calculated to injure any person engaged in the business of insurance.

(4) Boycott, coercion and intimidation. Entering into any agreement to commit, or by any concerted action committing, any act of boycott, coercion or intimidation resulting in or tending to result in unreasonable restraint of, or monopoly in, the business of insurance.

(5) False financial statements. Filing with any supervisory or other public official, or making, publishing, disseminating, circulating or delivering to any person, or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated or delivered to any person, or placed before the public, any false statement of financial condition of an insurer with intent to deceive; or

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making any false entry in any book, report or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to whom such insurer is required by law to report, or who has authority by law to examine into its condition or into any of its affairs, or, with like intent, wilfully omitting to make a true entry of any material fact pertaining to the business of such insurer in any book, report or statement of such insurer.

(6) Unfair claim settlement practices. Committing or performing with such frequency as to indicate a general business practice any of the following: (A) Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue; (B) failing to acknowledge and act with reasonable promptness upon communications with respect to claims arising under insurance policies; (C) failing to adopt and implement reasonable standards for the prompt investigation of claims arising under insurance policies; (D) refusing to pay claims without conducting a reasonable investigation based upon all available information; (E) failing to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed; (F) not attempting in good faith to effectuate prompt, fair and equitable settlements of claims in which liability has become reasonably clear; (G) compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by such insureds; (H) attempting to settle a claim for less than the amount to which a reasonable man would have believed he was entitled by reference to written or printed advertising material accompanying or made part of an application; (I) attempting to settle claims on the basis of an application which was altered without notice to, or knowledge or consent of the insured; (J) making claims payments to insureds or beneficiaries not accompanied by statements setting forth the coverage under which the payments are being made; (K) making known to

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insureds or claimants a policy of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration; (L) delaying the investigation or payment of claims by requiring an insured, claimant, or the physician of either to submit a preliminary claim report and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information; (M) failing to promptly settle claims, where liability has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage; (N) failing to promptly provide a reasonable explanation of the basis in the insurance policy in relation to the facts or applicable law for denial of a claim or for the offer of a compromise settlement; (O) using as a basis for cash settlement with a first party automobile insurance claimant an amount which is less than the amount which the insurer would pay if repairs were made unless such amount is agreed to by the insured or provided for by the insurance policy.

(7) Failure to maintain complaint handling procedures. Failure of any person to maintain complete record of all the complaints which it has received since the date of its last examination. This record shall indicate the total number of complaints, their classification by line of insurance, the nature of each complaint, the disposition of these complaints, and the time it took to process each complaint. For purposes of this subsection "complaint" means any written communication primarily expressing a grievance.

(8) Misrepresentation in insurance applications. Making false or fraudulent statements or representations on or relative to an application for an insurance policy for the purpose of obtaining a fee, commission, money or other benefit from any insurer, producer or individual.

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(9) Any violation of any one of sections 38a-358, 38a-446, 38a-447, 38a-488, 38a-825, 38a-826, 38a-828 and 38a-829. None of the following practices shall be considered discrimination within the meaning of section 38a-446 or 38a-488 or a rebate within the meaning of section 38a-825: (A) Paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance, provided any such bonuses or abatement of premiums shall be fair and equitable to policyholders and for the best interests of the company and its policyholders; (B) in the case of policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount which fairly represents the saving in collection expense; (C) readjustment of the rate of premium for a group insurance policy based on loss or expense experience, or both, at the end of the first or any subsequent policy year, which may be made retroactive for such policy year.

(10) Notwithstanding any provision of any policy of insurance, certificate or service contract, whenever such insurance policy or certificate or service contract provides for reimbursement for any services which may be legally performed by any practitioner of the healing arts licensed to practice in this state, reimbursement under such insurance policy, certificate or service contract shall not be denied because of race, color or creed nor shall any insurer make or permit any unfair discrimination against particular individuals or persons so licensed.

(11) Favored agent or insurer: Coercion of debtors. (A) No person may (i) require, as a condition precedent to the lending of money or extension of credit, or any renewal thereof, that the person to whom such money or credit is extended or whose obligation the creditor is to acquire or finance, negotiate any policy or contract of insurance

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through a particular insurer or group of insurers or producer or group of producers; (ii) unreasonably disapprove the insurance policy provided by a borrower for the protection of the property securing the credit or lien; (iii) require directly or indirectly that any borrower, mortgagor, purchaser, insurer or producer pay a separate charge, in connection with the handling of any insurance policy required as security for a loan on real estate or pay a separate charge to substitute the insurance policy of one insurer for that of another; or (iv) use or disclose information resulting from a requirement that a borrower, mortgagor or purchaser furnish insurance of any kind on real property being conveyed or used as collateral security to a loan, when such information is to the advantage of the mortgagee, vendor or lender, or is to the detriment of the borrower, mortgagor, purchaser, insurer or the producer complying with such a requirement.

(B) (i) Subparagraph (A)(iii) of this subdivision shall not include the interest which may be charged on premium loans or premium advancements in accordance with the security instrument. (ii) For purposes of subparagraph (A)(ii) of this subdivision, such disapproval shall be deemed unreasonable if it is not based solely on reasonable standards uniformly applied, relating to the extent of coverage required and the financial soundness and the services of an insurer. Such standards shall not discriminate against any particular type of insurer, nor shall such standards call for the disapproval of an insurance policy because such policy contains coverage in addition to that required. (iii) The commissioner may investigate the affairs of any person to whom this subdivision applies to determine whether such person has violated this subdivision. If a violation of this subdivision is found, the person in violation shall be subject to the same procedures and penalties as are applicable to other provisions of section 38a-815, subsections (b) and (e) of section 38a-817 and this section. (iv) For purposes of this section, "person" includes any individual, corporation, limited liability company, association, partnership or other legal entity.

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(12) Refusing to insure, refusing to continue to insure or limiting the amount, extent or kind of coverage available to an individual or charging an individual a different rate for the same coverage because of physical disability, mental or nervous condition as set forth in section 38a-488a or intellectual disability, except where the refusal, limitation or rate differential is based on sound actuarial principles or is related to actual or reasonably anticipated experience.

(13) Refusing to insure, refusing to continue to insure or limiting the amount, extent or kind of coverage available to an individual or charging an individual a different rate for the same coverage solely because of blindness or partial blindness. For purposes of this subdivision, "refusal to insure" includes the denial by an insurer of disability insurance coverage on the grounds that the policy defines "disability" as being presumed in the event that the insured is blind or partially blind, except that an insurer may exclude from coverage any disability, consisting solely of blindness or partial blindness, when such condition existed at the time the policy was issued. Any individual who is blind or partially blind shall be subject to the same standards of sound actuarial principles or actual or reasonably anticipated experience as are sighted persons with respect to all other conditions, including the underlying cause of the blindness or partial blindness.

(14) Refusing to insure, refusing to continue to insure or limiting the amount, extent or kind of coverage available to an individual or charging an individual a different rate for the same coverage because of exposure to diethylstilbestrol through the female parent.

(15) (A) Failure by an insurer, or any other entity responsible for providing payment to a health care provider pursuant to an insurance policy, to pay accident and health claims, including, but not limited to, claims for payment or reimbursement to health care providers, within the time periods set forth in subparagraph (B) of this subdivision,

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unless the Insurance Commissioner determines that a legitimate dispute exists as to coverage, liability or damages or that the claimant has fraudulently caused or contributed to the loss. Any insurer, or any other entity responsible for providing payment to a health care provider pursuant to an insurance policy, who fails to pay such a claim or request within the time periods set forth in subparagraph (B) of this subdivision shall pay the claimant or health care provider the amount of such claim plus interest at the rate of fifteen per cent per annum, in addition to any other penalties which may be imposed pursuant to sections 38a-11, 38a-25, 38a-41 to 38a-53, inclusive, 38a-57 to 38a-60, inclusive, 38a-62 to 38a-64, inclusive, 38a-76, 38a-83, 38a-84, 38a-117 to 38a-124, inclusive, 38a-129 to 38a-140, inclusive, 38a-146 to 38a-155, inclusive, 38a-283, 38a-288 to 38a-290, inclusive, 38a-319, 38a-320, 38a-459, 38a-464, 38a-815 to 38a-819, inclusive, 38a-824 to 38a-826, inclusive, and 38a-828 to 38a-830, inclusive. Whenever the interest due a claimant or health care provider pursuant to this section is less than one dollar, the insurer shall deposit such amount in a separate interest-bearing account in which all such amounts shall be deposited. At the end of each calendar year each such insurer shall donate such amount to The University of Connecticut Health Center.

(B) Each insurer or other entity responsible for providing payment to a health care provider pursuant to an insurance policy subject to this section, shall pay claims not later than:

(i) For claims filed in paper format, sixty days after receipt by the insurer of the claimant's proof of loss form or the health care provider's request for payment filed in accordance with the insurer's practices or procedures, except that when there is a deficiency in the information needed for processing a claim, as determined in accordance with section 38a-477, the insurer shall (I) send written notice to the claimant or health care provider, as the case may be, of all alleged deficiencies in information needed for processing a claim not later than thirty days

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after the insurer receives a claim for payment or reimbursement under the contract, and (II) pay claims for payment or reimbursement under the contract not later than thirty days after the insurer receives the information requested; and

(ii) For claims filed in electronic format, twenty days after receipt by the insurer of the claimant's proof of loss form or the health care provider's request for payment filed in accordance with the insurer's practices or procedures, except that when there is a deficiency in the information needed for processing a claim, as determined in accordance with section 38a-477, the insurer shall (I) notify the claimant or health care provider, as the case may be, of all alleged deficiencies in information needed for processing a claim not later than ten days after the insurer receives a claim for payment or reimbursement under the contract, and (II) pay claims for payment or reimbursement under the contract not later than ten days after the insurer receives the information requested.

(C) As used in this subdivision, "health care provider" means a person licensed to provide health care services under chapter 368d, chapter 368v, chapters 370 to 373, inclusive, 375 to 383c, inclusive, 384a to 384c, inclusive, or chapter 400j.

(16) Failure to pay, as part of any claim for a damaged motor vehicle under any automobile insurance policy where the vehicle has been declared to be a constructive total loss, an amount equal to the sum of (A) the settlement amount on such vehicle plus, whenever the insurer takes title to such vehicle, (B) an amount determined by multiplying such settlement amount by a percentage equivalent to the current sales tax rate established in section 12-408. For purposes of this subdivision, "constructive total loss" means the cost to repair or salvage damaged property, or the cost to both repair and salvage such property, equals or exceeds the total value of the property at the time of the loss.

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(17) Any violation of section 42-260, by an extended warranty provider subject to the provisions of said section, including, but not limited to: (A) Failure to include all statements required in subsections (c) and (f) of section 42-260 in an issued extended warranty; (B) offering an extended warranty without being (i) insured under an adequate extended warranty reimbursement insurance policy or (ii) able to demonstrate that reserves for claims contained in the provider's financial statements are not in excess of one-half the provider's audited net worth; (C) failure to submit a copy of an issued extended warranty form or a copy of such provider's extended warranty reimbursement policy form to the Insurance Commissioner.

(18) With respect to an insurance company, hospital service corporation, health care center or fraternal benefit society providing individual or group health insurance coverage of the types specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469, refusing to insure, refusing to continue to insure or limiting the amount, extent or kind of coverage available to an individual or charging an individual a different rate for the same coverage because such individual has been a victim of family violence.

(19) With respect to an insurance company, hospital service corporation, health care center or fraternal benefit society providing individual or group health insurance coverage of the types specified in subdivisions (1), (2), (3), (4), (6), (9), (10), (11) and (12) of section 38a-469, refusing to insure, refusing to continue to insure or limiting the amount, extent or kind of coverage available to an individual or charging an individual a different rate for the same coverage because of genetic information. Genetic information indicating a predisposition to a disease or condition shall not be deemed a preexisting condition in the absence of a diagnosis of such disease or condition that is based on other medical information. An insurance company, hospital service corporation, health care center or fraternal benefit society providing

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individual health coverage of the types specified in subdivisions (1), (2), (3), (4), (6), (9), (10), (11) and (12) of section 38a-469, shall not be prohibited from refusing to insure or applying a preexisting condition limitation, to the extent permitted by law, to an individual who has been diagnosed with a disease or condition based on medical information other than genetic information and has exhibited symptoms of such disease or condition. For the purposes of this subsection, "genetic information" means the information about genes, gene products or inherited characteristics that may derive from an individual or family member.

(20) Any violation of sections 38a-465 to 38a-465q, inclusive.

(21) With respect to a managed care organization, as defined in section 38a-478, failing to establish a confidentiality procedure for medical record information, as required by section 38a-999.

(22) Any violation of sections 38a-591d to 38a-591f, inclusive.

(23) Any violation of section 236 of this act.

Sec. 238. (NEW) (*Effective January 1, 2020*) Notwithstanding any provision of the general statutes, and to the maximum extent permitted by applicable law, no contract entered into or amended by a health carrier, as defined in section 38a-591a of the general statutes, on or after January 1, 2020, shall contain any provision prohibiting or penalizing, including, but not limited to, through increased utilization review, reduced payments or other financial disincentives, disclosure of any information to a covered person, as defined in section 38a-591a of the general statutes, concerning:

(1) The cost of a covered benefit, including, but not limited to, the cash price of a covered benefit; or

(2) The availability and cost of any health care service or product

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that is therapeutically equivalent to a covered benefit, including, but not limited to, the cash price of any such health care service or product.

Sec. 239. Section 38a-478j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

Each managed care plan that requires a deductible or percentage coinsurance payment by the insured shall calculate the insured's deductible or coinsurance payment on the lesser of the provider's or vendor's charges for the goods or services or the amount payable by the managed care organization or a subcontractor of such managed care organization for such goods or services, except as otherwise required by the laws of a foreign state when applicable to providers, vendors or patients in such foreign state.

Sec. 240. Subsection (a) of section 38a-477aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) As used in this section:

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

(2) "Emergency services" means, with respect to an emergency condition, (A) a medical screening examination as required under Section 1867 of the Social Security Act, as amended from time to time, that is within the capability of a hospital emergency department, including ancillary services routinely available to such department to evaluate such condition, and (B) such further medical examinations and treatment required under said Section 1867 to stabilize such individual, that are within the capability of the hospital staff and facilities;

(3) "Health care plan" means an individual or a group health

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insurance policy or health benefit plan that provides coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469;

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

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

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

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

Sec. 241. Subdivision (1) of subsection (c) of section 38a-591d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(1) (A) Unless the covered person or the covered person's

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authorized representative has failed to provide information necessary for the health carrier to make a determination and except as specified under subparagraph (B) of this subdivision, the health carrier shall make a determination as soon as possible, taking into account the covered person's medical condition, but not later than [seventy-two] forty-eight hours after the health carrier receives such request or seventy-two hours after such health carrier receives such request if any portion of such forty-eight-hour period falls on a weekend, provided, if the urgent care request is a concurrent review request to extend a course of treatment beyond the initial period of time or the number of treatments, such request is made at least twenty-four hours prior to the expiration of the prescribed period of time or number of treatments.

(B) Unless the covered person or the covered person's authorized representative has failed to provide information necessary for the health carrier to make a determination, for an urgent care request specified under subparagraph (B) or (C) of subdivision (38) of section 38a-591a, the health carrier shall make a determination as soon as possible, taking into account the covered person's medical condition, but not later than twenty-four hours after the health carrier receives such request, provided, if the urgent care request is a concurrent review request to extend a course of treatment beyond the initial period of time or the number of treatments, such request is made at least twenty-four hours prior to the expiration of the prescribed period of time or number of treatments.

Sec. 242. Subdivision (1) of subsection (d) of section 38a-591e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(d) (1) The health carrier shall notify the covered person and, if applicable, the covered person's authorized representative, in writing or by electronic means, of its decision within a reasonable period of time appropriate to the covered person's medical condition, but not

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later than:

(A) For prospective review and concurrent review requests, thirty calendar days after the health carrier receives the grievance;

(B) For retrospective review requests, sixty calendar days after the health carrier receives the grievance;

(C) For expedited review requests, except as specified under subparagraph (D) of this subdivision, [seventy-two] forty-eight hours after the health carrier receives the grievance or seventy-two hours after such health carrier receives such grievance if any portion of such forty-eight-hour period falls on a weekend; and

(D) For expedited review requests of a health care service or course of treatment specified under subparagraph (B) or (C) of subdivision (38) of section 38a-591a, twenty-four hours after the health carrier receives the grievance.

Sec. 243. Subdivision (1) of subsection (i) of section 38a-591g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(i) (1) The independent review organization shall notify the commissioner, the health carrier, the covered person and, if applicable, the covered person's authorized representative in writing of its decision to uphold, reverse or revise the adverse determination or the final adverse determination, not later than:

(A) For external reviews, forty-five calendar days after such organization receives the assignment from the commissioner to conduct such review;

(B) For external reviews involving a determination that the recommended or requested health care service or treatment is

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experimental or investigational, twenty calendar days after such organization receives the assignment from the commissioner to conduct such review;

(C) For expedited external reviews, except as specified under subparagraph (D) of this subdivision, as expeditiously as the covered person's medical condition requires, but not later than [seventy-two] forty-eight hours after such organization receives the assignment from the commissioner to conduct such review or seventy-two hours after such organization receives such assignment if any portion of such forty-eight-hour period falls on a weekend;

(D) For expedited external reviews involving a health care service or course of treatment specified under subparagraph (B) or (C) of subdivision (38) of section 38a-591a, as expeditiously as the covered person's medical condition requires, but not later than twenty-four hours after such organization receives the assignment from the commissioner to conduct such review; and

(E) For expedited external reviews involving a determination that the recommended or requested health care service or treatment is experimental or investigational, as expeditiously as the covered person's medical condition requires, but not later than five calendar days after such organization receives the assignment from the commissioner to conduct such review.

Sec. 244. (NEW) (*Effective January 1, 2020*) No insurer, health care center, fraternal benefit society, hospital service corporation, medical service corporation or other entity delivering, issuing for delivery, renewing, amending or continuing an individual or group health insurance policy in this state on or after January 1, 2020, providing coverage of the type specified in subdivision (5) of section 38a-469 of the general statutes shall include in such policy a provision reserving discretion to such insurer, center, society, corporation or entity to

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interpret the terms of such policy, or provide standards for the interpretation or review of such policy, that are inconsistent with the laws of this state.

Sec. 245. Subsection (a) of section 19a-644 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) On or before February twenty-eighth annually, for the fiscal year ending on September thirtieth of the immediately preceding year, each short-term acute care general or children's hospital shall report to the unit with respect to its operations in such fiscal year, in such form as the unit may by regulation require. Such report shall include: (1) Salaries and fringe benefits for the ten highest paid hospital and health system employees; (2) the name of each joint venture, partnership, subsidiary and corporation related to the hospital; [and] (3) the salaries paid to hospital and health system employees by each such joint venture, partnership, subsidiary and related corporation and by the hospital to the employees of related corporations; and (4) information and data prescribed by the Office of Health Strategy concerning charges for trauma activation fees. For purposes of this subsection, "health system" has the same meaning as provided in section 33-182aa.

Sec. 246. Section 38a-478r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) Each provider, as defined in section 38a-478, shall code for the presenting symptoms of all emergency claims and each hospital shall record such code for such claims on locator 76 on the UB92 form or its successor.

(b) The presenting symptoms, as coded by the provider and recorded by the hospital on the UB92 form or its successor, or the final diagnosis, whichever reasonably indicates an emergency medical

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condition, shall be the basis for reimbursement or coverage, provided such symptoms reasonably indicated an emergency medical condition.

(c) For the purposes of this section, in accordance with the National Committee for Quality Assurance, an emergency medical condition is a condition such that a prudent layperson, acting reasonably, would have believed that emergency medical treatment is needed.

(d) The Insurance Commissioner may develop and disseminate to hospitals in this state a claims form system that will ensure that all hospitals consistently code for the presenting and diagnosis symptoms on all emergency claims.

(e) Each 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 coverage for health care services that are medically necessary, as defined in section 38a-482a or 38a-513c, as applicable, for an emergency medical condition described in subsection (c) of this section.

Sec. 247. (*Effective from passage*) (a) For the purposes of this section, "high deductible health plan" means a high deductible health plan within the meaning of Section 220(c)(2) or Section 223(c)(2) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, that is not used to establish a medical savings account or an Archer MSA pursuant to said Section 220 or a health savings account pursuant to said Section 223.

(b) There is established a task force to study the structure of high deductible health plans and the impact of such plans on enrollees in this state. The task force shall make recommendations concerning:

(1) Measures to ensure access to affordable health care services

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under high deductible health plans;

(2) The financial impact that high deductible health plans have on enrollees and their families;

(3) The use of health savings accounts, and the impact that alternative payment structures would have on such accounts, including, but not limited to, the status of such accounts under the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time;

(4) Measures to ensure that each cost-sharing payment due under a high deductible health plan and paid by an enrollee at the time of service accurately reflects the enrollee's cost-sharing obligation for such service under such plan;

(5) Measures to ensure the prompt payment of a refund to an enrollee for any cost-sharing payments under a high deductible health plan that exceeds the enrollee's cost-sharing obligation under such plan;

(6) Measures to enhance enrollee knowledge regarding how enrollee payments are applied to deductibles under high deductible health plans; and

(7) Payment models where a physician can receive reimbursement from a health carrier for services provided to enrollees.

(c) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom shall be a representative of the Connecticut College of Emergency Physicians and one of whom shall be a representative of a small employer in this state sponsoring a high deductible health plan;

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(2) Two appointed by the president pro tempore of the Senate, one of whom shall be an insurance producer licensed in this state and knowledgeable regarding high deductible health plans and one of whom shall be an enrollee in a high deductible health plan in this state;

(3) One appointed by the majority leader of the House of Representatives, who shall be a primary care physician who participates in one or more high deductible health plans;

(4) One appointed by the majority leader of the Senate, who shall be an emergency room physician;

(5) One appointed by the minority leader of the House of Representatives, who shall be a representative of the Connecticut Association of Health Plans;

(6) One appointed by the minority leader of the Senate, who shall be a representative of the Connecticut State Medical Society;

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

(8) Three persons appointed by the Governor, one of whom shall be a representative of the Connecticut Hospital Association, one of whom shall be a representative of a health plan issuing high deductible health plans and one of whom shall be a tax attorney knowledgeable regarding health savings accounts.

(d) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The members of the task force shall elect two chairpersons of the task force from among the members of the task force. The Healthcare Advocate shall schedule the first meeting of the task force, which shall

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be held not later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to insurance shall serve as administrative staff of the task force.

(g) Not later than February 1, 2020, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to insurance, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or December 1, 2020, whichever is later.

Sec. 248. Section 10-16x of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Department of Education, in consultation with the after school committee established pursuant to section 10-16v, may, within available appropriations, administer a grant program to provide grants to local and regional boards of education, municipalities and not-for-profit organizations that are exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, or any combination thereof, for after school programs that provide direct services and for entities that provide support to after school programs. For purposes of this subsection, "after school program" means a program that takes place when school is not in session, provides educational, enrichment and recreational activities for children in grades kindergarten to twelve, inclusive, and has a parent involvement component.

(b) (1) Applications for grants pursuant to subsection (a) of this section shall be filed biennially with the Commissioner of Education at such time and in such manner as the commissioner prescribes. As part

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of the application, an applicant shall submit a plan for the expenditure of grant funds.

(2) Eligibility for grants pursuant to this section shall be determined for a two-year period and shall be based on the plan for expenditure of grant funds. Prior to the payment of funds to the grant recipient for the second year of the grant, the grant recipient shall report to the Department of Education on performance outcomes of the program and file expenditure reports pursuant to subsection (f) of this section. The report concerning performance outcomes shall include, but not be limited to, measurements of the impact on student achievement, school attendance and the in-school behavior of student participants.

(c) The Department of Education and the after school committee established pursuant to section 10-16v shall develop and apply appropriate evaluation procedures to measure the effectiveness of the grant program established pursuant to this section.

(d) For purposes of carrying out the provisions of this section, the Department of Education may accept funds from private sources and from any state agency that is a member of the after school committee.

(e) The Department of Education shall provide grant recipients with technical assistance, evaluation, program monitoring, professional development and accreditation support. The department may retain up to four per cent of the amount appropriated for the grant program for purposes of this subsection.

(f) Grant recipients shall file expenditure reports with the Commissioner of Education in accordance with subdivision (2) of subsection (b) of this section and at such time and in such manner as the commissioner prescribes. Grant recipients shall refund (1) any unexpended amounts at the close of the program for which the grant was awarded, and (2) any amounts not expended in accordance with

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any, in the most recent calendar year average in the consumer price index for urban consumers over the average for the previous calendar year, provided the annual increase, if any, shall not exceed five per cent, except that the payment standards for the fiscal years ending June 30, 2010, June 30, 2011, June 30, 2012, June 30, 2013, June 30, 2016, June 30, 2017, June 30, 2018, [and] June 30, 2019, June 30, 2020, and June 30, 2021, shall not be increased.

Sec. 292. Subsection (a) of section 17b-106 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) On July 1, 1989, and annually thereafter, the commissioner shall increase the adult payment standards over those of the previous fiscal year for the state supplement to the federal Supplemental Security Income Program by the percentage increase, if any, in the most recent calendar year average in the consumer price index for urban consumers over the average for the previous calendar year, provided the annual increase, if any, shall not exceed five per cent, except that the adult payment standards for the fiscal years ending June 30, 1993, June 30, 1994, June 30, 1995, June 30, 1996, June 30, 1997, June 30, 1998, June 30, 1999, June 30, 2000, June 30, 2001, June 30, 2002, June 30, 2003, June 30, 2004, June 30, 2005, June 30, 2006, June 30, 2007, June 30, 2008, June 30, 2009, June 30, 2010, June 30, 2011, June 30, 2012, June 30, 2013, June 30, 2016, June 30, 2017, June 30, 2018, [and] June 30, 2019, June 30, 2020, and June 30, 2021, shall not be increased. Effective October 1, 1991, the coverage of excess utility costs for recipients of the state supplement to the federal Supplemental Security Income Program is eliminated. Notwithstanding the provisions of this section, the commissioner may increase the personal needs allowance component of the adult payment standard as necessary to meet federal maintenance of effort requirements.

Sec. 293. Subsection (j) of section 17b-340 of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(j) Notwithstanding the provisions of this section, state rates of payment for the fiscal years ending June 30, 2018, [and] June 30, 2019, June 30, 2020, and June 30, 2021, for residential care homes, community living arrangements and community companion homes that receive the flat rate for residential services under section 17-311-54 of the regulations of Connecticut state agencies shall be set in accordance with section [43 of public act 17-2 of the June special session] 297 of this act.

Sec. 294. Subsection (j) of section 17b-340 of the general statutes, as amended by section 293 of this act, is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(j) Notwithstanding the provisions of this section, state rates of payment for the fiscal years ending June 30, 2018, June 30, 2019, June 30, 2020, and June 30, 2021, for residential care homes [] and community living arrangements [and community companion homes] that receive the flat rate for residential services under section 17-311-54 of the regulations of Connecticut state agencies shall be set in accordance with section [297] 298 of this act.

Sec. 295. Section 17b-244 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The room and board component of the rates to be paid by the state to private facilities and facilities operated by regional education service centers which are licensed to provide residential care pursuant to section 17a-227, but not certified to participate in the Title XIX Medicaid program as intermediate care facilities for individuals with intellectual disabilities, shall be determined annually by the Commissioner of Social Services, except that rates effective April 30,

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1989, shall remain in effect through October 31, 1989. Any facility with real property other than land placed in service prior to July 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a rate of return on real property equal to the average of the rates of return applied to real property other than land placed in service for the five years preceding July 1, 1993. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the rate of return on real property for property items shall be revised every five years. The commissioner shall, upon submission of a request by such facility, allow actual debt service, comprised of principal and interest, on the loan or loans in lieu of property costs allowed pursuant to section 17-313b-5 of the regulations of Connecticut state agencies, whether actual debt service is higher or lower than such allowed property costs, provided such debt service terms and amounts are reasonable in relation to the useful life and the base value of the property. In the case of facilities financed through the Connecticut Housing Finance Authority, the commissioner shall allow actual debt service, comprised of principal, interest and a reasonable repair and replacement reserve on the loan or loans in lieu of property costs allowed pursuant to section 17-313b-5 of the regulations of Connecticut state agencies, whether actual debt service is higher or lower than such allowed property costs, provided such debt service terms and amounts are determined by the commissioner at the time the loan is entered into to be reasonable in relation to the useful life and base value of the property. The commissioner may allow fees associated with mortgage refinancing provided such refinancing will result in state reimbursement savings, after comparing costs over the terms of the existing proposed loans. For the fiscal year ending June 30, 1992, the inflation factor used to determine rates shall be one-half of the gross national product percentage increase for the period between the midpoint of the cost year through the midpoint of the rate year. For fiscal year ending June 30, 1993, the inflation factor used to determine rates shall be two-thirds of the gross national product percentage increase from the midpoint of the cost year to the midpoint of the rate

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year. For the fiscal years ending June 30, 1996, and June 30, 1997, no inflation factor shall be applied in determining rates. The Commissioner of Social Services shall prescribe uniform forms on which such facilities shall report their costs. Such rates shall be determined on the basis of a reasonable payment for necessary services. Any increase in grants, gifts, fund-raising or endowment income used for the payment of operating costs by a private facility in the fiscal year ending June 30, 1992, shall be excluded by the commissioner from the income of the facility in determining the rates to be paid to the facility for the fiscal year ending June 30, 1993, provided any operating costs funded by such increase shall not obligate the state to increase expenditures in subsequent fiscal years. Nothing contained in this section shall authorize a payment by the state to any such facility in excess of the charges made by the facility for comparable services to the general public. The service component of the rates to be paid by the state to private facilities and facilities operated by regional education service centers which are licensed to provide residential care pursuant to section 17a-227, but not certified to participate in the Title XIX Medicaid programs as intermediate care facilities for individuals with intellectual disabilities, shall be determined annually by the Commissioner of Developmental Services in accordance with section 17b-244a. For the fiscal year ending June 30, 2008, no facility shall receive a rate that is more than two per cent greater than the rate in effect for the facility on June 30, 2007, except any facility that would have been issued a lower rate effective July 1, 2007, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, no facility shall receive a rate that is more than two per cent greater than the rate in effect for the facility on June 30, 2008, except any facility that would have been issued a lower rate effective July 1, 2008, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2008. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect

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for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except that (1) the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2009, if a capital improvement required by the Commissioner of Developmental Services for the health or safety of the residents was made to the facility during the fiscal years ending June 30, 2010, or June 30, 2011, and (2) any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal year ending June 30, 2012, rates in effect for the period ending June 30, 2011, shall remain in effect until June 30, 2012, except that (A) the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2011, if a capital improvement required by the Commissioner of Developmental Services for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2012, and (B) any facility that would have been issued a lower rate for the fiscal year ending June 30, 2012, due to interim rate status or agreement with the department, shall be issued such lower rate. Any facility that has a significant decrease in land and building costs shall receive a reduced rate to reflect such decrease in land and building costs. The rate paid to a facility may be increased if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2014, or June 30, 2015, only to the extent such increases are within available appropriations. For the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not exceed those in effect for the period ending June 30, 2015, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2015, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year

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ending June 30, 2016, or June 30, 2017, to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year, any facility that would have been issued a lower rate, due to interim rate status, a change in allowable fair rent or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2018, and June 30, 2019, rates shall not exceed those in effect for the period ending June 30, 2017, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2017, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2018, or June 30, 2019, to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2020, and June 30, 2021, rates shall not exceed those in effect for the fiscal year ending June 30, 2019, except the rate paid to a facility may be higher than the rate paid to the facility for the fiscal year ending June 30, 2019, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2020, or June 30, 2021, to the extent such rate increases are within available appropriations.

(b) Notwithstanding the provisions of subsection (a) of this section, state rates of payment for the fiscal years ending June 30, 2018, [and] June 30, 2019, June 30, 2020, and June 30, 2021, for residential care homes, community living arrangements and community companion homes that receive the flat rate for residential services under section 17-311-54 of the regulations of Connecticut state agencies shall be set in accordance with section [43 of public act 17-2 of the June special session] 297 of this act.

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(c) The Commissioner of Social Services and the Commissioner of Developmental Services shall adopt regulations in accordance with the provisions of chapter 54 to implement the provisions of this section.

Sec. 296. Subsection (b) of section 17b-244 of the general statutes, as amended by section 295 of this act, is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(b) Notwithstanding the provisions of subsection (a) of this section, state rates of payment for the fiscal years ending June 30, 2018, June 30, 2019, June 30, 2020, and June 30, 2021, for residential care homes [] and community living arrangements [and community companion homes] that receive the flat rate for residential services under section 17-311-54 of the regulations of Connecticut state agencies shall be set in accordance with section [297] 298 of this act.

Sec. 297. (*Effective July 1, 2019*) Notwithstanding subsection (a) of section 17b-244 of the general statutes and subsections (a) to (i), inclusive, of section 17b-340 of the general statutes, or any other provision of the general statutes, or regulation adopted thereunder, the state rates of payments in effect for the fiscal year ending June 30, 2016, for residential care homes, community living arrangements and community companion homes that receive the flat rate for residential services under section 17-311-54 of the regulations of Connecticut state agencies shall remain in effect until June 30, 2021.

Sec. 298. (*Effective January 1, 2020*) Notwithstanding subsection (a) of section 17b-244 of the general statutes, subsections (a) to (i), inclusive, of section 17b-340 of the general statutes, section 297 of this act, or any other provision of the general statutes, or regulation adopted thereunder, the state rates of payments in effect for the fiscal year ending June 30, 2016, for residential care homes and community living arrangements that receive the flat rate for residential services under section 17-311-54 of the regulations of Connecticut state agencies shall

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remain in effect until June 30, 2021.

Sec. 299. Section 17b-82 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

As used in sections 17b-83 and 17b-601, "rated housing facility" means (1) a boarding facility or home, except for a community companion home, licensed by the Department of Developmental Services, the Department of Mental Health and Addiction Services, or the Department of Children and Families; or (2) the facility established by New Horizons, Inc. pursuant to section 19a-507, provided any such home or facility has been approved by the Department of Social Services to receive state supplement payments for residents found eligible for such payments in accordance with section 17b-600.

Sec. 300. Subdivision (1) of subsection (h) of section 17b-340 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(h) (1) For the fiscal year ending June 30, 1993, any residential care home with an operating cost component of its rate in excess of one hundred thirty per cent of the median of operating cost components of rates in effect January 1, 1992, shall not receive an operating cost component increase. For the fiscal year ending June 30, 1993, any residential care home with an operating cost component of its rate that is less than one hundred thirty per cent of the median of operating cost components of rates in effect January 1, 1992, shall have an allowance for real wage growth equal to sixty-five per cent of the increase determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, provided such operating cost component shall not exceed one hundred thirty per cent of the median of operating cost components in effect January 1, 1992. Beginning with the fiscal year ending June 30, 1993, for the purpose of determining allowable fair rent, a residential care home with allowable

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fair rent less than the twenty-fifth percentile of the state-wide allowable fair rent shall be reimbursed as having allowable fair rent equal to the twenty-fifth percentile of the state-wide allowable fair rent. Beginning with the fiscal year ending June 30, 1997, a residential care home with allowable fair rent less than three dollars and ten cents per day shall be reimbursed as having allowable fair rent equal to three dollars and ten cents per day. Property additions placed in service during the cost year ending September 30, 1996, or any succeeding cost year shall receive a fair rent allowance for such additions as an addition to three dollars and ten cents per day if the fair rent for the facility for property placed in service prior to September 30, 1995, is less than or equal to three dollars and ten cents per day. Beginning with the fiscal year ending June 30, 2016, a residential care home shall be reimbursed the greater of the allowable accumulated fair rent reimbursement associated with real property additions and land as calculated on a per day basis or three dollars and ten cents per day if the allowable reimbursement associated with real property additions and land is less than three dollars and ten cents per day. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the allowance for real wage growth, as determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, shall not be applied. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the inflation adjustment made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies shall not be applied to real property costs. Beginning with the fiscal year ending June 30, 1997, minimum allowable patient days for rate computation purposes for a residential care home with twenty-five beds or less shall be eighty-five per cent of licensed capacity. Beginning with the fiscal year ending June 30, 2002, for the purposes of determining the allowable salary of an administrator of a residential care home with sixty beds or less the department shall revise the allowable base salary to thirty-seven thousand dollars to be annually inflated thereafter in accordance

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with section 17-311-52 of the regulations of Connecticut state agencies. The rates for the fiscal year ending June 30, 2002, shall be based upon the increased allowable salary of an administrator, regardless of whether such amount was expended in the 2000 cost report period upon which the rates are based. Beginning with the fiscal year ending June 30, 2000, and until the fiscal year ending June 30, 2009, inclusive, the inflation adjustment for rates made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies shall be increased by two per cent, and beginning with the fiscal year ending June 30, 2002, the inflation adjustment for rates made in accordance with subsection (c) of said section shall be increased by one per cent. Beginning with the fiscal year ending June 30, 1999, for the purpose of determining the allowable salary of a related party, the department shall revise the maximum salary to twenty-seven thousand eight hundred fifty-six dollars to be annually inflated thereafter in accordance with section 17-311-52 of the regulations of Connecticut state agencies and beginning with the fiscal year ending June 30, 2001, such allowable salary shall be computed on an hourly basis and the maximum number of hours allowed for a related party other than the proprietor shall be increased from forty hours to forty-eight hours per work week. For the fiscal year ending June 30, 2005, each facility shall receive a rate that is two and one-quarter per cent more than the rate the facility received in the prior fiscal year, except any facility that would have been issued a lower rate effective July 1, 2004, than for the fiscal year ending June 30, 2004, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2004. Effective upon receipt of all the necessary federal approvals to secure federal financial participation matching funds associated with the rate increase provided in subdivision (4) of subsection (f) of this section, but in no event earlier than October 1, 2005, and provided the user fee imposed under section 17b-320 is required to be collected, each facility shall receive a rate that is determined in accordance with applicable law and subject to

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appropriations, except any facility that would have been issued a lower rate effective October 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2005. Such rate increase shall remain in effect unless: (A) The federal financial participation matching funds associated with the rate increase are no longer available; or (B) the user fee created pursuant to section 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in effect for the period ending June 30, 2006, shall remain in effect until September 30, 2006, except any facility that would have been issued a lower rate effective July 1, 2006, than for the fiscal year ending June 30, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2006. Effective October 1, 2006, no facility shall receive a rate that is more than four per cent greater than the rate in effect for the facility on September 30, 2006, except for any facility that would have been issued a lower rate effective October 1, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2006. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate, except (i) any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate; and (ii) the commissioner may increase a facility's rate for reasonable costs associated with such facility's compliance with the provisions of section 19a-495a concerning the administration of medication by unlicensed personnel. For the fiscal year ending June 30, 2012, rates in effect for the period ending June 30, 2011, shall remain in effect until June 30, 2012, except that (I) any facility that would have

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been issued a lower rate for the fiscal year ending June 30, 2012, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate; and (II) the commissioner may increase a facility's rate for reasonable costs associated with such facility's compliance with the provisions of section 19a-495a concerning the administration of medication by unlicensed personnel. For the fiscal year ending June 30, 2013, the Commissioner of Social Services may, within available appropriations, provide a rate increase to a residential care home. Any facility that would have been issued a lower rate for the fiscal year ending June 30, 2013, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate. For the fiscal years ending June 30, 2012, and June 30, 2013, the Commissioner of Social Services may provide fair rent increases to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. For the fiscal years ending June 30, 2014, and June 30, 2015, for those facilities that have a calculated rate greater than the rate in effect for the fiscal year ending June 30, 2013, the commissioner may increase facility rates based upon available appropriations up to a stop gain as determined by the commissioner. No facility shall be issued a rate that is lower than the rate in effect on June 30, 2013, except that any facility that would have been issued a lower rate for the fiscal year ending June 30, 2014, or the fiscal year ending June 30, 2015, due to interim rate status or agreement with the commissioner, shall be issued such lower rate. For the fiscal year ending June 30, 2014, and each fiscal year thereafter, a residential care home shall receive a rate increase for any capital improvement made during the fiscal year for the health and safety of residents and approved by the Department of Social Services, provided such rate increase is within available appropriations. For the fiscal year ending June 30, 2015, and each succeeding fiscal year thereafter, costs of less than ten thousand dollars that are incurred by a facility and are associated with any land, building or nonmovable

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equipment repair or improvement that are reported in the cost year used to establish the facility's rate shall not be capitalized for a period of more than five years for rate-setting purposes. For the fiscal year ending June 30, 2015, subject to available appropriations, the commissioner may, at the commissioner's discretion: Increase the inflation cost limitation under subsection (c) of section 17-311-52 of the regulations of Connecticut state agencies, provided such inflation allowance factor does not exceed a maximum of five per cent; establish a minimum rate of return applied to real property of five per cent inclusive of assets placed in service during cost year 2013; waive the standard rate of return under subsection (f) of section 17-311-52 of the regulations of Connecticut state agencies for ownership changes or health and safety improvements that exceed one hundred thousand dollars and that are required under a consent order from the Department of Public Health; and waive the rate of return adjustment under subsection (f) of section 17-311-52 of the regulations of Connecticut state agencies to avoid financial hardship. For the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not exceed those in effect for the period ending June 30, 2015, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in cost report years ending September 30, 2014, and September 30, 2015, that are not otherwise included in rates issued. For the fiscal years ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year, any facility that would have been issued a lower rate, due to interim rate status, a change in allowable fair rent or agreement with the department, shall be issued such lower rate. For the fiscal year ending June 30, 2018, rates shall not exceed those in effect for the period ending June 30, 2017, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year

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ending September 30, 2016, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2019, rates shall not exceed those in effect for the period ending June 30, 2018, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2017, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2020, rates shall not exceed those in effect for the fiscal year ending June 30, 2019, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2018, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2021, rates shall not exceed those in effect for the fiscal year ending June 30, 2020, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2019, that are not otherwise included in rates issued.

Sec. 301. Subsection (g) of section 17b-340 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(g) For the fiscal year ending June 30, 1993, any intermediate care facility for individuals with intellectual disabilities with an operating cost component of its rate in excess of one hundred forty per cent of the median of operating cost components of rates in effect January 1, 1992, shall not receive an operating cost component increase. For the fiscal year ending June 30, 1993, any intermediate care facility for individuals with intellectual disabilities with an operating cost

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component of its rate that is less than one hundred forty per cent of the median of operating cost components of rates in effect January 1, 1992, shall have an allowance for real wage growth equal to thirty per cent of the increase determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, provided such operating cost component shall not exceed one hundred forty per cent of the median of operating cost components in effect January 1, 1992. Any facility with real property other than land placed in service prior to October 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a rate of return on real property equal to the average of the rates of return applied to real property other than land placed in service for the five years preceding October 1, 1993. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the rate of return on real property for property items shall be revised every five years. The commissioner shall, upon submission of a request, allow actual debt service, comprised of principal and interest, in excess of property costs allowed pursuant to section 17-311-52 of the regulations of Connecticut state agencies, provided such debt service terms and amounts are reasonable in relation to the useful life and the base value of the property. For the fiscal year ending June 30, 1995, and any succeeding fiscal year, the inflation adjustment made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies shall not be applied to real property costs. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the allowance for real wage growth, as determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, shall not be applied. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, no rate shall exceed three hundred seventy-five dollars per day unless the commissioner, in consultation with the Commissioner of Developmental Services, determines after a review of program and management costs, that a rate in excess of this amount is necessary for care and treatment of facility residents. For the fiscal year ending June 30, 2002, rate period,

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the Commissioner of Social Services shall increase the inflation adjustment for rates made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies to update allowable fiscal year 2000 costs to include a three and one-half per cent inflation factor. For the fiscal year ending June 30, 2003, rate period, the commissioner shall increase the inflation adjustment for rates made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies to update allowable fiscal year 2001 costs to include a one and one-half per cent inflation factor, except that such increase shall be effective November 1, 2002, and such facility rate in effect for the fiscal year ending June 30, 2002, shall be paid for services provided until October 31, 2002, except any facility that would have been issued a lower rate effective July 1, 2002, than for the fiscal year ending June 30, 2002, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2002, and have such rate updated effective November 1, 2002, in accordance with applicable statutes and regulations. For the fiscal year ending June 30, 2004, rates in effect for the period ending June 30, 2003, shall remain in effect, except any facility that would have been issued a lower rate effective July 1, 2003, than for the fiscal year ending June 30, 2003, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2003. For the fiscal year ending June 30, 2005, rates in effect for the period ending June 30, 2004, shall remain in effect until September 30, 2004. Effective October 1, 2004, each facility shall receive a rate that is five per cent greater than the rate in effect September 30, 2004. Effective upon receipt of all the necessary federal approvals to secure federal financial participation matching funds associated with the rate increase provided in subdivision (4) of subsection (f) of this section, but in no event earlier than October 1, 2005, and provided the user fee imposed under section 17b-320 is required to be collected, each facility shall receive a rate that is four per cent more than the rate the facility received in the prior fiscal year, except any facility that would have been issued a lower rate

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effective October 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2005. Such rate increase shall remain in effect unless: (1) The federal financial participation matching funds associated with the rate increase are no longer available; or (2) the user fee created pursuant to section 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in effect for the period ending June 30, 2006, shall remain in effect until September 30, 2006, except any facility that would have been issued a lower rate effective July 1, 2006, than for the fiscal year ending June 30, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2006. Effective October 1, 2006, no facility shall receive a rate that is more than three per cent greater than the rate in effect for the facility on September 30, 2006, except any facility that would have been issued a lower rate effective October 1, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2006. For the fiscal year ending June 30, 2008, each facility shall receive a rate that is two and nine-tenths per cent greater than the rate in effect for the period ending June 30, 2007, except any facility that would have been issued a lower rate effective July 1, 2007, than for the rate period ending June 30, 2007, due to interim rate status, or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, rates in effect for the period ending June 30, 2008, shall remain in effect until June 30, 2009, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2009, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate. For

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the fiscal year ending June 30, 2012, rates in effect for the period ending June 30, 2011, shall remain in effect until June 30, 2012, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2012, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2014, and June 30, 2015, rates shall not exceed those in effect for the period ending June 30, 2013, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2013, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2014, or June 30, 2015, to the extent such rate increases are within available appropriations. Any facility that would have been issued a lower rate for the fiscal year ending June 30, 2014, or the fiscal year ending June 30, 2015, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not exceed those in effect for the period ending June 30, 2015, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2015, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2016, or June 30, 2017, to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year, any facility that would have been issued a lower rate, due to interim rate status, a change in allowable fair rent or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2018, and June 30, 2019, rates shall not exceed those in effect for the period ending June 30, 2017, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2017, if a capital improvement approved by the Department of Developmental

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Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2018, or June 30, 2019, only to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2020, and June 30, 2021, rates shall not exceed those in effect for the fiscal year ending June 30, 2019, except the rate paid to a facility may be higher than the rate paid to the facility for the fiscal year ending June 30, 2019, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2020, or June 30, 2021, only to the extent such rate increases are within available appropriations. Any facility that has a significant decrease in land and building costs shall receive a reduced rate to reflect such decrease in land and building costs. For the fiscal years ending June 30, 2012, June 30, 2013, June 30, 2014, June 30, 2015, June 30, 2016, June 30, 2017, June 30, 2018, [and] June 30, 2019, June 30, 2020, and June 30, 2021, the Commissioner of Social Services may provide fair rent increases to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. Notwithstanding the provisions of this section, the Commissioner of Social Services may, within available appropriations, increase or decrease rates issued to intermediate care facilities for individuals with intellectual disabilities to reflect a reduction in available appropriations as provided in subsection (a) of this section. For the fiscal years ending June 30, 2014, and June 30, 2015, the commissioner shall not consider rebasing in determining rates.

Sec. 302. Subdivision (4) of subsection (f) of section 17b-340 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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(4) For the fiscal year ending June 30, 1992, (A) no facility shall receive a rate that is less than the rate it received for the rate year ending June 30, 1991; (B) no facility whose rate, if determined pursuant to this subsection, would exceed one hundred twenty per cent of the state-wide median rate, as determined pursuant to this subsection, shall receive a rate which is five and one-half per cent more than the rate it received for the rate year ending June 30, 1991; and (C) no facility whose rate, if determined pursuant to this subsection, would be less than one hundred twenty per cent of the state-wide median rate, as determined pursuant to this subsection, shall receive a rate which is six and one-half per cent more than the rate it received for the rate year ending June 30, 1991. For the fiscal year ending June 30, 1993, no facility shall receive a rate that is less than the rate it received for the rate year ending June 30, 1992, or six per cent more than the rate it received for the rate year ending June 30, 1992. For the fiscal year ending June 30, 1994, no facility shall receive a rate that is less than the rate it received for the rate year ending June 30, 1993, or six per cent more than the rate it received for the rate year ending June 30, 1993. For the fiscal year ending June 30, 1995, no facility shall receive a rate that is more than five per cent less than the rate it received for the rate year ending June 30, 1994, or six per cent more than the rate it received for the rate year ending June 30, 1994. For the fiscal years ending June 30, 1996, and June 30, 1997, no facility shall receive a rate that is more than three per cent more than the rate it received for the prior rate year. For the fiscal year ending June 30, 1998, a facility shall receive a rate increase that is not more than two per cent more than the rate that the facility received in the prior year. For the fiscal year ending June 30, 1999, a facility shall receive a rate increase that is not more than three per cent more than the rate that the facility received in the prior year and that is not less than one per cent more than the rate that the facility received in the prior year, exclusive of rate increases associated with a wage, benefit and staffing enhancement rate adjustment added for the period from April 1, 1999, to June 30, 1999, inclusive. For the

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fiscal year ending June 30, 2000, each facility, except a facility with an interim rate or replaced interim rate for the fiscal year ending June 30, 1999, and a facility having a certificate of need or other agreement specifying rate adjustments for the fiscal year ending June 30, 2000, shall receive a rate increase equal to one per cent applied to the rate the facility received for the fiscal year ending June 30, 1999, exclusive of the facility's wage, benefit and staffing enhancement rate adjustment. For the fiscal year ending June 30, 2000, no facility with an interim rate, replaced interim rate or scheduled rate adjustment specified in a certificate of need or other agreement for the fiscal year ending June 30, 2000, shall receive a rate increase that is more than one per cent more than the rate the facility received in the fiscal year ending June 30, 1999. For the fiscal year ending June 30, 2001, each facility, except a facility with an interim rate or replaced interim rate for the fiscal year ending June 30, 2000, and a facility having a certificate of need or other agreement specifying rate adjustments for the fiscal year ending June 30, 2001, shall receive a rate increase equal to two per cent applied to the rate the facility received for the fiscal year ending June 30, 2000, subject to verification of wage enhancement adjustments pursuant to subdivision (14) of this subsection. For the fiscal year ending June 30, 2001, no facility with an interim rate, replaced interim rate or scheduled rate adjustment specified in a certificate of need or other agreement for the fiscal year ending June 30, 2001, shall receive a rate increase that is more than two per cent more than the rate the facility received for the fiscal year ending June 30, 2000. For the fiscal year ending June 30, 2002, each facility shall receive a rate that is two and one-half per cent more than the rate the facility received in the prior fiscal year. For the fiscal year ending June 30, 2003, each facility shall receive a rate that is two per cent more than the rate the facility received in the prior fiscal year, except that such increase shall be effective January 1, 2003, and such facility rate in effect for the fiscal year ending June 30, 2002, shall be paid for services provided until December 31, 2002, except any facility that would have been issued a

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lower rate effective July 1, 2002, than for the fiscal year ending June 30, 2002, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2002, and have such rate increased two per cent effective June 1, 2003. For the fiscal year ending June 30, 2004, rates in effect for the period ending June 30, 2003, shall remain in effect, except any facility that would have been issued a lower rate effective July 1, 2003, than for the fiscal year ending June 30, 2003, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2003. For the fiscal year ending June 30, 2005, rates in effect for the period ending June 30, 2004, shall remain in effect until December 31, 2004, except any facility that would have been issued a lower rate effective July 1, 2004, than for the fiscal year ending June 30, 2004, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2004. Effective January 1, 2005, each facility shall receive a rate that is one per cent greater than the rate in effect December 31, 2004. Effective upon receipt of all the necessary federal approvals to secure federal financial participation matching funds associated with the rate increase provided in this subdivision, but in no event earlier than July 1, 2005, and provided the user fee imposed under section 17b-320 is required to be collected, for the fiscal year ending June 30, 2006, the department shall compute the rate for each facility based upon its 2003 cost report filing or a subsequent cost year filing for facilities having an interim rate for the period ending June 30, 2005, as provided under section 17-311-55 of the regulations of Connecticut state agencies. For each facility not having an interim rate for the period ending June 30, 2005, the rate for the period ending June 30, 2006, shall be determined beginning with the higher of the computed rate based upon its 2003 cost report filing or the rate in effect for the period ending June 30, 2005. Such rate shall then be increased by eleven dollars and eighty cents per day except that in no event shall the rate for the period ending June 30, 2006, be thirty-two dollars more than the rate in effect for the period ending June 30, 2005,

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and for any facility with a rate below one hundred ninety-five dollars per day for the period ending June 30, 2005, such rate for the period ending June 30, 2006, shall not be greater than two hundred seventeen dollars and forty-three cents per day and for any facility with a rate equal to or greater than one hundred ninety-five dollars per day for the period ending June 30, 2005, such rate for the period ending June 30, 2006, shall not exceed the rate in effect for the period ending June 30, 2005, increased by eleven and one-half per cent. For each facility with an interim rate for the period ending June 30, 2005, the interim replacement rate for the period ending June 30, 2006, shall not exceed the rate in effect for the period ending June 30, 2005, increased by eleven dollars and eighty cents per day plus the per day cost of the user fee payments made pursuant to section 17b-320 divided by annual resident service days, except for any facility with an interim rate below one hundred ninety-five dollars per day for the period ending June 30, 2005, the interim replacement rate for the period ending June 30, 2006, shall not be greater than two hundred seventeen dollars and forty-three cents per day and for any facility with an interim rate equal to or greater than one hundred ninety-five dollars per day for the period ending June 30, 2005, the interim replacement rate for the period ending June 30, 2006, shall not exceed the rate in effect for the period ending June 30, 2005, increased by eleven and one-half per cent. Such July 1, 2005, rate adjustments shall remain in effect unless (i) the federal financial participation matching funds associated with the rate increase are no longer available; or (ii) the user fee created pursuant to section 17b-320 is not in effect. For the fiscal year ending June 30, 2007, each facility shall receive a rate that is three per cent greater than the rate in effect for the period ending June 30, 2006, except any facility that would have been issued a lower rate effective July 1, 2006, than for the rate period ending June 30, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2006. For the fiscal year ending June 30, 2008, each facility shall receive a rate that is two and nine-tenths

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per cent greater than the rate in effect for the period ending June 30, 2007, except any facility that would have been issued a lower rate effective July 1, 2007, than for the rate period ending June 30, 2007, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, rates in effect for the period ending June 30, 2008, shall remain in effect until June 30, 2009, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2009, due to interim rate status or agreement with the department shall be issued such lower rate. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2012, and June 30, 2013, rates in effect for the period ending June 30, 2011, shall remain in effect until June 30, 2013, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2012, or the fiscal year ending June 30, 2013, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal year ending June 30, 2014, the department shall determine facility rates based upon 2011 cost report filings subject to the provisions of this section and applicable regulations except: (I) A ninety per cent minimum occupancy standard shall be applied; (II) no facility shall receive a rate that is higher than the rate in effect on June 30, 2013; and (III) no facility shall receive a rate that is more than four per cent lower than the rate in effect on June 30, 2013, except that any facility that would have been issued a lower rate effective July 1, 2013, than for the rate period ending June 30, 2013, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2013. For the fiscal year ending June 30, 2015, rates in effect for the period ending June 30, 2014, shall remain in effect until June 30, 2015, except any facility that would have

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been issued a lower rate effective July 1, 2014, than for the rate period ending June 30, 2014, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2014. For the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not exceed those in effect for the period ending June 30, 2015, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2015, if the commissioner provides, within available appropriations, pro rata fair rent increases, which may, at the discretion of the commissioner, include increases for facilities which have undergone a material change in circumstances related to fair rent additions or moveable equipment placed in service in cost report years ending September 30, 2014, and September 30, 2015, and not otherwise included in rates issued. For the fiscal years ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year, any facility that would have been issued a lower rate, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal year ending June 30, 2018, facilities that received a rate decrease due to the expiration of a 2015 fair rent asset shall receive a rate increase of an equivalent amount effective July 1, 2017. For the fiscal year ending June 30, 2018, the department shall determine facility rates based upon 2016 cost report filings subject to the provisions of this section and applicable regulations, provided no facility shall receive a rate that is higher than the rate in effect on December 31, 2016, and no facility shall receive a rate that is more than two per cent lower than the rate in effect on December 31, 2016. For the fiscal year ending June 30, 2019, no facility shall receive a rate that is higher than the rate in effect on June 30, 2018, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2018, if the commissioner provides, within available appropriations, pro rata fair rent increases, which may, at the discretion of the commissioner, include increases for facilities which have undergone a material change in circumstances related to fair rent additions or moveable equipment placed in service in the cost report year ending September

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30, 2017, and not otherwise included in rates issued. For the fiscal year ending June 30, 2020, the department shall determine facility rates based upon 2018 cost report filings subject to the provisions of this section, adjusted to reflect any rate increases provided after the cost report year ending September 30, 2018, and applicable regulations, provided no facility shall receive a rate that is higher than the rate in effect on June 30, 2019, except the rate paid to a facility may be higher than the rate paid to the facility for the fiscal year ending June 30, 2019, if the commissioner provides, within available appropriations, pro rata fair rent increases, which may, at the discretion of the commissioner, include increases for facilities which have undergone a material change in circumstances related to fair rent additions in the cost report year ending September 30, 2018, and are not otherwise included in rates issued. For the fiscal year ending June 30, 2020, no facility shall receive a rate that is more than two per cent lower than the rate in effect on June 30, 2019, unless the facility has an occupancy level of less than seventy per cent, as reported in the 2018 cost report, or an overall rating on Medicare's Nursing Home Compare of one star for the three most recent reporting periods as of July 1, 2019, unless the facility is under an interim rate due to new ownership. For the fiscal year ending June 30, 2021, no facility shall receive a rate that is higher than the rate in effect on June 30, 2020, except the rate paid to a facility may be higher than the rate paid to the facility for the fiscal year ending June 30, 2020, if the commissioner provides, within available appropriations, pro rata fair rent increases, which may, at the discretion of the commissioner, include increases for facilities which have undergone a material change in circumstances related to fair rent additions in the cost report year ending September 30, 2019, and are not otherwise included in rates issued. The Commissioner of Social Services shall add fair rent increases to any other rate increases established pursuant to this subdivision for a facility which has undergone a material change in circumstances related to fair rent, except for the fiscal years ending June 30, 2010, June 30, 2011, and June

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30, 2012, such fair rent increases shall only be provided to facilities with an approved certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. For the fiscal year ending June 30, 2013, the commissioner may, within available appropriations, provide pro rata fair rent increases for facilities which have undergone a material change in circumstances related to fair rent additions placed in service in cost report years ending September 30, 2008, to September 30, 2011, inclusive, and not otherwise included in rates issued. For the fiscal years ending June 30, 2014, and June 30, 2015, the commissioner may, within available appropriations, provide pro rata fair rent increases, which may include moveable equipment at the discretion of the commissioner, for facilities which have undergone a material change in circumstances related to fair rent additions or moveable equipment placed in service in cost report years ending September 30, 2012, and September 30, 2013, and not otherwise included in rates issued. The commissioner shall add fair rent increases associated with an approved certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. Interim rates may take into account reasonable costs incurred by a facility, including wages and benefits. Notwithstanding the provisions of this section, the Commissioner of Social Services may, subject to available appropriations, increase or decrease rates issued to licensed chronic and convalescent nursing homes and licensed rest homes with nursing supervision. Notwithstanding any provision of this section, the Commissioner of Social Services shall, effective July 1, 2015, within available appropriations, adjust facility rates in accordance with the application of standard accounting principles as prescribed by the commissioner, for each facility subject to subsection (a) of this section. Such adjustment shall provide a pro-rata increase based on direct and indirect care employee salaries reported in the 2014 annual cost report, and adjusted to reflect subsequent salary increases, to reflect reasonable costs mandated by collective bargaining agreements with certified collective bargaining agents, or otherwise provided by a facility to its employees. For

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purposes of this subsection, "employee" shall not include a person employed as a facility's manager, chief administrator, a person required to be licensed as a nursing home administrator or any individual who receives compensation for services pursuant to a contractual arrangement and who is not directly employed by the facility. The commissioner may establish an upper limit for reasonable costs associated with salary adjustments beyond which the adjustment shall not apply. Nothing in this section shall require the commissioner to distribute such adjustments in a way that jeopardizes anticipated federal reimbursement. Facilities that receive such adjustment but do not provide increases in employee salaries as described in this subsection on or before July 31, 2015, may be subject to a rate decrease in the same amount as the adjustment by the commissioner. Of the amount appropriated for this purpose, no more than nine million dollars shall go to increases based on reasonable costs mandated by collective bargaining agreements. Notwithstanding the provisions of this subsection, effective July 1, 2019, October 1, 2020, and January 1, 2021, the commissioner shall, within available appropriations, increase rates for the purpose of wage and benefit enhancements for facility employees. The commissioner shall adjust the rate paid to the facility in the form of a rate adjustment to reflect any rate increases paid after the cost report year ending September 30, 2018. Facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries as described in this subsection on or before September 30, 2019, October 31, 2020, and January 31, 2021, respectively, may be subject to a rate decrease in the same amount as the adjustment by the commissioner.

Sec. 303. Section 19a-545 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) A receiver appointed pursuant to the provisions of sections 19a-541 to 19a-549, inclusive, in operating a nursing home facility or

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residential care home, shall have the same powers as a receiver of a corporation under section 52-507, except as provided in subsection (c) of this section and shall exercise such powers to remedy the conditions that constituted grounds for the imposition of receivership, assure adequate health care for the residents and preserve the assets and property of the owner. If such facility or home is placed in receivership it shall be the duty of the receiver to notify each resident and each resident's guardian or conservator, if any, or legally liable relative or other responsible party, if known. Such receiver may correct or eliminate any deficiency in the structure or furnishings of such facility or home that endangers the safety or health of the residents while they remain in such facility or home, provided the total cost of correction does not exceed [three] ten thousand dollars. The court may order expenditures for this purpose in excess of [three] ten thousand dollars on application from such receiver. If any resident is transferred or discharged such receiver shall provide for: (1) Transportation of the resident and such resident's belongings and medical records to the place where such resident is being transferred or discharged; (2) aid in locating an alternative placement and discharge planning in accordance with section 19a-535; (3) preparation for transfer to mitigate transfer trauma, including but not limited to, participation by the resident or the resident's guardian in the selection of the resident's alternative placement, explanation of alternative placements and orientation concerning the placement chosen by the resident or the resident's guardian; and (4) custodial care of all property or assets of residents that are in the possession of an owner of such facility or home. The receiver shall preserve all property, assets and records of residents that the receiver has custody of and shall provide for the prompt transfer of the property, assets and records to the alternative placement of any transferred resident. In no event may the receiver transfer all residents and close such facility or home without a court order and without complying with the notice and discharge plan requirements for each resident in accordance with section 19a-535.

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(b) Not later than ninety days after the date of appointment as a receiver, such receiver shall take all necessary steps to stabilize the operation of the facility in order to ensure the health, safety and welfare of the residents of such facility. The receiver shall immediately commence the closure of the facility if the overall occupancy of the facility is below seventy per cent and the closing of the facility is consistent with the strategic rebalancing plan developed in accordance with section 17b-369. In addition, within a reasonable time period after the date of appointment, not to exceed ~~[six months]~~ forty-five days, the receiver shall ~~[: (1) Determine]~~ determine whether the facility can continue to operate and provide adequate care to residents in substantial compliance with applicable federal and state law within the facility's state payments as established by the Commissioner of Social Services pursuant to subsection (f) of section 17b-340, together with income from self-pay residents, Medicare payments and other current income and shall report such determination to the court. ~~]; and (2) seek facility purchase proposals.]~~ Within a reasonable time period after the date of appointment, not to exceed six months, the receiver shall seek facility purchase proposals if the receiver's determination under this section finds that continued operation of the facility is viable. If the receiver determines that the facility will be unable to continue to operate in compliance with said requirements, the receiver shall promptly request an order of the court to close the facility and make arrangements for the orderly transfer of residents pursuant to subsection (a) of this section unless the receiver determines that a transfer of the facility to a qualified purchaser is expected during the six-month period commencing on the date of the receiver's appointment. If a transfer is not completed within such period and all purchase and sale proposal efforts have been exhausted, the receiver shall request an immediate order of the court to close the facility and make arrangements for the orderly transfer of residents pursuant to subsection (a) of this section.

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(c) The court may limit the powers of a receiver appointed pursuant to the provisions of sections 19a-541 to 19a-549, inclusive, to those necessary to solve a specific problem.

Sec. 304. Section 17b-352 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) For the purposes of this section and section 17b-353, "facility" means a residential facility for persons with intellectual disability licensed pursuant to section 17a-277 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disabilities, a nursing home, rest home or residential care home, as defined in section 19a-490. "Facility" does not include a nursing home that does not participate in the Medicaid program and is associated with a continuing care facility as described in section 17b-520.

(b) Any facility which intends to (1) transfer all or part of its ownership or control prior to being initially licensed; (2) introduce any additional function or service into its program of care or expand an existing function or service; (3) terminate a service or decrease substantially its total bed capacity; or (4) relocate all or a portion of such facility's licensed beds, to a new facility or replacement facility, shall submit a complete request for permission to implement such transfer, addition, expansion, increase, termination, decrease or relocation of facility beds [with such information as the department requires] to the Department of Social Services with such information as the department requires, provided no permission or request for permission to close a facility is required when a facility in receivership is closed by order of the Superior Court pursuant to section 19a-545. The Office of the Long-Term Care Ombudsman pursuant to section 17a-405 shall be notified by the facility of any proposed actions pursuant to this subsection at the same time the request for permission is submitted to the department and when a facility in receivership is

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closed by order of the Superior Court pursuant to section 19a-545.

(c) A facility may submit a petition for closure to the Department of Social Services. The Department of Social Services may authorize the closure of a facility if the facility's management demonstrates to the satisfaction of the Commissioner of Social Services in the petition for closure that the facility (1) is not viable based on actual and projected operating losses; (2) has an occupancy rate of less than seventy per cent of the facility's licensed bed capacity; (3) closure is consistent with the strategic rebalancing plan developed in accordance with section 17b-369, including bed need by geographical region; (4) is in compliance with the requirements of Sections 1128I(h) and 1819(h)(4) of the Social Security Act and 42 CFR 483.75; and (5) is not providing special services that would go unmet if the facility closes. The department shall review a petition for closure to the extent it deems necessary and the facility shall submit information the department requests or deems necessary to substantiate that the facility closure is consistent with the provisions of this subsection. The facility shall submit information the department requests or deems necessary to allow the department to provide oversight during this process. The Office of the Long-Term Care Ombudsman shall be notified by the facility at the same time as a petition for closure is submitted to the department. Any facility acting pursuant to this subsection shall provide written notice, on the same date that the facility submits its petition for closure, to all patients, guardians or conservators, if any, or legally liable relatives or other responsible parties, if known, and shall post such notice in a conspicuous location at the facility. The facility's written notice shall be accompanied by an informational letter issued jointly from the Office of the Long-Term Care Ombudsman and the Department of Rehabilitation Services on patients' rights and services available as they relate to the petition for closure. The informational letter shall also state the date and time that the Office of the Long-Term Care Ombudsman and the Department of Public Health will hold an

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informational session at the facility for patients, guardians or conservators, if any, and legally liable relatives or other responsible parties, if known, about their rights and the process concerning a petition for closure. The notice shall state: (A) The date the facility submitted the petition for closure, (B) that only the Department of Social Services has the authority to either grant or deny the petition for closure, (C) that the Department of Social Services has up to thirty days to grant or deny the petition for closure, (D) a brief description of the reason or reasons for submitting the petition for closure, (E) that no patient shall be involuntarily transferred or discharged within or from a facility pursuant to state and federal law because of the filing of a petition for closure, (F) that all patients have a right to appeal any proposed transfer or discharge, and (G) the name, mailing address and telephone number of the Office of the Long-Term Care Ombudsman and local legal aid office. The commissioner shall grant or deny a petition for closure within thirty days of receiving such request.

[(c)] (d) An applicant, prior to submitting a certificate of need application, shall request, in writing, application forms and instructions from the department. The request shall include: (1) The name of the applicant or applicants; (2) a statement indicating whether the application is for (A) a new, additional, expanded or replacement facility, service or function or relocation of facility beds, (B) a termination or reduction in a presently authorized service or bed capacity, or (C) any new, additional or terminated beds and their type; (3) the estimated capital cost; (4) the town where the project is or will be located; and (5) a brief description of the proposed project. Such request shall be deemed a letter of intent. No certificate of need application shall be considered submitted to the department unless a current letter of intent, specific to the proposal and in accordance with the provisions of this subsection, has been on file with the department for not less than ten business days. For purposes of this subsection, "a current letter of intent" means a letter of intent on file with the

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department for not more than one hundred eighty days. A certificate of need application shall be deemed withdrawn by the department, if a department completeness letter is not responded to within one hundred eighty days. The Office of the Long-Term Care Ombudsman shall be notified by the facility at the same time as the letter of intent is submitted to the department.

[(d)] (e) Any facility acting pursuant to subdivision (3) of subsection (b) of this section shall provide written notice, at the same time it submits its letter of intent, to all patients, guardians or conservators, if any, or legally liable relatives or other responsible parties, if known, and shall post such notice in a conspicuous location at the facility. The facility's written notice shall be accompanied by an informational letter issued jointly from the Office of the Long-Term Care Ombudsman and the Department of Rehabilitation Services on patients' rights and services available as they relate to the letter of intent. The notice shall state the following: (1) The projected date the facility will be submitting its certificate of need application, (2) that only the Department of Social Services has the authority to either grant, modify or deny the application, (3) that the Department of Social Services has up to ninety days to grant, modify or deny the certificate of need application, (4) a brief description of the reason or reasons for submitting a request for permission, (5) that no patient shall be involuntarily transferred or discharged within or from a facility pursuant to state and federal law because of the filing of the certificate of need application, (6) that all patients have a right to appeal any proposed transfer or discharge, and (7) the name, mailing address and telephone number of the Office of the Long-Term Care Ombudsman and local legal aid office.

[(e)] (f) The department shall review a request made pursuant to subsection (b) of this section to the extent it deems necessary, including, but not limited to, in the case of a proposed transfer of

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ownership or control prior to initial licensure, the financial responsibility and business interests of the transferee and the ability of the facility to continue to provide needed services, or in the case of the addition or expansion of a function or service, ascertaining the availability of the function or service at other facilities within the area to be served, the need for the service or function within the area and any other factors the department deems relevant to a determination of whether the facility is justified in adding or expanding the function or service. The commissioner shall grant, modify or deny the request within ninety days of receipt thereof, except as otherwise provided in this section. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the department has requested additional information subsequent to the commencement of the commissioner's review period. The director of the office of certificate of need and rate setting may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the department. The applicant may request and shall receive a hearing in accordance with section 4-177 if aggrieved by a decision of the commissioner.

[(f)] (g) The Commissioner of Social Services shall not approve any requests for beds in residential facilities for persons with intellectual disability which are licensed pursuant to section 17a-227 and are certified to participate in the Title XIX Medicaid Program as intermediate care facilities for individuals with intellectual disabilities, except those beds necessary to implement the residential placement goals of the Department of Developmental Services which are within available appropriations.

[(g)] (h) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section.

Sec. 305. (NEW) (*Effective from passage*) For purposes of this section

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"covenant not to compete" means any contract or agreement that restricts the right of an individual to provide homemaker, companion or home health services (1) in any geographic area of the state for any period of time, or (2) to a specific individual. Any covenant not to compete is against public policy and shall be void and unenforceable.

Sec. 306. Section 17b-239 of the general statutes is amended by adding subsections (k) and (l) as follows (*Effective July 1, 2019*):

(NEW) (k) (1) Effective on or after July 1, 2019, the Commissioner of Social Services shall implement one or more value-based payment methodologies in accordance with this subsection in order to improve health outcomes and reduce unnecessary costs, as determined by the commissioner. The commissioner may, to the extent determined necessary by the commissioner, phase in such value-based payment methodologies over time. Such methodologies may include, but need not be limited to, methodologies that are designed to: (A) Reduce inpatient hospital readmissions; (B) reduce unnecessary caesarian section deliveries, take appropriate actions to reduce preterm deliveries and improve obstetrical care outcomes; (C) address outpatient infusions involving high-cost medications by implementing performance-based payments; and (D) implement such other policies as determined by the commissioner.

(2) Effective on or after July 1, 2019, the Commissioner of Social Services shall reduce the total applicable rate payments by fifteen per cent for each hospital readmission, in addition to any value-based payment methodology implemented pursuant to subdivision (1) of this subsection. For purposes of this subdivision, "readmission" means, in the case of an individual who is discharged from an applicable hospital, a subsequent admission of the same individual for observation services provided to the individual for the same or a similar diagnosis or diagnoses not later than thirty days from the date of such discharge. Nothing in this subdivision shall preclude the

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commissioner from establishing additional value-based payment methodologies regarding readmissions.

(3) Notwithstanding any other provision of the general statutes, each applicable hospital rate and supplemental payment methodology designed by the commissioner shall incorporate each value-based payment methodology established pursuant to this section, including structuring applicable payment based on each hospital's performance on the applicable measures for each value-based payment methodology.

(NEW) (l) Medicaid payments to hospitals shall be made only in compliance with federal law. If any Medicaid payments to hospitals are not eligible for federal financial participation, the Department of Social Services shall adjust payments to hospitals to the extent necessary to ensure that no Medicaid payments are made to hospitals that are not eligible for federal financial participation for all applicable payments and for all applicable time periods. No provision of this section or section 17b-239e shall require the Department of Social Services to make any Medicaid payments to hospitals that are not eligible for federal financial participation.

Sec. 307. Section 17b-239e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) On or before January 1, 2012, the Commissioner of Social Services, in consultation with the Commissioners of Public Health and Mental Health and Addiction Services and the Secretary of the Office of Policy and Management, shall submit to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies a plan concerning the implementation of a cost neutral acuity-based method for establishing rates to be paid to hospitals that is phased in over a period of time.

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(b) (1) Subject to federal approval, the Department of Social Services shall establish supplemental pools for certain hospitals, as determined by the department in consultation with the Connecticut Hospital Association, including, but not limited to, such pools as a supplemental inpatient pool, a supplemental outpatient pool, a supplemental small hospital pool, and a supplemental mid-size hospital pool. [The Department of Social Services shall publish the required public notice for all Medicaid state plan amendments necessary to establish the pools not later than fifteen days after passage of this section or December 1, 2017, whichever is sooner.

(2) (A) For the fiscal year ending June 30, 2018, the amount of funds in the supplemental pools shall total in the aggregate five hundred ninety-eight million four hundred forty thousand one hundred thirty-eight dollars.

(B) For the fiscal year ending June 30, 2019, the amount of funds in the supplemental pools shall total in the aggregate four hundred ninety-six million three hundred forty thousand one hundred thirty-eight dollars.

(C) For the fiscal year ending June 30, 2020, the amount of funds in the supplemental pools shall total in the aggregate one hundred sixty-six million five hundred thousand dollars.]

[(3)] (2) The department shall distribute supplemental payments to applicable hospitals based on criteria determined by the department in consultation with the Connecticut Hospital Association, including, but not limited to, utilization and proportion of total Medicaid expenditures. Such consultation shall include, at a minimum, that the department shall send proposed distribution criteria in writing to the Connecticut Hospital Association not less than thirty days before making any payments based on such criteria and shall provide an opportunity to discuss such criteria prior to making any payments

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based on such criteria. [except that, for the first twenty-five per cent of supplemental payments for the fiscal year ending June 30, 2018, such consultation shall include sending the distribution criteria not less than seven days before making any payments based on such criteria.

(4) Subject to subdivision (1) of this subsection, for the fiscal years ending June 30, 2018, and June 30, 2019, the Department of Social Services shall make supplemental payments to applicable hospitals in accordance with the following schedule:

(A) The first twenty-five per cent of supplemental payments for the fiscal year ending June 30, 2018, shall be made: (i) On or before November 30, 2017, for the supplemental inpatient pool and supplemental small hospital pool; (ii) thirty days after the effective date of this section, but not later than January 1, 2018, for the supplemental mid-size hospital pool; (iii) thirty days after the effective date of this section, but not later than January 1, 2018, for the supplemental outpatient pool; and (iv) not later than thirty days after submission of the Medicaid state plan amendments for such payments for any pool not set forth herein required to be established to comply with federal law. The department shall make each payment by the dates set forth in this subparagraph even if each applicable Medicaid state plan amendment approval has not yet been received from the Centers for Medicare and Medicaid Services, provided each payment remains subject to federal approval and may later be recovered if federal approval is not obtained.

(B) The second twenty-five per cent of such supplemental payments shall be made on or before December 31, 2017, except that the department may delay such payments until fourteen days after receiving approval from the Centers for Medicare and Medicaid Services for the Medicaid state plan amendment or amendments necessary for the state to receive federal Medicaid funds for such supplemental payments.

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(C) The third twenty-five per cent of supplemental payments shall be made on or before March 31, 2018, even if each applicable Medicaid state plan amendment approval has not yet been received from the Centers for Medicare and Medicaid Services, provided each payment remains subject to federal approval and may later be recovered if federal approval is not obtained.

(D) Supplemental payments for each subsequent twenty-five per cent of the supplemental payment for each of the fiscal years ending June 30, 2018, and June 30, 2019, shall be made in corresponding installments on or before the last day of March, June, September and December during each said fiscal year, except that the department may delay such payments until fourteen days after receiving approval from the Centers for Medicare and Medicaid Services for the Medicaid state plan amendment or amendments necessary for the state to receive federal Medicaid funds for such supplemental payments.]

(c) Out of the aggregate amount of the supplemental pools described in subsection (b) of this section, within available appropriations, the following amounts shall be allocated based on each hospital's performance on quality measures determined by the Department of Social Services: Fifteen million dollars in the fiscal year ending June 30, 2020, and forty-five million dollars for the fiscal year ending June 30, 2021. Such allocations shall be made proportionally from each of the supplemental pools established pursuant to subsection (b) of this section.

Sec. 308. Section 17b-343 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commissioner of Social Services shall establish annually the maximum allowable rate to be paid by agencies for homemaker services, chore person services, companion services, respite care, meals on wheels, adult day care services, case management and assessment

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services, transportation, mental health counseling and elderly foster care. [, except that the maximum allowable rates in effect July 1, 1990, shall remain in effect during the fiscal years ending June 30, 1992, and June 30, 1993.] The Commissioner of Social Services shall prescribe uniform forms on which agencies providing such services shall report their costs for such services. Such rates shall be determined on the basis of a reasonable payment for necessary services rendered. The maximum allowable rates established by the Commissioner of Social Services for the Connecticut home-care program for the elderly established under section 17b-342 shall constitute the rates required under this section until revised in accordance with this section. The Commissioner of Social Services shall establish a fee schedule, to be effective on and after July 1, 1994, for homemaker services, chore person services, companion services, respite care, meals on wheels, adult day care services, case management and assessment services, transportation, mental health counseling and elderly foster care. The commissioner may annually increase [any fee in] the fee schedule based on an increase in the cost of services. The commissioner shall increase the fee schedule effective July 1, 2000, by not less than five per cent, for adult day care services. The commissioner shall increase the fee schedule effective July 1, 2011, by four dollars per person, per day for adult day care services. The commissioner shall increase the fee schedule effective July 1, 2019, for meals on wheels by ten per cent over the fee schedule for meals on wheels for the previous fiscal year. Nothing contained in this section shall authorize a payment by the state to any agency for such services in excess of the amount charged by such agency for such services to the general public.

Sec. 309. Section 17b-61 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) [Not] The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not

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later than [sixty] ninety days after [such hearing, or] the date the commissioner receives a request for a fair hearing pursuant to section 17b-60, and shall render a final decision not later than three business days after the hearing if the hearing concerns a denial of or failure to provide emergency housing, [the commissioner or his designated hearing officer shall render a final] provided the time for rendering a final decision shall be extended whenever the aggrieved person requests or agrees to an extension, or when the commissioner documents an administrative or other extenuating circumstance beyond the commissioner's control. Such decision shall be based upon all the evidence introduced before [him and applying] the commissioner or the commissioner's designated hearing officer and all pertinent provisions of law, regulations and departmental policy, and [such final decision] shall supersede the decision made without a hearing. [, provided final definitive administrative action shall be taken by the commissioner or his designee within ninety days after the request of such hearing pursuant to section 17b-60.] Notice of such final decision shall be given to the aggrieved person by mailing [him] such person a copy thereof [within one business day of its rendition] not later than one business day after the decision is rendered. Such decision after hearing shall be final except as provided in subsections [(b)] (c) and [(c)] (d) of this section. Failure by the commissioner or the commissioner's designated hearing officer to render a final decision within the time limits set forth in this subsection shall not of itself be deemed an approval of the aggrieved person's requested relief on the merits.

(b) If the commissioner or the commissioner's designated hearing officer fails to render a final decision within the time limits set forth in subsection (a) of this section, the aggrieved person may file a request for a final decision with the designated hearing officer. Such officer shall render such decision not later than twenty days after receiving such request.

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[(b)] (c) The applicant for [such] a fair hearing, if aggrieved, may appeal [therefrom] the final decision in accordance with section 4-183. Appeals from decisions of said commissioner shall be privileged cases to be heard by the court as soon after the return day as shall be practicable.

[(c)] (d) The commissioner may, for good cause shown by an aggrieved person, extend the time for filing an appeal to Superior Court beyond the time limitations of section 4-183, as set forth below:

(1) Any aggrieved person who is authorized to appeal a decision of the commissioner, pursuant to subsection [(b)] (c) of this section, but who fails to serve or file a timely appeal to the Superior Court pursuant to section 4-183, may, as provided in this subsection, petition that the commissioner, for good cause shown, extend the time for filing any such appeal. Such a petition must be filed with the commissioner in writing and contain a complete and detailed explanation of the reasons that precluded the petitioner from serving or filing an appeal within the statutory time period. Such petition must also be accompanied by all available documentary evidence that supports or corroborates the reasons advanced for the extension request. In no event shall a petition for extension be considered or approved if filed later than ninety days after the rendition of the final decision. The decision as to whether to grant an extension shall be made consistent with the provisions of subdivision (2) of this subsection and shall be final and not subject to judicial review.

(2) In determining whether to grant a good cause extension, as provided for in this subsection, the commissioner, or [his] the commissioner's authorized designee, shall, without the necessity of further hearing, review and, as necessary, verify the reasons advanced by the petition in justification of the extension request. A determination that good cause prevented the filing of a timely appeal shall be issued in writing and shall enable the petitioner to serve and

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file an appeal within the time provisions of section 4-183, from the date of the decision granting an extension. The circumstances that precluded the petitioner from filing a timely appeal, and which may be deemed good cause for purposes of granting an extension petition, include, but are not limited to: (A) Serious illness or incapacity of the petitioner which has been documented as materially affecting the conduct of the petitioner's personal affairs; (B) a death or serious illness in the petitioner's immediate family that has been documented as precluding the petitioner from perfecting a timely appeal; (C) incorrect or misleading information given to the petitioner by the agency, relating to the appeal time period, and shown to have been materially relied on by the petitioner as the basis for failure to file a timely appeal; (D) evidence that the petitioner did not receive notice of the agency decision; and (E) other unforeseen and unavoidable circumstances of an exceptional nature which prevented the filing of a timely appeal.

Sec. 310. (NEW) (*Effective from passage*) (a) For purposes of this section, (1) "eligible community-based organization" means an organization that (A) has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code, (B) has been an incorporated nonprofit organization for not less than three years, (C) is based in the state and is a direct provider of human services, (D) serves a population that is comprised of fifty-one per cent or more Hispanic persons or non-Hispanic communities of color, (E) (i) is led by a chief executive officer who is Hispanic, African-American or Asian Pacific-American, or (ii) is governed by a board with a majority of members who are Hispanic, African-American or Asian Pacific-American, and (F) has an annual operating budget of at least one hundred fifty thousand dollars; (2) "eligible program administrator" means a nonprofit organization that has (A) not less than fifteen years of experience coordinating advocacy, service and outreach efforts for Hispanic charitable organizations that support Hispanic persons, and (B) a proven track record of

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establishing networks with non-Hispanic organizations that provide services to fellow communities of color; (3) "fellow communities of color" means communities comprised of persons whose racial or ethnic background is nonwhite Hispanic, African-American or Asian Pacific-American; (4) "culturally competent" means the ability to effectively deliver services that meet the social, cultural and linguistic needs of the recipient; and (5) "language accessible" means services delivered in the primary language of the recipient.

(b) The Commissioner of Social Services, within available appropriations, shall award an eligible program administrator a contract to administer a two-year pilot program to build the capacity of eligible community-based organizations by helping such organizations to (1) improve operational efficiencies through performance-based metrics, and (2) adopt strategies for long-term fiscal sustainability.

(c) In contracting with an eligible program administrator, the commissioner shall require such administrator to: (1) Establish a competitive procurement process through requests for proposals to eligible community-based organizations, (2) establish a results-based grant contract evaluation system, that includes goals that eligible community-based organizations shall meet in order to be considered for grant contract renewal, and (3) meet goals established by the commissioner for successful program administration, including, but not limited to, reporting to the commissioner on program expenditures and complying with limitations set by the commissioner on administrative expenses. Requests for proposals issued by the eligible program administrator shall state that preference shall be given to eligible community-based organizations that (A) satisfy both conditions described in subparagraph (E) of subdivision (1) of subsection (a) of this section and have annual budgets not exceeding one million dollars, and (B) offer culturally competent, language

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accessible services.

(d) The program shall provide grants to eligible community-based organizations to support capacity building, training and technical assistance opportunities in the following areas: (1) Financial management, including, but not limited to, financial planning, budget development, fiscal monitoring and cash flow analysis, (2) board development, including, but not limited to, establishing board committees, a fund-raising board and conducting professional board meetings, (3) fund development, including, but not limited to, gift solicitation and event planning, (4) nonprofit management and leadership training, (5) information technology, (6) collaborations and merger planning, and (7) results-oriented outcome training, including development of progress metrics and performance tracking tools.

(e) Not later than January 1, 2021, the Commissioner of Social Services shall submit a report in accordance with the provisions of section 11-4a of the general statutes to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies on (1) the number of eligible community-based organizations awarded grants under the program, (2) whether and how the program has improved the capacity of community-based organizations to meet needs, (3) the performance of the nonprofit organization administering the program, and (4) a recommendation on whether the program should continue or expand and any appropriations that may be necessary.

Sec. 311. (*Effective July 1, 2019*) (a) For purposes of this section: (1) "Methadone maintenance" means a chemical maintenance program under which an addiction to one drug, including, but not limited to, heroin, is treated with the drug methadone in a weekly program that includes on and off-site methadone administration, drug testing and counseling; and (2) "chemical maintenance provider" means a provider

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certified and licensed by the federal Substance Abuse and Mental Health Services Administration and the state Department of Public Health who meets all federal and state requirements, including, but not limited to, requirements specific to the provision of chemical maintenance services.

(b) The Commissioner of Social Services shall amend the Medicaid state plan to provide a minimum weekly reimbursement rate of eighty-eight dollars and fifty-two cents to a chemical maintenance provider for methadone maintenance treatment of a Medicaid beneficiary, provided no such provider receiving a higher rate shall have such rate reduced to the minimum as a result of the implementation of a new minimum reimbursement rate.

(c) Notwithstanding subsection (b) of this section, on or after July 1, 2020, any reimbursement to a chemical maintenance provider for methadone maintenance treatment shall be contingent upon meeting certain performance measures as determined by the commissioner. Such performance measures shall be developed in consultation with the Department of Mental Health and Addiction Services and chemical maintenance providers. Initial performance measures shall be developed by September 30, 2019, including the means by which such measures shall be evaluated. The initial evaluation period shall be based on the claims data for the quarter ending March 31, 2020. The performance measures and thresholds may be adjusted after the initial evaluation period. Failure to meet department-identified standards on performance measures shall result in a rate reduction of (1) up to five per cent for the quarters ending September 30, 2020, and December 31, 2020, and (2) up to ten per cent beginning January 1, 2021. No provider shall receive a rate decrease under this subsection that is more than a ten per cent decrease annually.

(d) The Commissioner of Social Services, pursuant to section 17b-10 of the general statutes, may implement policies and procedures to

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administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the commissioner prints notice of the intent to adopt the regulations on the department's Internet web site and the eRegulations System not later than twenty days after the date of implementation. Such policies and procedures shall be valid until the time final regulations are adopted.

Sec. 312. Subsection (a) of section 17b-131 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) When a person in any town, or sent from such town to any licensed institution or state humane institution, dies or is found dead therein and does not leave sufficient estate and has no legally liable relative able to pay the cost of a proper funeral and burial, or upon the death of any beneficiary under the state-administered general assistance program, the Commissioner of Social Services shall give to such person a proper funeral and burial, and shall pay a sum not exceeding one thousand [two] three hundred fifty dollars as an allowance toward the funeral expenses of such decedent. Said sum shall be paid, upon submission of a proper bill, to the funeral director, cemetery or crematory, as the case may be. Such payment for funeral and burial expenses shall be reduced by (1) the amount in any revocable or irrevocable funeral fund, (2) any prepaid funeral contract, (3) the face value of any life insurance policy owned by the decedent that names a funeral home, cemetery or crematory as a beneficiary, (4) the net value of all liquid assets in the decedent's estate, and (5) contributions in excess of three thousand four hundred dollars toward such funeral and burial expenses from all other sources including friends, relatives and all other persons, organizations, agencies, veterans' programs and other benefit programs. Notwithstanding the provisions of section 17b-90, whenever payment for funeral, burial or

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cremation expenses is reduced due to liquid assets in the decedent's estate, the commissioner may disclose information concerning such liquid assets to the funeral director, cemetery or crematory providing funeral, burial or cremation services for the decedent.

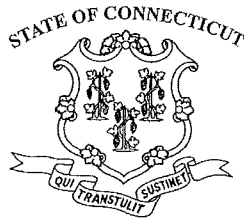
Sec. 313. Subsection (a) of section 17b-84 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Upon the death of any beneficiary under the state supplement or the temporary family assistance program, the Commissioner of Social Services shall order the payment of a sum not to exceed one thousand [two] three hundred fifty dollars as an allowance toward the funeral and burial expenses of such decedent. The payment for funeral and burial expenses shall be reduced by (1) the amount in any revocable or irrevocable funeral fund, (2) any prepaid funeral contract, (3) the face value of any life insurance policy owned by the decedent that names a funeral home, cemetery or crematory as a beneficiary, (4) the net value of all liquid assets in the decedent's estate, and (5) contributions in excess of three thousand four hundred dollars toward such funeral and burial expenses from all other sources, including friends, relatives and all other persons, organizations, agencies, veterans' programs and other benefit programs. Notwithstanding the provisions of section 17b-90, whenever payment for funeral, burial or cremation expenses is reduced due to liquid assets in the decedent's estate, the commissioner may disclose information concerning such liquid assets to the funeral director, cemetery or crematory providing funeral, burial or cremation services for the decedent.

Sec. 314. Subsection (c) of section 17b-260a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) There is established an advisory committee for the waiver

2



Substitute Senate Bill No. 1088

Public Act No. 19-42

AN ACT CONCERNING PARTICIPATION BY A RESIDENT OF A NURSING HOME FACILITY OR RESIDENTIAL CARE HOME IN A RECEIVERSHIP PROCEEDING.

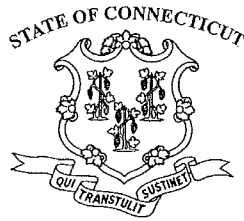
Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (b) of section 19a-542 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) A resident of a nursing home facility or residential care home for which an application to appoint a receiver has been filed or such resident's legally liable relative, conservator or guardian may appear as a party to the proceedings. The court shall permit a resident of a nursing home facility or residential care home that is the subject of an application for receivership, or the resident's legally liable relative, conservator or guardian, to be heard at the hearing on the application for receivership without having to file an appearance as a party.

Approved June 21, 2019

3



Substitute Senate Bill No. 375

Public Act No. 19-89

AN ACT CONCERNING NURSING HOME STAFFING LEVELS.

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

Section 1. (NEW) (*Effective October 1, 2019*) As used in this section and sections 2 and 3 of this act:

(1) "Nurse" means an advanced practice registered nurse, registered nurse or licensed practical nurse licensed pursuant to chapter 378 of the general statutes;

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

(3) "Registered nurse" means a registered nurse licensed pursuant to chapter 378 of the general statutes;

(4) "Licensed practical nurse" means a practical nurse licensed pursuant to chapter 378 of the general statutes;

(5) "Nurse's aide" means a nurse's aide registered pursuant to chapter 378a of the general statutes;

(6) "Nursing home facility" has the same meaning as provided in

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section 19a-521 of the general statutes;

(7) "Transportation duty" means the responsibility of a nurse or nurse's aide to accompany the resident while he or she is being transported to or from the nursing home facility;

(8) "Direct patient care" means any care of a patient that is provided personally by a nursing home facility staff member and includes, but is not limited to, treatment, counseling, self-care and the administration of medication; and

(9) "Primary portion of his or her shift" means six or more hours of an eight-hour shift.

Sec. 2. (NEW) (*Effective October 1, 2019*) (a) Each nursing home facility shall calculate on a daily basis, for the purposes of posting the information required under subsection (b) of this section, the total number of nurses and nurse's aides providing direct patient care to residents of the nursing home facility. In calculating the total number, a nursing home facility shall not include any nurse or nurse's aide who is on transportation duty and who is not providing direct patient care for the primary portion of his or her shift or any nurse or nurse's aide who is categorized as a member of the nursing home facility's management or administration and who is not providing direct patient care for the primary portion of his or her shift.

(b) Each nursing home facility shall post, in accordance with 42 CFR 483.35(g), the following information on a daily basis at the beginning of each shift, in a legible format and in a conspicuous place readily accessible to and clearly visible by residents, employees and visitors of the nursing home facility, including, but not limited to, persons in a wheelchair:

(1) Name of the nursing home facility;

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(2) Date;

(3) Total number of (A) advanced practice registered nurses, (B) registered nurses, (C) licensed practical nurses, and (D) nurse's aides, who will be responsible for direct patient care during the shift;

(4) Total number of hours such (A) advanced practice registered nurses, (B) registered nurses, (C) licensed practical nurses, and (D) nurse's aides are scheduled to work during the shift; and

(5) Total number of nursing home facility residents.

(c) In addition to the information posted pursuant to subsection (b) of this section, each nursing home facility shall post the following information on a daily basis, at the beginning of each shift, in a legible format and in a conspicuous place readily accessible to and visible by residents, employees and visitors of the nursing home facility, including, but not limited to, persons in a wheelchair:

(1) The minimum number of nursing home facility staff per shift that is required by the regulations of Connecticut state agencies to be responsible for providing direct patient care to residents of the nursing home facility; and

(2) The telephone number or Internet web site that a resident, employee or visitor of the nursing home facility may use to report a suspected violation by the nursing home facility of a regulatory requirement concerning staffing levels and direct patient care.

(d) Each nursing home facility shall, upon oral or written request, make the daily information posted pursuant to subsections (b) and (c) of this section available to the public for review. The nursing home facility shall retain such information for not less than eighteen months from the date such information was posted.

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Sec. 3. (NEW) (*Effective October 1, 2019*) (a) If the Commissioner of Public Health finds that a nursing home facility has substantially failed to comply with a nursing home facility staffing level requirement established pursuant to the regulations of Connecticut state agencies, the commissioner may (1) take any disciplinary action against the nursing home facility permitted under section 19a-494 of the general statutes, and (2) issue or cause to be issued a citation to the licensee of such nursing home facility pursuant to the provisions of section 19a-524 of the general statutes.

(b) A citation of a nursing home facility staffing level requirement set forth in the regulations of Connecticut state agencies shall be prominently posted in the nursing home facility and included in the listing prepared by the Department of Public Health pursuant to the provisions of section 19a-540 of the general statutes.

Sec. 4. Section 19a-532 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

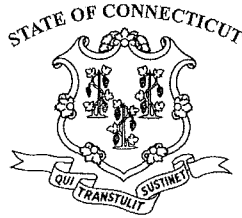
No nursing home facility or residential care home shall discharge or in any manner discriminate or retaliate against any [patient in] resident of any nursing home facility or residential care home, or any relative, guardian, conservator or sponsoring agency thereof or against any employee of any nursing home facility or residential care home or against any other person because such [patient] resident, relative, guardian, conservator, sponsoring agency, employee or other person has filed any complaint or instituted or caused to be instituted any proceeding under sections 17a-411, 17a-413, 19a-531 to 19a-534, inclusive, 19a-536 to 19a-539, inclusive, 19a-550, 19a-553, [and] 19a-554 or section 2 of this act, or has testified or is about to testify in any such proceeding or because of the exercise by such [patient] resident, relative, guardian, conservator, sponsoring agency, employee or other person on behalf of himself, herself or others of any right afforded by said sections. Notwithstanding any other provision of the general

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statutes, any nursing home facility or residential care home that violates any provision of this section shall (1) be liable to the injured party for treble damages, and (2) (A) reinstate the employee, if the employee was terminated from employment in violation of any provision of this section, or (B) restore the resident to his or her living situation prior to such discrimination or retaliation, including his or her housing arrangement or other living conditions within the nursing home facility or residential care home, as appropriate, if the resident's living situation was changed in violation of any provision of this section. For purposes of this section, "discriminate or retaliate" includes, but is not limited to, the discharge, demotion, suspension or any other detrimental change in terms or conditions of employment or residency, or the threat of any such action.

Approved July 1, 2019

4



Senate Bill No. 919

Public Act No. 19-97

**AN ACT REMOVING THE TERM "HOMEMAKER" IN REFERENCE
TO HOME HEALTH AIDE AGENCIES AND SERVICES.**

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

Section 1. Section 17b-242 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Department of Social Services shall determine the rates to be paid to home health care agencies and [homemaker-home] home health aide agencies by the state or any town in the state for persons aided or cared for by the state or any such town. For the period from February 1, 1991, to January 31, 1992, inclusive, payment for each service to the state shall be based upon the rate for such service as determined by the Office of Health Care Access, except that for those providers whose Medicaid rates for the year ending January 31, 1991, exceed the median rate, no increase shall be allowed. For those providers whose rates for the year ending January 31, 1991, are below the median rate, increases shall not exceed the lower of the prior rate increased by the most recent annual increase in the consumer price index for urban consumers or the median rate. In no case shall any such rate exceed the eightieth percentile of rates in effect January 31, 1991, nor shall any rate exceed the charge to the general public for similar services. Rates effective February 1, 1992, shall be based upon

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rates as determined by the Office of Health Care Access, except that increases shall not exceed the prior year's rate increased by the most recent annual increase in the consumer price index for urban consumers and rates effective February 1, 1992, shall remain in effect through June 30, 1993. Rates effective July 1, 1993, shall be based upon rates as determined by the Office of Health Care Access except if the Medicaid rates for any service for the period ending June 30, 1993, exceed the median rate for such service, the increase effective July 1, 1993, shall not exceed one per cent. If the Medicaid rate for any service for the period ending June 30, 1993, is below the median rate, the increase effective July 1, 1993, shall not exceed the lower of the prior rate increased by one and one-half times the most recent annual increase in the consumer price index for urban consumers or the median rate plus one per cent. The Commissioner of Social Services shall establish a fee schedule for home health services to be effective on and after July 1, 1994. The commissioner may annually modify such fee schedule if such modification is needed to ensure that the conversion to an administrative services organization is cost neutral to home health care agencies and [homemaker-home] home health aide agencies in the aggregate and ensures patient access. Utilization may be a factor in determining cost neutrality. The commissioner shall increase the fee schedule for home health services provided under the Connecticut home-care program for the elderly established under section 17b-342, effective July 1, 2000, by two per cent over the fee schedule for home health services for the previous year. The commissioner may increase any fee payable to a home health care agency or [homemaker-home] home health aide agency upon the application of such an agency evidencing extraordinary costs related to (1) serving persons with AIDS; (2) high-risk maternal and child health care; (3) escort services; or (4) extended hour services. In no case shall any rate or fee exceed the charge to the general public for similar services. A home health care agency or [homemaker-home] home health aide agency which, due to any material change in

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circumstances, 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 of Social Services, request in writing a hearing on all items of aggrievement. 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. The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection. The commissioner may implement policies and procedures to carry out the provisions of this subsection while in the process of adopting regulations, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after the date of implementing the policies and procedures. Such policies and procedures shall be valid for not longer than nine months.

(b) The Department of Social Services shall monitor the rates charged by home health care agencies and [homemaker-home] home health aide agencies. Such agencies shall file annual cost reports and service charge information with the department.

(c) The home health services fee schedule shall include a fee for the administration of medication, which shall apply when the purpose of a nurse's visit is limited to the administration of medication. Administration of medication may include, but is not limited to, blood pressure checks, glucometer readings, pulse rate checks and similar indicators of health status. The fee for medication administration shall include administration of medications while the nurse is present, the pre-pouring of additional doses that the client will self-administer at a later time and the teaching of self-administration. The department shall not pay for medication administration in addition to any other nursing service at the same visit. The department may establish prior authorization requirements for this service. Before implementing such

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change, the Commissioner of Social Services shall consult with the chairpersons of the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services. The commissioner shall monitor Medicaid home health care savings achieved through the implementation of nurse delegation of medication administration pursuant to section 19a-492e, as amended by this act. If, by January 1, 2016, the commissioner determines that the rate of savings is not adequate to meet the annualized savings assumed in the budget for the biennium ending June 30, 2017, the department may reduce rates for medication administration as necessary to achieve the savings assumed in the budget. Prior to any rate reduction, the department shall report to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services provider specific cost and utilization trend data for those patients receiving medication administration. Should the department determine it necessary to reduce medication administration rates under this section, it shall examine the possibility of establishing a separate Medicaid supplemental rate or a pay-for-performance program for those providers, as determined by the commissioner, who have established successful nurse delegation programs.

(d) The home health services fee schedule established pursuant to subsection (c) of this section shall include rates for psychiatric nurse visits.

(e) The Department of Social Services, when processing or auditing claims for reimbursement submitted by home health care agencies and [homemaker-home] home health aide agencies shall, in accordance with the provisions of chapter 15, accept electronic records and records bearing the electronic signature of a licensed physician or licensed practitioner of a healthcare profession that has been submitted to the

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home health care agency or [homemaker home-health] home health aide agency.

(f) If the electronic record or signature that has been transmitted to a home health care agency or [homemaker-home] home health aide agency is illegible or the department is unable to determine the validity of such electronic record or signature, the department shall review additional evidence of the accuracy or validity of the record or signature, including, but not limited to, (1) the original of the record or signature, or (2) a written statement, made under penalty of false statement, from (A) the licensed physician or licensed practitioner of a health care profession who signed such record, or (B) if such licensed physician or licensed practitioner of a health care profession is unavailable, the medical director of the agency verifying the accuracy or validity of such record or signature, and the department shall make a determination whether the electronic record or signature is valid.

(g) The Department of Social Services, when auditing claims submitted by home health care agencies and [homemaker-home] home health aide agencies, shall consider any signature from a licensed physician or licensed practitioner of a health care profession that may be required on a plan of care for home health services, to have been provided in timely fashion if (1) the document bearing such signature was signed prior to the time when such agency seeks reimbursement from the department for services provided, and (2) verbal or telephone orders from the licensed physician or licensed practitioner of a health care profession were received prior to the commencement of services covered by the plan of care and such orders were subsequently documented. Nothing in this subsection shall be construed as limiting the powers of the Commissioner of Public Health to enforce the provisions of sections 19-13-D73 and 19-13-D74 of the regulations of Connecticut state agencies and 42 CFR 484.18(c).

(h) For purposes of this section, "licensed practitioner of a healthcare

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profession" has the same meaning as "licensed practitioner" in section 21a-244a.

Sec. 2. Subsection (a) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, [homemaker-home] home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, 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;

Sec. 3. Subsections (d) to (f), inclusive, of section 19a-490 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(d) "Home health care agency" means a public or private organization, or a subdivision thereof, engaged in providing professional nursing services and the following services, available twenty-four hours per day, in the patient's home or a substantially equivalent environment: [Homemaker-home] Home health aide

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services as defined in this section, physical therapy, speech therapy, occupational therapy or medical social services. The agency shall provide professional nursing services and at least one additional service directly and all others directly or through contract. An agency shall be available to enroll new patients seven days a week, twenty-four hours per day;

(e) ["Homemaker-home health aide agency"] "Home health aide agency" means a public or private organization, except a home health care agency, which provides in the patient's home or a substantially equivalent environment supportive services which may include, but are not limited to, assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management. Such supportive services shall be provided under the supervision of a registered nurse and, if such nurse determines appropriate, shall be provided by a social worker, physical therapist, speech therapist or occupational therapist. Such supervision may be provided directly or through contract;

(f) ["Homemaker-home health aide services"] "Home health aide services" as defined in this section shall not include services provided to assist individuals with activities of daily living when such individuals have a disease or condition that is chronic and stable as determined by a physician licensed in the state; [of Connecticut;]

Sec. 4. Subsection (k) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(k) "Home health agency" means an agency licensed as a home health care agency or a [homemaker-home] home health aide agency;

Sec. 5. Section 19a-490g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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The Department of Public Health shall develop and produce a consumer guide of bilingual information on home health care agencies and [homemaker-home] home health aide agencies.

Sec. 6. Subsections (h) and (i) of section 19a-491 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(h) The commissioner may require as a condition of the licensure of home health care agencies and [homemaker-home] home health aide agencies that each agency meet minimum service quality standards. In the event the commissioner requires such agencies to meet minimum service quality standards as a condition of their licensure, the commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to define such minimum service quality standards, which shall (1) allow for training of [homemaker-home] home health aides by adult continuing education, (2) require a registered nurse to visit and assess each patient receiving [homemaker-home] home health aide services as often as necessary based on the patient's condition, but not less than once every sixty days, and (3) require the assessment prescribed by subdivision (2) of this subsection to be completed while the [homemaker-home] home health aide is providing services in the patient's home.

(i) No person acting individually or jointly with any other person shall establish, conduct, operate or maintain a home health care agency or [homemaker-home] home health aide agency without maintaining professional liability insurance or other indemnity against liability for professional malpractice. The amount of insurance which such person shall maintain as insurance or indemnity against claims for injury or death for professional malpractice shall be not less than one million dollars for one person, per occurrence, with an aggregate of not less than three million dollars.

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Sec. 7. Section 19a-492d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

On and after October 1, 2007, a nurse who is employed by an agency licensed by the Department of Public Health as a home health care agency or a [homemaker-home] home health aide agency may administer influenza and pneumococcal vaccines to persons in their homes, after an assessment for contraindications, without a physician's order in accordance with a physician-approved agency policy that includes an anaphylaxis protocol. In the event of an adverse reaction to the vaccine, such nurse may also administer epinephrine or other anaphylaxis medication without a physician's order in accordance with the physician-approved agency policy. For purposes of this section, "nurse" means an advanced practice registered nurse, registered nurse or practical nurse licensed under chapter 378.

Sec. 8. Section 19a-492e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) For purposes of this section "home health care agency" has the same meaning as provided in section 19a-490, as amended by this act. Notwithstanding the provisions of chapter 378, a registered nurse may delegate the administration of medications that are not administered by injection to [homemaker-home] home health aides who have obtained certification and recertification every three years thereafter for medication administration in accordance with regulations adopted pursuant to subsection (b) of this section, unless the prescribing practitioner specifies that a medication shall only be administered by a licensed nurse. Any [homemaker-home] home health aide who obtained certification in the administration of medications on or before June 30, 2015, shall obtain recertification on or before July 1, 2018.

(b) (1) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the

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provisions of this section. Such regulations shall require each home health care agency that serves clients requiring assistance with medication administration to (A) adopt practices that increase and encourage client choice, dignity and independence; (B) establish policies and procedures to ensure that a registered nurse may delegate allowed tasks of nursing care, to include medication administration, to [homemaker-home] home health aides when the registered nurse determines that it is in the best interest of the client and the [homemaker-home] home health aide has been deemed competent to perform the task; (C) designate [homemaker-home] home health aides to obtain certification and recertification for the administration of medication; and (D) ensure that such [homemaker-home] home health aides receive such certification and recertification.

(2) The regulations shall establish certification and recertification requirements for medication administration and the criteria to be used by home health care agencies that provide services for clients requiring assistance with medication administration in determining (A) which [homemaker-home] home health aides shall obtain such certification and recertification, and (B) education and skill training requirements, including ongoing training requirements for such certification and recertification.

(3) Education and skill training requirements for initial certification and recertification shall include, but not be limited to, initial orientation, training in client rights and identification of the types of medication that may be administered by unlicensed personnel, behavioral management, personal care, nutrition and food safety, and health and safety in general.

(c) Each home health care agency shall ensure that, on or before January 1, 2013, delegation of nursing care tasks in the home care setting is allowed within such agency and that policies are adopted to employ [homemaker-home] home health aides for the purposes of

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allowing nurses to delegate such tasks.

(d) A registered nurse licensed pursuant to the provisions of chapter 378 who delegates the task of medication administration to a [homemaker-home] home health aide pursuant to this section shall not be subject to disciplinary action based on the performance of the [homemaker-home] home health aide to whom tasks are delegated, unless the [homemaker-home] home health aide is acting pursuant to specific instructions from the registered nurse or the registered nurse fails to leave instructions when the nurse should have done so, provided the registered nurse: (1) Documented in the patient's care plan that the medication administration could be properly and safely performed by the [homemaker-home] home health aide to whom it is delegated, (2) provided initial direction to the [homemaker-home] home health aide, and (3) provided ongoing supervision of the [homemaker-home] home health aide, including the periodic assessment and evaluation of the patient's health and safety related to medication administration.

(e) A registered nurse who delegates the provision of nursing care to another person pursuant to this section shall not be subject to an action for civil damages for the performance of the person to whom nursing care is delegated unless the person is acting pursuant to specific instructions from the nurse or the nurse fails to leave instructions when the nurse should have done so.

(f) No person may coerce a registered nurse into compromising patient safety by requiring the nurse to delegate the administration of medication if the nurse's assessment of the patient documents a need for a nurse to administer medication and identifies why the need cannot be safely met through utilization of assistive technology or administration of medication by certified [homemaker-home] home health aides. No registered nurse who has made a reasonable determination based on such assessment that delegation may

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compromise patient safety shall be subject to any employer reprisal or disciplinary action pursuant to chapter 378 for refusing to delegate or refusing to provide the required training for such delegation. The Department of Social Services, in consultation with the Department of Public Health and home health care agencies, shall develop protocols for documentation pursuant to the requirements of this subsection. The Department of Social Services shall notify all licensed home health care agencies of such protocols prior to the implementation of this section.

(g) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Sec. 9. Subsection (a) of section 19a-495 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Department of Public Health shall, after consultation with the appropriate public and voluntary hospital planning agencies, establish classifications of institutions. The department shall, in the Public Health Code, adopt, amend, promulgate and enforce such regulations based upon reasonable standards of health, safety and comfort of patients and demonstrable need for such institutions, with respect to each classification of institutions to be licensed under sections 19a-490 to 19a-503, inclusive, as amended by this act, including their special facilities, as will further the accomplishment of the purposes of said sections in promoting safe, humane and adequate care and treatment of individuals in institutions. The department shall adopt such regulations, in accordance with chapter 54, concerning

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home health care agencies and [homemaker-home] home health aide agencies.

Sec. 10. Subdivision (2) of subsection (a) of section 19a-905 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

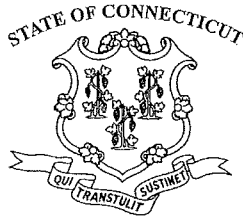
(2) "Health care facility or institution" means a hospital, nursing home, rest home, home health care agency, [homemaker-home] home health aide agency, emergency medical services organization, assisted living services agency, outpatient surgical facility and an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution.

Sec. 11. Subdivision (7) of section 20-670 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(7) "Homemaker-companion agency" means (A) any public or private organization that employs one or more persons and is engaged in the business of providing companion services or homemaker services, or (B) any registry. "Homemaker-companion agency" shall not include a home health care agency, as defined in subsection (d) of section 19a-490, as amended by this act, or a [homemaker-home] home health aide agency, as defined in subsection (e) of section 19a-490.

Approved July 1, 2019

5



Substitute Senate Bill No. 832

Public Act No. 19-116

AN ACT CONCERNING REGISTRIES OF PERSONS FOUND RESPONSIBLE FOR ASSAULTS OR OTHER ABUSE, NEGLECT, EXPLOITATION OR ABANDONMENT OF ELDERLY PERSONS OR PERSONS WITH DISABILITIES.

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

Section 1. (*Effective October 1, 2019*) (a) For purposes of this section, (1) "publicly available background databases" means (A) the National Sex Offender Public Website maintained by the United States Department of Justice, (B) the Connecticut Sex Offender Registry maintained pursuant to section 54-258 of the general statutes, (C) the list of individuals and entities excluded from federally funded health care programs for reasons that include, but are not limited to, Medicaid or Medicare fraud, maintained by the Office of the Inspector General of the United States Department of Health and Human Services, (D) the Connecticut nurse's aide registry maintained by the Department of Public Health pursuant to sections 20-102bb and 20-102cc of the general statutes, (E) the criminal and motor vehicle conviction database maintained by the Judicial Branch, (F) the professional licensure verification database maintained by the Department of Public Health, and (G) the database of practitioners and entities suspended or excluded from participation in programs administered by the Department of Social Services maintained by the

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quality assurance division of the department; (2) "elderly person" means a person sixty years of age or older; and (3) "persons with disabilities" has the same meaning as provided in section 17b-608 of the general statutes and includes a person with an intellectual disability, as defined in section 1-1g of the general statutes.

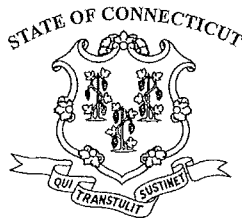
(b) The executive director of the Commission on Women, Children and Seniors shall (1) provide a portal on the commission's Internet web site with links to publicly available background databases; and (2) convene a working group to develop strategies to raise public awareness of the availability of such databases to persons hiring providers to care for elderly persons, children or persons with disabilities. The executive director shall keep records of the number of times such portal is utilized and file a report, in accordance with the provisions of section 11-4a of the general statutes, not later than January 1, 2021, on utilization of the program with the joint standing committees of the General Assembly having cognizance of matters relating to aging, children, human services and public health.

Sec. 2. Subdivision (3) of subsection (a) of section 19a-491c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(3) "Disqualifying offense" means a conviction of (A) any crime described in 42 USC 1320a-7(a)(1), (2), (3) or (4), [or] (B) a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C), or (C) a conviction of any crime described in section 53a-59a, 53a-60b, 53a-60c, 53a-61a, 53a-321, 53a-322 or 53a-323.

Approved July 1, 2019

6



Substitute Senate Bill No. 920

Public Act No. 19-118

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC
HEALTH STATUTES.***

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

Section 1. Section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) There is established a school-based health center advisory committee for the purpose of advising the Commissioner of Public Health on matters relating to (1) statutory and regulatory changes to improve health care through access to school-based health centers and expanded school health sites, (2) minimum standards for the provision of services in school-based health centers and expanded school health sites to ensure that high quality health care services are provided in school-based health centers and expanded school health sites, as such terms are defined in section 19a-6r, and (3) other topics of relevance to the school-based health centers and expanded school sites, as requested by the commissioner.

(b) The committee shall be composed of the following members:

(1) One appointed by the speaker of the House of Representatives, who shall be a family advocate or a parent whose child utilizes school-

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based health center services;

(2) One appointed by the president pro tempore of the Senate, who shall be a school nurse;

(3) One appointed by the majority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a community health center;

(4) One appointed by the majority leader of the Senate, who shall be a representative of a school-based health center that is sponsored by a nonprofit health care agency;

(5) One appointed by the minority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a school or school system;

(6) One appointed by the minority leader of the Senate, who shall be a representative of a school-based health center that does not receive state funds;

(7) Two appointed by the Governor, one each of whom shall be a representative of the Connecticut Chapter of the American Academy of Pediatrics and a representative of a school-based health center that is sponsored by a hospital;

(8) Three appointed by the Commissioner of Public Health, one of whom shall be a representative of a school-based health center that is sponsored by a local health department, one of whom shall be from a municipality that has a population of at least fifty thousand but less than one hundred thousand and that operates a school-based health center and one of whom shall be from a municipality that has a population of at least one hundred thousand and that operates a school-based health center;

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

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

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

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

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

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

(15) Three school-based health center providers, one of whom shall be the executive director of the Connecticut Association of School-Based Health Centers and two of whom shall be appointed by the board of directors of the Connecticut Association of School-Based Health Centers.

(c) Any appointment that is vacant for one year or more shall be made by the Commissioner of Public Health. The Commissioner of Public Health shall notify the appointing authority of the commissioner's choice of member for appointment not less than thirty days before making such appointment.

[(c)] (d) The committee shall meet not less than quarterly. On or before January 1, [2014] 2020, and [annually] biennially thereafter, the committee shall report, in accordance with the provisions of section 11-4a, on its activities to the joint standing committees of the General Assembly having cognizance of matters relating to public health and

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education.

[(d)] (e) Administrative support for the activities of the committee may be provided by the Department of Public Health.

Sec. 2. Subsection (n) of section 22a-478 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(n) Notwithstanding any provision of sections 22a-475 to 22a-483, inclusive, [to the contrary,] the Commissioner of Public Health may make a project loan or loans in accordance with the provisions of subsection (j) of this section with respect to an eligible drinking water project without regard to the priority list of eligible drinking water projects if [a public drinking water supply] an emergency exists, [pursuant to section 25-32b] including, but not limited to, an unanticipated infrastructure failure, a contamination of water or a shortage of water, which requires that the eligible drinking water project be immediately undertaken to protect the public health and safety.

Sec. 3. Subdivision (4) of section 19a-36g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(4) "Class 2 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared [] or cooked and served immediately, or that prepares [and] or cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;

Sec. 4. Section 19a-36l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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The owner or operator of a food establishment aggrieved by an order to correct any inspection violations identified by the food inspector or to hold, destroy or dispose of unsafe food may appeal such order to the director of health not later than forty-eight hours after issuance of such order. The director of health shall review the request for an appeal and, upon conclusion of the review, may vacate, modify or affirm such order. If affirmed by the director of health, the corrective actions specified by the food inspector shall be so ordered by the director of health. An owner or operator of a food [service] establishment who is aggrieved by the affirmation or modification of an order by the director of health, including, but not limited to, an order to suspend the permit or license to operate the food [service] establishment, may appeal to the department pursuant to section 19a-229. During such appeal, the order shall remain in effect unless the commissioner orders otherwise.

Sec. 5. Subsections (a) to (c), inclusive, of section 19a-493 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Upon receipt of an application for an initial license, the Department of Public Health, subject to the provisions of section 19a-491a, shall issue such license if, upon conducting a scheduled inspection and investigation, the department finds that the applicant and facilities meet the requirements established under section 19a-495, provided a license shall be issued to or renewed for an institution, as defined in section 19a-490, as amended by this act, only if such institution is not otherwise required to be licensed by the state. If an institution, as defined in subsections (b), (d), (e) and (f) of section 19a-490, applies for license renewal and has been certified as a provider of services by the United States Department of Health and Human Services under Medicare or Medicaid programs within the immediately preceding twelve-month period, or if an institution, as

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defined in subsection (b) of section 19a-490, is currently certified, the commissioner or the commissioner's designee may waive on renewal the inspection and investigation of such facility required by this section and, in such event, any such facility shall be deemed to have satisfied the requirements of section 19a-495 for the purposes of licensure. Such license shall be valid for two years or a fraction thereof and shall terminate on March thirty-first, June thirtieth, September thirtieth or December thirty-first of the appropriate year. A license issued pursuant to this chapter, unless sooner suspended or revoked, shall be renewable biennially (1) after an unscheduled inspection is conducted by the department, and (2) upon the filing by the licensee, and approval by the department, of a report upon such date and containing such information in such form as the department prescribes and satisfactory evidence of continuing compliance with requirements established under section 19a-495. In the case of an institution, as defined in subsection (d) of section 19a-490, that is also certified as a provider under the Medicare program, the license shall be issued for a period not to exceed three years, to run concurrently with the certification period. In the case of an institution, as defined in subsection (m) of section 19a-490, that is applying for renewal, the license shall be issued pursuant to section 19a-491, as amended by this act. Except in the case of a multicare institution, each license shall be issued only for the premises and persons named in the application. Such license shall not be transferable or assignable. Licenses shall be posted in a conspicuous place in the licensed premises.

(b) (1) A nursing home license may be renewed biennially after (A) an unscheduled inspection conducted by the department, (B) submission of the information required by section 19a-491a, and (C) submission of evidence satisfactory to the department that the nursing home is in compliance with the provisions of this chapter, the Public Health Code and licensing regulations.

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(2) Any change in the ownership of a facility or institution, as defined in [subsection (c) of] section 19a-490, as amended by this act, owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten per cent or more of the stock of a corporation which owns, conducts, operates or maintains such facility or institution, shall be subject to prior approval of the department after a scheduled inspection of such facility or institution is conducted by the department, provided such approval shall be conditioned upon a showing by such facility or institution to the commissioner that it has complied with all requirements of this chapter, the regulations relating to licensure and all applicable requirements of the Public Health Code. Any such change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner shall not be subject to prior approval of the department unless: (A) Ownership or beneficial ownership of ten per cent or more of the stock of a corporation, partnership or association which owns, conducts, operates or maintains more than one facility or institution is transferred; (B) ownership or beneficial ownership is transferred in more than one facility or institution; or (C) the facility or institution is the subject of a pending complaint, investigation or licensure action. If the facility or institution is not in compliance, the commissioner may require the new owner to sign a consent order providing reasonable assurances that the violations shall be corrected within a specified period of time. Notice of any such proposed change of ownership shall be given to the department at least [ninety] one hundred twenty days prior to the effective date of such proposed change. For the purposes of this subdivision, "a person related by blood or marriage" means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew. For the purposes of this subdivision, a change in the legal form of the ownership entity, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar

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changes, shall not be considered a change of ownership if the beneficial ownership remains unchanged and the owner provides such information regarding the change to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution. For the purposes of this subdivision, a public offering of the stock of any corporation that owns, conducts, operates or maintains any such facility or institution shall not be considered a change in ownership or beneficial ownership of such facility or institution if the licensee and the officers and directors of such corporation remain unchanged, such public offering cannot result in an individual or entity owning ten per cent or more of the stock of such corporation, and the owner provides such information to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution.

(c) (1) A multicare institution may, under the terms of its existing license, provide behavioral health services or substance use disorder treatment services on the premises of more than one facility, at a satellite unit or at another location outside of its facilities or satellite units that is acceptable to the patient receiving services and is consistent with the patient's assessment and treatment plan. Such behavioral health services or substance use disorder treatment services may include methadone delivery and related substance use treatment services to persons in a nursing home facility pursuant to the provisions of section 19a-495c.

(2) Any multicare institution that intends to offer services at a satellite unit or other location outside of its facilities or satellite units shall submit an application for approval to offer services at such location to the Department of Public Health. Such application shall be submitted on a form and in the manner prescribed by the

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Commissioner of Public Health. Not later than forty-five days after receipt of such application, the commissioner shall notify the multicare institution of the approval or denial of such application. If the satellite unit or other location is approved, that satellite unit or location shall be deemed to be licensed in accordance with this section and shall comply with the applicable requirements of this chapter and regulations adopted under this chapter.

(3) A multicare institution that is a hospital providing outpatient behavioral health services or other health care services shall provide the Department of Public Health with a list of satellite units or locations when completing the initial or renewal licensure application.

~~[(3)]~~ (4) The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this subsection. The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this subsection while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Sec. 6. Subsection (n) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(n) "Multicare institution" means a hospital that provides outpatient behavioral health services or other health care services, psychiatric outpatient clinic for adults, free-standing facility for the care or treatment of substance abusive or dependent persons, hospital for psychiatric disabilities, as defined in section 17a-495, or a general acute care hospital that provides outpatient behavioral health services that

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(1) is licensed in accordance with this chapter, (2) has more than one facility or one or more satellite units owned and operated by a single licensee, and (3) offers complex patient health care services at each facility or satellite unit. For purposes of this subsection, "satellite unit" means a location where a segregated unit of services is provided by the multicare institution;

Sec. 7. Subsection (f) of section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(f) Such board or commission or the department may take disciplinary action against a practitioner's license or permit as a result of the practitioner having been subject to disciplinary action similar to an action specified in subsection (a) or (d) of this section by a duly authorized professional disciplinary agency of any state, the federal government, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Such board or commission or the department may rely upon the findings and conclusions made by a duly authorized professional disciplinary agency of any state, the federal government, the District of Columbia, a United States possession or territory or foreign jurisdiction in taking such disciplinary action.

Sec. 8. Section 17b-274a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commissioner of Social Services may establish maximum allowable costs to be paid under the Medicaid [and Connecticut AIDS drug assistance programs] program for generic prescription drugs based on, but not limited to, actual acquisition costs. The department shall implement and maintain a procedure to review and update the maximum allowable cost list at least annually, and shall report annually to the joint standing committee of the General Assembly

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having cognizance of matters relating to appropriations and the budgets of state agencies on its activities pursuant to this section.

Sec. 9. Subsection (a) of section 17b-274c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commissioner of Social Services may establish a voluntary mail order option for any maintenance prescription drug covered under the Medicaid [or Connecticut AIDS drug assistance programs] program.

Sec. 10. Section 17b-274e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

A pharmacist, when filling a prescription under the Medicaid [or Connecticut AIDS drug assistance programs] program, shall fill such prescription utilizing the most cost-efficient dosage, consistent with the prescription of a prescribing practitioner as defined in section 20-571, unless such pharmacist receives permission to do otherwise pursuant to the prior authorization requirements set forth in sections 17b-274 and 17b-491a.

Sec. 11. Subsection (a) of section 17b-491c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) On and after February 1, 2008, any pharmaceutical manufacturer of a prescription drug covered by the Department of Social Services under [the Connecticut AIDS drug assistance program or] a state medical assistance program administered by the department that is a federally qualified state pharmacy assistance program shall provide rebates to the department for prescription drugs paid for by the department under such program in unit rebate amounts equal to the unit rebate amounts paid under the Medicaid program.

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Sec. 12. Section 19a-127r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) [Notwithstanding the provisions of sections 17b-256, 17b-274a, 17b-274c, 17b-274e and 17b-491c, the] The Department of Public Health may, within available resources, administer the Connecticut [Aids] AIDS drug assistance program and Connecticut Insurance Premium Assistance Program. The department may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with chapter 54.

(b) [Notwithstanding the provisions of sections 17b-256, 17b-274a, 17b-274c, 17b-274e and 17b-491c, all] All rebates and refunds from the Connecticut AIDS drug assistance program and Connecticut Insurance Premium Assistance Program shall be paid to the Department of Public Health.

(c) Applicants for and recipients of benefits under the provisions of this section shall enroll in or demonstrate ineligibility for Medicare Part D.

(d) The Commissioner of Public Health may pay the premium and coinsurance costs of Medicare Part D coverage for eligible applicants or recipients.

Sec. 13. Subsection (c) of section 19a-14b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) The Department of Public Health [shall] may adopt regulations, in accordance with chapter 54, concerning radon in drinking water that

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are consistent with the provisions contained in 40 CFR 141 and 142.

Sec. 14. Section 19a-37b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Department of Public Health [shall] may adopt regulations pursuant to chapter 54 to establish radon measurement requirements and procedures for evaluating radon in indoor air and reducing elevated radon gas levels when detected in public schools.

Sec. 15. Section 19a-495a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) (1) The Commissioner of Public Health [shall] may adopt regulations, as provided in subsection (d) of this section, to require each residential care home, as defined in section 19a-490, as amended by this act, that admits residents requiring assistance with medication administration, to (A) designate unlicensed personnel to obtain certification for the administration of medication, and (B) ensure that such unlicensed personnel receive such certification and recertification every three years thereafter.

(2) [The] Any regulations adopted pursuant to this subsection shall establish criteria to be used by such homes in determining (A) the appropriate number of unlicensed personnel who shall obtain such certification and recertification, and (B) training requirements, including ongoing training requirements for such certification and recertification.

(3) Training requirements for initial certification and recertification shall include, but shall not be limited to: Initial orientation, resident rights, identification of the types of medication that may be administered by unlicensed personnel, behavioral management, personal care, nutrition and food safety, and health and safety in general.

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(b) Each residential care home, as defined in section 19a-490, as amended by this act, shall ensure that an appropriate number of unlicensed personnel, as determined by the residential care home, obtain certification and recertification for the administration of medication. Certification and recertification of such personnel shall be in accordance with any regulations adopted pursuant to this section, except any personnel who obtained certification in the administration of medication on or before June 30, 2015, shall obtain recertification on or before July 1, 2018. Unlicensed personnel obtaining such certification and recertification may administer medications that are not administered by injection to residents of such homes, unless a resident's physician specifies that a medication only be administered by licensed personnel.

(c) On and after October 1, 2007, unlicensed assistive personnel employed in residential care homes, as defined in section 19a-490, as amended by this act, may (1) obtain and document residents' blood pressures and temperatures with digital medical instruments that (A) contain internal decision-making electronics, microcomputers or special software that allow the instruments to interpret physiologic signals, and (B) do not require the user to employ any discretion or judgment in their use; (2) obtain and document residents' weight; and (3) assist residents in the use of glucose monitors to obtain and document their blood glucose levels.

(d) The Commissioner of Public Health [may] shall implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

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Sec. 16. Section 19a-562b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

Each home health agency, residential care home and assisted living services agency, as those terms are defined in section 19a-490, as amended by this act, and each licensed hospice care organization operating pursuant to section 19a-122b shall provide training and education on Alzheimer's disease and dementia symptoms and care to all staff providing direct care upon employment and annually thereafter. The Commissioner of Public Health [shall] may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section.

Sec. 17. Section 19a-902 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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

Sec. 18. Subdivision (2) of subsection (b) of section 20-262 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(2) The Commissioner of Public Health, in consultation with the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians, shall adopt [regulations, in accordance with the

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provisions of chapter 54, to prescribe minimum curriculum requirements for hairdressing and cosmetology schools. The commissioner, in consultation with said board, may adopt] a curriculum and procedures for the approval of hairdressing and cosmetology schools. [, provided the commissioner prints notice of intent to adopt regulations concerning the adoption of a curriculum and procedures for the approval of hairdressing and cosmetology schools in the Connecticut Law Journal not later than thirty days after the date of implementation of such curriculum and such procedures. The curriculum and procedures implemented pursuant to this section shall be valid until such time final regulations are adopted.] The commissioner shall post such curriculum on the Department of Public Health's Internet web site.

Sec. 19. Subdivisions (10) to (13), inclusive, of section 19a-177 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

[(10) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical service system and submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;]

[(11)] (10) Establish primary service areas and assign in writing a primary service area responder for each primary service area. Each state-owned campus having an acute care hospital on the premises shall be designated as the primary service area responder for that campus;

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[(12)] (11) Revoke primary service area assignments upon determination by the commissioner that it is in the best interests of patient care to do so; and

[(13)] (12) Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical service organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical service organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

Sec. 20. Subdivision (1) of subsection (g) of section 4-67x of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(g) (1) On or before November first of each year from 2006 to 2014, inclusive, each budgeted state agency with membership on the council that provides prevention services to children shall, within available appropriations, report to the council in accordance with this subsection. [On or before November first of each year from 2015 to 2020, inclusive, each budgeted state agency that provides prevention services to children shall, within available appropriations, report to the joint standing committees of the General Assembly having cognizance of matters related to appropriations, human services and children in accordance with this subsection.]

Sec. 21. Subsection (a) of section 19a-6q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commissioner of Public Health, in consultation with the executive director of the Office of Health Strategy, established under

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section 19a-754a, and local and regional health departments, shall, within available resources, develop a plan that is consistent with the Department of Public Health's Healthy Connecticut 2020 health improvement plan and the state healthcare innovation plan developed pursuant to the State Innovation Model Initiative by the Centers for Medicare and Medicaid Services Innovation Center. The commissioner shall develop and implement such plan to: (1) Reduce the incidence of [chronic disease, including, but not limited to, chronic cardiovascular disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis or another chronic metabolic disease and the effects of behavioral health disorders] tobacco use, high blood pressure, health care associated infections, asthma, unintended pregnancy and diabetes; (2) improve chronic disease care coordination in the state; and (3) reduce the incidence and effects of chronic disease and improve outcomes for conditions associated with chronic disease in the state.

Sec. 22. Section 19a-37 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) As used in this section:

(1) "Laboratory or firm" means an environmental laboratory registered by the Department of Public Health pursuant to section 19a-29a;

(2) "Private well" means a water supply well that meets all of the following criteria: (A) Is not a public well; (B) supplies a population of less than twenty-five persons per day; and (C) is owned or controlled through an easement or by the same entity that owns or controls the building or parcel that is served by the water supply well;

(3) "Public well" means a water supply well that supplies a public water system;

(4) ["Well for semipublic use"] "Semipublic well" means a water

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supply well that (A) does not meet the definition of a private well or public well, and (B) provides water for drinking and other domestic purposes; and

(5) "Water supply well" means an artificial excavation constructed by any method for the purpose of [getting] obtaining or providing water for drinking or other domestic, industrial, commercial, agricultural, recreational or irrigation use, or other outdoor water use.

(b) The Commissioner of Public Health may adopt regulations in the Public Health Code for the preservation of the public health pertaining to (1) protection and location of new water supply wells or springs for residential or nonresidential construction or for public or semipublic use, and (2) inspection for compliance with the provisions of municipal regulations adopted pursuant to section 22a-354p.

(c) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, for the testing of water quality in private residential wells and [wells for semipublic use] semipublic wells. Any laboratory or firm which conducts a water quality test on a private well serving a residential property or [well for semipublic use] semipublic well shall, not later than thirty days after the completion of such test, report the results of such test to (1) the public health authority of the municipality where the property is located, and (2) the Department of Public Health in a format specified by the department, provided such report shall only be required if the party for whom the laboratory or firm conducted such test informs the laboratory or firm identified on the chain of custody documentation submitted with the test samples that the test was conducted in connection with the sale of such property. No regulation may require such a test to be conducted as a consequence or a condition of the sale, exchange, transfer, purchase or rental of the real property on which the private residential well or [well for semipublic use] semipublic well is located.

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(d) Prior to the sale, exchange, purchase, transfer or rental of real property on which a residential well is located, the owner shall provide the buyer or tenant notice that educational material concerning private well testing is available on the Department of Public Health web site. Failure to provide such notice shall not invalidate any sale, exchange, purchase, transfer or rental of real property. If the seller or landlord provides such notice in writing, the seller or landlord and any real estate licensee shall be deemed to have fully satisfied any duty to notify the buyer or tenant that the subject real property is located in an area for which there are reasonable grounds for testing under subsection (g) or (j) of this section.

(e) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to clarify the criteria under which the commissioner may issue a well permit exception and to describe the terms and conditions that shall be imposed when a well is allowed at a premises (1) that is connected to a public water supply system, or (2) whose boundary is located within two hundred feet of an approved community water supply system, measured along a street, alley or easement. Such regulations shall (A) provide for notification of the permit to the public water supplier, (B) address the quality of the water supplied from the well, the means and extent to which the well shall not be interconnected with the public water supply, the need for a physical separation, and the installation of a reduced pressure device for backflow prevention, the inspection and testing requirements of any such reduced pressure device, and (C) identify the extent and frequency of water quality testing required for the well supply.

(f) No regulation may require that a certificate of occupancy for a dwelling unit on such residential property be withheld or revoked on the basis of a water quality test performed on a private residential well pursuant to this section, unless such test results indicate that any maximum contaminant level applicable to public water supply

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systems for any contaminant listed in the public health code has been exceeded. No administrative agency, health district or municipal health officer may withhold or cause to be withheld such a certificate of occupancy except as provided in this section.

(g) The local director of health may require a private residential well or [well for semipublic use] semipublic well to be tested for arsenic, radium, uranium, radon or gross alpha emitters, when there are reasonable grounds to suspect that such contaminants are present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the existence of a geological area known to have naturally occurring arsenic, radium, uranium, radon or gross alpha emitter deposits in the bedrock; or (2) the well is located in an area in which it is known that arsenic, radium, uranium, radon or gross alpha emitters are present in the groundwater.

(h) Except as provided in subsection (i) of this section, the collection of samples for determining the water quality of private residential wells and [wells for semipublic use] semipublic wells may be made only by (1) employees of a laboratory or firm certified or approved by the Department of Public Health to test drinking water, if such employees have been trained in sample collection techniques, (2) certified water operators, (3) local health departments and state employees trained in sample collection techniques, or (4) individuals with training and experience that the Department of Public Health deems sufficient.

(i) Any owner of a residential construction, including, but not limited to, a homeowner, on which a private residential well is located or any general contractor of a new residential construction on which a private residential well is located may collect samples of well water for submission to a laboratory or firm for the purposes of testing water quality pursuant to this section, provided (1) such laboratory or firm has provided instructions to said owner or general contractor on how

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to collect such samples, and (2) such owner or general contractor is identified to the subsequent owner on a form to be prescribed by the Department of Public Health. No regulation may prohibit or impede such collection or analysis.

(j) The local director of health may require private residential wells and [wells for semipublic use] semipublic wells to be tested for pesticides, herbicides or organic chemicals when there are reasonable grounds to suspect that any such contaminants might be present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the presence of nitrate-nitrogen in the groundwater at a concentration greater than ten milligrams per liter, or (2) that the private residential well or [well for semipublic use] semipublic well is located on land, or in proximity to land, associated with the past or present production, storage, use or disposal of organic chemicals as identified in any public record.

(k) Any water transported in bulk by any means to a premises currently supplied by a private well or [well for semipublic use] semipublic well where the water is to be used for purposes of drinking or domestic use shall be provided by a bulk water hauler licensed pursuant to section 20-278h. No bulk water hauler shall deliver water without first notifying the owner of the premises of such delivery. Bulk water hauling to a premises currently supplied by a private well or [well for semipublic use] semipublic well shall be permitted only as a temporary measure to alleviate a water supply shortage.

Sec. 23. Subsection (a) of section 19a-36h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Not later than January 1, [2019] 2020, the commissioner shall adopt and administer by reference the United States Food and Drug Administration's Food Code, as amended from time to time, and any

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Food Code Supplement published by said administration as the state's food code for the purpose of regulating food establishments.

Sec. 24. Subsection (b) of section 17a-101 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The following persons shall be mandated reporters: (1) Any physician or surgeon licensed under the provisions of chapter 370, (2) any resident physician or intern in any hospital in this state, whether or not so licensed, (3) any registered nurse, (4) any licensed practical nurse, (5) any medical examiner, (6) any dentist, (7) any dental hygienist, (8) any psychologist, (9) any school employee, as defined in section 53a-65, (10) any social worker, (11) any person who holds or is issued a coaching permit by the State Board of Education, is a coach of intramural or interscholastic athletics and is eighteen years of age or older, (12) any individual who is employed as a coach or director of youth athletics and is eighteen years of age or older, (13) any individual who is employed as a coach or director of a private youth sports organization, league or team and is eighteen years of age or older, (14) any paid administrator, faculty, staff, athletic director, athletic coach or athletic trainer employed by a public or private institution of higher education who is eighteen years of age or older, excluding student employees, (15) any police officer, (16) any juvenile or adult probation officer, (17) any juvenile or adult parole officer, (18) any member of the clergy, (19) any pharmacist, (20) any physical therapist, (21) any optometrist, (22) any chiropractor, (23) any podiatrist, (24) any mental health professional, (25) any physician assistant, (26) any person who is a licensed or certified emergency medical services provider, (27) any person who is a licensed or certified alcohol and drug counselor, (28) any person who is a licensed marital and family therapist, (29) any person who is a sexual assault counselor or a domestic violence counselor, as defined in section 52-

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146k, (30) any person who is a licensed professional counselor, (31) any person who is a licensed foster parent, (32) any person paid to care for a child in any public or private facility, child care center, group child care home or family child care home licensed by the state, (33) any employee of the Department of Children and Families, (34) [any employee of the Department of Public Health, (35)] any employee of the Office of Early Childhood who is responsible for the licensing of child care centers, group child care homes, family child care homes or youth camps, [(36)] (35) any paid youth camp director or assistant director, [(37)] (36) the Child Advocate and any employee of the Office of the Child Advocate, [(38)] (37) any person who is a licensed behavior analyst, and [(39)] (38) any family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Department.

Sec. 25. Section 17a-227a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commissioner of Developmental Services shall require each applicant [for employment in a Department of Developmental Services program that provides direct services to persons with intellectual disability] who has been made an offer of conditional employment by the department to be fingerprinted and submit to state and national criminal history records checks. The criminal history records checks required by this section shall be conducted in accordance with section 29-17a. Employment by the department shall be considered conditional until the results of the criminal history records checks are received and reviewed by the department.

(b) The commissioner may require providers licensed or funded by the department to provide residential, day or support services to persons with intellectual disability, to require each applicant [for employment] who has been made an offer of conditional employment and will have direct and ongoing contact with persons and families

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receiving such services to submit to a check of such applicant's state criminal background. If the department requires such providers to have such applicants who have been made an offer of conditional employment submit to such checks, the administrative costs associated with such checks shall be considered an allowable cost on the annual cost report. Employment by a provider licensed or funded by the department shall be considered conditional until the results of the background checks have been received and reviewed by the provider.

Sec. 26. Subsection (h) of section 20-206bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(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 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, (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 or behavioral health treatment program. The Commissioner of Public Health [shall] may adopt regulations, in accordance with the provisions of chapter 54, [to ensure the safe provision of auricular acupuncture in accordance with] to implement the provisions of this [subsection] section.

Sec. 27. Section 7-406 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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The board of finance or other corresponding board in each town, or, if there is no such board, the selectmen, shall annually prepare and have published a town report. Such report shall be available for distribution and shall contain, in addition to reports of town officers or boards required by law to be included, a statement of the amount received by such town under the provisions of part IIa of chapter 240 together with an itemized account of the disposition of such amount, and such other matter as the board of finance or other corresponding board deems advisable. Towns with a population of five thousand or less, as computed by the Secretary of the Office of Policy and Management, shall publish their receipts and expenditures and the names of all persons, firms or corporations, other than recipients of support under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, receiving money from such towns, together with the total amount of payments in excess of fifty dollars to each, unless such town has a bookkeeping system approved by the secretary setting forth all the receipts and expenditures in detail, in which case it shall not be necessary for the town to publish in its report the names of all persons, firms or corporations receiving money from such towns, together with the total amount of payments in excess of fifty dollars to each.

Sec. 28. Section 10a-194a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The authority shall report the terms and conditions of all financings and refinancings of nursing homes to the Commissioner of Social Services who shall make rate adjustments in accordance with the provisions of sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,

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inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 29. Subsection (b) of section 17a-600 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The expense of confinement, support and treatment of any acquittee committed to the jurisdiction of the board shall be computed and paid for in accordance with the provisions of sections 17a-528, 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 30. Subsection (b) of section 17b-124 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) Each person having in his possession or control any property of any person for whom an application has been filed for medical assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, or being indebted to him, or having knowledge of any property or income, including wages, belonging to him, or having knowledge of any other information relevant to such person's eligibility for such assistance, and any officer having control of the books and accounts of any corporation which has possession or control of any property or income, including wages, belonging to any such person, or is indebted to him, or having knowledge of such information, shall, upon presentation by a medical provider or its attorney of a signed

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certificate stating that an application signed by such person has been made for medical assistance, make full disclosure to such provider as to any such property or income, including wages or indebtedness or such other information relevant to such person's eligibility. Any person who violates any provision of this section shall be fined not more than one hundred dollars and shall pay just damages to the provider injured thereby.

Sec. 31. Section 17b-126 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

If any person receiving such aid neglects or refuses to sign such agreement, the selectmen are authorized to file a lien against such property, or against the real property of any legally liable relative of any person receiving aid or support under sections 17b-194, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, to secure the disbursements of such town made prior to filing such lien and any disbursements thereafter made, and such lien from the time of filing shall have the same force and effect and may be foreclosed in the same manner as any agreement provided for in section 17b-125.

Sec. 32. Subsection (c) of section 17b-127 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) Any person who defrauds the town to obtain any monetary award to which such person is not entitled, assists another person in so defrauding the town or with intent to defraud, or violates any other provision of sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, shall be subject to the penalties for larceny under

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sections 53a-122 and 53a-123, depending on the amount involved. Any person convicted of violating this section shall be terminated from participation in the program for a period of at least one year.

Sec. 33. Subsection (b) of section 17b-128 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) Any town that overpays a person receiving financial assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, shall recover such overpayment from such person's ongoing assistance. The amount of such recovery shall not exceed ten per cent of such person's ongoing benefit in any month.

Sec. 34. Section 17b-129 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) If any beneficiary of aid under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, has a cause of action, a town that provided aid to such beneficiary shall have a claim against the proceeds of such cause of action for the amount of such aid or fifty per cent of the proceeds received by such beneficiary after payment of all expenses connected with the cause of action, whichever is less, which shall have priority over all other unsecured claims and unrecorded encumbrances. Such claim shall be a lien, subordinate to any interest the state may possess under section 17b-94, against the proceeds from such cause of action, for the amount established in accordance with this section, and such lien shall have priority over all

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other claims except attorney's fees for such causes of action, expenses of suit, costs of hospitalization connected with the cause of action by whomever paid, over and above hospital insurance or other such benefits, and, for such period of hospitalization as was not paid for by the town, physician's fees for services during any such period as are connected with the cause of action over and above medical insurance or other such benefits. Where the state also has a claim against the proceeds of such cause of action under section 17b-94, the total amount of the claims by the state under said section and the town under this subsection shall not exceed fifty per cent of the proceeds received by the recipient after the allowable expenses and the town's claim shall be reduced accordingly. The proceeds of such causes of action shall be assignable to the town for payment of such lien irrespective of any other provision of law except section 17b-94. Upon presentation to the attorney for the beneficiary of an assignment of such proceeds executed by the beneficiary or his conservator or guardian, such assignment shall constitute an irrevocable direction to the attorney to pay the town in accordance with its terms.

(b) In the case of an inheritance of an estate by a beneficiary of aid under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, fifty per cent of the assets of the estate payable to the beneficiary or the amount of such assets equal to the amount of assistance paid, whichever is less, shall be assignable to the town. Where the state also has an assignment of such assets under section 17b-94, the total amount of the claims of the state under said section and the town under this subsection shall not exceed fifty per cent of the assets of the estate payable to the beneficiary and the town's assigned share shall be reduced accordingly. The Court of Probate shall accept any such assignment executed by the beneficiary and filed

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by the town with the court prior to the distribution of such inheritance, and to the extent of such inheritance not already distributed, the court shall order distribution in accordance therewith. If the town receives any assets of an estate pursuant to any such assignment, the town shall be subject to the same duties and liabilities concerning such assigned assets as the beneficiary.

(c) No claim shall be made, or lien applied, against any payment made pursuant to chapter 135, any payment made pursuant to section 47-88d or 47-287, any moneys received as a settlement or award in a housing or employment or public accommodation discrimination case, any court-ordered retroactive rent abatement, including any made pursuant to subsection (e) of section 47a-14h, or section 47a-4a, 47a-5 or 47a-57, or any security deposit refund pursuant to subsection (d) of section 47a-21 paid to a beneficiary of assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 35. Section 17b-250 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

When any person has been transferred from the Connecticut Correctional Institution, Somers, the York Correctional Institution, or its maximum security division, the John R. Manson Youth Institution, Cheshire, or a community correctional center to a state hospital, such person's hospital expense prior to the termination of his sentence shall be charged to the state. If any person, transferred from a correctional institution or community correction center is committed to or otherwise remains in a state hospital after the expiration of his sentence, such person's hospital expense shall be paid to the state in the manner provided for payment in sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive,

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17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 36. Section 17b-280a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

No payment shall be made under a medical assistance program administered by the Department of Social Services for over-the-counter medications, except for (1) [the medical assistance program established pursuant to section 17b-256, (2)] insulin and insulin syringes, [(3)] (2) nutritional supplements for individuals who are required to be tube fed or who cannot safely ingest nutrition in any other form, and as may be required by federal law, [(4)] (3) smoking cessation medications as provided in section 17b-278a, [(5)] (4) over-the-counter medications and products determined by the Commissioner of Social Services to be appropriate for coverage based on their clinical efficacy, safety and cost effectiveness, and [(6)] (5) over-the-counter medications that are required to be covered pursuant to 42 CFR 440.347, including medications for individuals with specified diagnoses that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, provided the Department of Social Services may also pay for such over-the-counter medications under a medical assistance program or portion thereof that is not subject to 42 CFR 440.347.

Sec. 37. Section 18-87 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commissioner of Correction may transfer any inmate of any of the institutions of the Department of Correction to any other appropriate state institution with the concurrence of the superintendent of such institution or to the Court Support Services Division of the Judicial Branch when the Commissioner of Correction

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finds that the welfare or health of the inmate requires it. When an inmate, after the expiration of his or her sentence, is committed to or otherwise remains in the institution to which he or she was transferred, the expense of his or her treatment and support shall be paid as provided by sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b, and 17b-743 to 17b-747, inclusive. No transfer of any person who has attained the age of eighteen years shall be made to the Court Support Services Division of the Judicial Branch. No transfer of any person who has not attained the age of eighteen years shall be made to the Court Support Services Division of the Judicial Branch unless the executive director of the Court Support Services Division of the Judicial Branch finds that such person would benefit from a transfer to the Court Support Services Division of the Judicial Branch and agrees to accept such person and such person has given such person's written consent to such transfer. Such person transferred to the Court Support Services Division of the Judicial Branch shall be deemed to be committed to the custody of the executive director of the Court Support Services Division of the Judicial Branch. The executive director of the Court Support Services Division of the Judicial Branch shall have the power to terminate the commitment and release such person at any time the executive director of the Court Support Services Division of the Judicial Branch determines such termination and release would be in such person's best interest, and shall have the power to return such person to the jurisdiction of the Commissioner of Correction. The transfer of any person under this section to the [the] Court Support Services Division of the Judicial Branch shall not result in the person so transferred being in the custody of the Commissioner of Correction and the executive director of the Court Support Services Division of the Judicial Branch for a total of less than the minimum or more than the maximum term such person would have been in the custody of the Commissioner of

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Correction had such person not been so transferred.

Sec. 38. Subsection (f) of section 52-57 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(f) When the other methods of service of process provided under this section or otherwise provided by law cannot be effected, in actions concerning the establishment, enforcement or modification of child support orders other than actions for dissolution of marriage, including, but not limited to, such actions under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b, 17b-743 to 17b-747, inclusive, and 46b-301 to 46b-425, inclusive, and chapters 815, 815p, 815t, 815y and 816, and actions to implement garnishments for support under section 52-362, service of process may be made upon a party to the action by one of the following methods, provided proof of receipt of such process by such party is presented to the court in accordance with rules promulgated by the judges of the Superior Court:

(1) By certified mail to a party to the action addressed to the employer of such party. Any service of process so sent shall include on the outside envelope the words "To be delivered to the employee in accordance with subsection (f) of section 52-57". The employer shall accept any such service of process sent by certified mail and promptly deliver such certified mail to the employee; or

(2) When a party to an action under this subsection is employed by an employer with fifteen or more employees, by personal service upon an official of the employer designated as an agent to accept service of process in actions brought under this subsection. Each employer with fifteen or more employees doing business in this state shall designate

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an official to accept service of process for employees who are parties to such actions. The person so served shall promptly deliver such process to the employee.

Sec. 39. Subsection (n) of section 54-56d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(n) The cost of the examination effected by the Commissioner of Mental Health and Addiction Services and of testimony of persons conducting the examination effected by the commissioner shall be paid by the Department of Mental Health and Addiction Services. The cost of the examination and testimony by physicians appointed by the court shall be paid by the Judicial Department. If the defendant is indigent, the fee of the person selected by the defendant to observe the examination and to testify on the defendant's behalf shall be paid by the Public Defender Services Commission. The expense of treating a defendant placed in the custody of the Commissioner of Mental Health and Addiction Services, the Commissioner of Children and Families or the Commissioner of Developmental Services pursuant to subdivision (2) of subsection (h) of this section or subsection (i) of this section shall be computed and paid for in the same manner as is provided for persons committed by a probate court under the provisions of sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 40. Section 19a-490a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

As used in sections 17b-349, [19a-7b,] 19a-7e and 19a-59b, "community health center" means a public or nonprofit private medical care facility which (1) is not part of a hospital and is organized

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and operated to provide comprehensive primary care services; (2) is located in an area which has a demonstrated need for services based on geographic, demographic and economic factors; (3) serves low income, uninsured, minority and elderly persons; (4) makes its services available to individuals regardless of their ability to pay; (5) employs a charge schedule with a discount based on income; (6) provides, on an ongoing basis, primary health services by physicians and, where appropriate, midlevel practitioners, diagnostic laboratory and x-ray services, preventive health services and patient care case management; (7) provides for needed pharmacy services either on-site or through firm arrangement; (8) has at least one-half of the full-time equivalent primary care providers as full-time members of its staff; (9) maintains an ongoing quality assurance program; (10) is a participating title XIX and Medicare provider; (11) has a governing board of at least nine and no more than twenty-five members with authority and responsibility for policy and conduct of the center, the majority of whom are active users of the center and of the nonuser board members, no more than half may derive more than ten per cent of their annual income from the health care industry; (12) provides primary care services at least thirty-two hours per week; and (13) has arrangements for professional coverage during hours when the center is closed.

Sec. 41. Section 19a-521e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) As used in this section:

(1) "Nursing home" has the same meaning as provided in section 12-263p; [and]

(2) "Behavioral health facility" has the same meaning as provided in section 19a-490, as amended by this act; and

[(2)] (3) "Reportable event" means an event occurring at a nursing

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home or behavioral health facility that is deemed by the department to require the immediate notification of the department.

(b) [On or before January 1, 2019, the] The Department of Public Health shall develop a system for nursing homes or behavioral health facilities to electronically notify the department of a reportable event.

(c) [On and after January 1, 2019, nursing] Nursing homes and behavioral health facilities shall report reportable events to the department using the electronic reporting system developed pursuant to subsection (b) of this section.

Sec. 42. Subsection (e) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(e) The commissioner shall charge one thousand dollars for the licensing and inspection [every three years] of outpatient clinics that provide either medical or mental health service, urgent care services and well-child clinical services, except those operated by a municipal health [departments] department, health [districts] district or licensed nonprofit nursing or community health [agencies] agency. Such licensing and inspection shall be performed every three years, except those outpatient clinics that have obtained accreditation from a national accrediting organization within the immediately preceding twelve-month period may be inspected by the commissioner once every four years, provided the outpatient clinic has not committed any violation that the commissioner determines would pose an immediate threat to the health, safety or welfare of the patients of the outpatient clinic. The provisions of this subsection shall not be construed to limit the commissioner's authority to inspect any applicant for licensure or renewal of licensure as an outpatient clinic, suspend or revoke any license granted to an outpatient clinic pursuant to this section or take any other legal action against an outpatient clinic that is authorized by

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any provision of the general statutes.

Sec. 43. Subsection (a) of section 19a-112e of the general statutes, as amended by section 2 of public act 19-114, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) As used in this section and sections 19a-112f and 19a-112g: [as amended by this act:]

(1) "Emergency contraception" means one or more prescription drugs used separately or in combination administered to or self-administered by a patient to prevent pregnancy, within a medically recommended amount of time after sexual intercourse and provided for that purpose, in accordance with professional standards of practice, and determined to be safe by the United States Food and Drug Administration.

(2) "Emergency treatment" means any medical examination or treatment provided in a licensed health care facility to a victim of sexual assault following an alleged sexual assault.

(3) "Medically and factually accurate and objective" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable.

(4) "Victim of sexual assault" means any person who alleges or is alleged to have suffered an injury as a result of a sexual offense.

(5) "Sexual offense" means a violation of subsection (a) of section 53a-70, section 53a-70a or 53a-70b, subsection (a) of section 53a-71, section 53a-72a or 53a-72b, subdivision (2) of subsection (a) of section 53a-86, subdivision (2) of subsection (a) of section 53a-87 or section 53a-90a, 53a-196a or 53a-196b.

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~~[(8)]~~ (9) "Paramedicine" means the carrying out of (A) all phases of cardiopulmonary resuscitation and defibrillation, (B) the administration of drugs and intravenous solutions under written or oral authorization from a licensed physician or a licensed advanced practice registered nurse, and (C) the administration of controlled substances, as defined in section 21a-240, in accordance with written protocols or standing orders of a licensed physician or a licensed advanced practice registered nurse; ~~[and]~~

~~[(9)]~~ (10) "Paramedic" means a person licensed to practice as a paramedic under the provisions of section 20-206ll; ~~[.]~~ and

(11) "Continuing education platform Internet web site" means an online database, approved by the Commissioner of Public Health, for emergency medical services personnel to enter, track and reconcile the hours and topics of continuing education completed by such personnel.

Sec. 58. Section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Except as provided in subsections (b) and (c) of this section, an applicant for a license as a paramedic shall submit evidence satisfactory to the Commissioner of Public Health that the applicant has successfully (1) completed a paramedic training program approved by the commissioner, and (2) passed an examination prescribed by the commissioner.

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or

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her, or (2) (A) is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the paramedic scope of practice model conducted by an organization offering a program that is recognized by the national emergency medical services program accrediting organization, and (C) has no pending disciplinary action or unresolved complaint against him or her.

(c) Any person who is certified as an emergency medical technician-paramedic by the Department of Public Health on October 1, 1997, shall be deemed a licensed paramedic. Any person so deemed shall renew his license pursuant to section 19a-88, as amended by this act, for a fee of one hundred [fifty] fifty-five dollars.

(d) [The commissioner may issue an emergency medical technician certificate,] On or after January 1, 2020, each person seeking certification as an emergency medical responder, [certificate] emergency medical technician or advanced emergency medical technician [certificate to an applicant who presents] shall apply to the department on forms prescribed by the commissioner. Applicants for certification shall comply with the following requirements: (1) For initial certification, an applicant shall present evidence satisfactory to the commissioner that the applicant [(1) is currently certified as an emergency medical technician, emergency medical responder, or advanced emergency medical technician in good standing in any New England state, New York or New Jersey, (2)] (A) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the [emergency medical technician,] emergency medical responder, emergency medical technician or advanced emergency medical technician curriculum, [or

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advanced emergency medical technician, and (3) has no pending disciplinary action or unresolved complaint against him or her] (B) has passed the examination administered by the national organization for emergency medical certification for an emergency medical responder, emergency medical technician or advanced emergency medical technician as necessary for the type of certification sought by the applicant or an examination approved by the department, and (C) has no pending disciplinary action or unresolved complaints against such applicant, (2) a certificate issued under this subsection shall be renewed once every two years in accordance with the provisions of section 19a-88, as amended by this act, upon presentation of evidence satisfactory to the commissioner that the applicant (A) has successfully completed continuing education for an emergency medical responder, emergency medical technician or advanced emergency medical technician as required by the national organization for emergency medical certification or as approved by the department, or (B) presents a current certification as an emergency medical responder, emergency medical technician or advanced emergency medical technician from the national organization for emergency medical certification, or (3) for certification by endorsement from another state, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) is currently certified as an emergency medical responder, emergency medical technician or advanced emergency medical technician in good standing by a state that maintains certification or licensing requirements that the commissioner determines are equal to or greater than those in this state, or (B) holds a current certification as an emergency medical responder, emergency medical technician or advanced emergency medical technician from the national organization for emergency medical certification.

[(e) An emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall be recertified every three years. For

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the purpose of maintaining an acceptable level of proficiency, each emergency medical technician who is recertified for a three-year period shall complete thirty hours of refresher training approved by the commissioner or meet such other requirements as may be prescribed by the commissioner. The refresher training or other requirements shall include, but not be limited to, training in Alzheimer's disease and dementia symptoms and care.]

(e) On or after January 1, 2020, each person seeking certification as an emergency medical services instructor shall apply to the department on forms prescribed by the commissioner. Applicants for certification shall comply with the following requirements: (1) For initial certification, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) is currently certified by the department as an emergency medical technician or advanced emergency medical technician or licensed by the department as a paramedic, (B) has completed a program of training as an emergency medical instructor based on current national education standards within the prior two years, (C) has completed twenty-five hours of teaching activity under the supervision of a currently certified emergency medical services instructor, (D) has completed written and practical examinations as prescribed by the commissioner, (E) has no pending disciplinary action or unresolved complaints against the applicant, and (F) effective on a date prescribed by the commissioner, presents documentation satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician, advanced emergency medical technician or paramedic by the national organization for emergency medical certification, or (2) for renewal certification, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) has successfully completed continuing education and teaching activity as required by the department, (B) maintains current certification by the department as an emergency medical technician, advanced emergency medical

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technician or licensure by the department as a paramedic, and (C) effective on a date as prescribed by the commissioner, presents documentation satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician, advanced emergency medical technician or paramedic by the national organization for emergency medical certification.

(f) A certified emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall document the completion of his or her continuing educational requirements through the continuing education platform Internet web site. A certified emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor who is not engaged in active professional practice in any form during a certification period shall be exempt from the continuing education requirements of this section, provided the emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor submits to the department, prior to the expiration of the certification period, an application for inactive status on a form prescribed by the department and such other documentation as may be required by the department. The application for inactive status pursuant to this subsection shall contain a statement that the emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor may not engage in professional practice until the continuing education requirements of this section have been met.

[(f)] (g) The commissioner may issue a temporary emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that (1) the applicant was certified by the department as an emergency medical technician prior to becoming

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licensed as a paramedic pursuant to section 20-206ll, or (2) the applicant's certification as an emergency medical technician has expired and the applicant's license as a paramedic has become void pursuant to section 19a-88, as amended by this act. Such temporary certificate shall be valid for a period not to exceed one year and shall not be renewable.

[(g)] (h) An applicant who is issued a temporary emergency medical technician certificate pursuant to subsection [(f)] (g) of this section may, prior to the expiration of such temporary certificate, apply to the department for: (1) Renewal of such person's paramedic license, giving such person's name in full, such person's residence and business address and such other information as the department requests, provided the application for license renewal is accompanied by evidence satisfactory to the commissioner that the applicant was under the medical oversight of a sponsor hospital, as those terms are defined in section 19a-175, as amended by this act, on the date the applicant's paramedic license became void for nonrenewal; or (2) recertification as an emergency medical technician, provided the application for recertification is accompanied by evidence satisfactory to the commissioner that the applicant completed emergency medical technician refresher training approved by the commissioner not later than one year after issuance of the temporary emergency medical technician certificate. The department shall recertify such person as an emergency medical technician without the examination required for initial certification specified in regulations adopted by the commissioner pursuant to section 20-206oo.

[(h)] The commissioner may issue an emergency medical responder, emergency medical technician or advanced emergency medical technician certificate to an applicant for certification by endorsement who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical responder,

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emergency medical technician or advanced emergency medical technician in good standing by a state that maintains licensing requirements that the commissioner determines are equal to, or greater than, those in this state, (2) has completed an initial department-approved emergency medical responder, emergency medical technician or advanced emergency medical technician training program that includes written and practical examinations at the completion of the course, or a program outside the state that adheres to national education standards for the emergency medical responder, emergency medical technician or advanced emergency medical technician scope of practice and that includes an examination, and (3) has no pending disciplinary action or unresolved complaint against him or her.

(i) The commissioner may issue an emergency medical service instructor certificate to an applicant who presents (1) evidence satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician in good standing, (2) documentation satisfactory to the commissioner, with reference to national education standards, regarding qualifications as an emergency medical service instructor, (3) a letter of endorsement signed by two instructors holding current emergency medical service instructor certification, (4) documentation of having completed written and practical examinations as prescribed by the commissioner, and (5) evidence satisfactory to the commissioner that the applicant has no pending disciplinary action or unresolved complaints against him or her.]

[(j)] (i) Any person certified as an emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor pursuant to this chapter and the regulations adopted pursuant to section 20-206oo whose certification has expired may apply to the Department of Public

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Health for reinstatement of such certification, [as follows: (1) If such certification expired one year or less from the date of the application for reinstatement,] provided such person [shall complete] completes the requirements for [recertification] renewal certification specified in [regulations adopted pursuant to section 20-20600; (2) if such recertification expired more than one year but less than three years from the date of application for reinstatement, such person shall complete the training required for recertification and the examination required for initial certification specified in regulations adopted pursuant to section 20-20600; or (3) if such certification expired three or more years from the date of application for reinstatement, such person shall complete the requirements for initial certification set forth in] this section. Any certificate issued pursuant to this section shall remain valid for ninety days after the expiration date of such certificate and become void upon the expiration of such ninety-day period.

[(k)] (j) The Commissioner of Public Health shall issue an emergency medical technician certification to an applicant who is a member of the armed forces or the National Guard or a veteran and who (1) presents evidence satisfactory to the commissioner that such applicant holds a current certification as a person entitled to perform similar services under a different designation by the National Registry of Emergency Medical Technicians, or (2) satisfies the regulations promulgated pursuant to subdivision [(4)] (3) of subsection (a) of section 19a-179. Such applicant shall be exempt from any written or practical examination requirement for certification.

[(l)] (k) For the purposes of this section, "veteran" means any person who was discharged or released under conditions other than dishonorable from active service in the armed forces and "armed forces" has the same meaning as provided in section 27-103.

Sec. 59. Section 20-195ff of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to further the purposes of subdivision (18) of subsection (c) of section 19a-14, subsection (e) of section 19a-88, as amended by this act, subdivision [(15)] (14) of section 19a-175, as amended by this act, subsection (b) of section 20-9, as amended by this act, sections 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by this act.

Sec. 60. Subdivision (14) of subsection (b) of section 20-9 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(14) Any person rendering service as a physician assistant licensed pursuant to section 20-12b, a registered nurse, a licensed practical nurse or a paramedic, as defined in subdivision [(15)] (14) of section 19a-175, as amended by this act, acting within the scope of regulations adopted pursuant to section 19a-179, if such service is rendered under the supervision, control and responsibility of a licensed physician;

Sec. 61. Subdivisions (1) and (2) of subsection (e) of section 19a-88 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(e) (1) Each person holding a license or certificate issued under section 19a-514, 20-65k, 20-74s, 20-185k, 20-185l, 20-195cc or 20-206ll and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 384, 384a, 384b, [384d,] 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the Department of Public Health, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(2) Each person holding a license or certificate issued under section

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19a-514, section 20-266o and chapters 384a, 384c, ~~384d~~, 386, 387, 388 and 398 shall apply for renewal of such license or certificate once every two years, during the month of such person's birth, giving such person's name in full, such person's residence and business address and such other information as the department requests.

Sec. 62. Section 20-67 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Connecticut State Board of Examiners for Physical Therapists shall consist of [one physician, two] three physical therapists and two public members, appointed by the Governor, subject to the provisions of section 4-9a. The Governor may appoint the physical therapist members of said board from a list of [two] three names submitted by the Connecticut chapter of the American Physical Therapy Association, [and may appoint the physician member from a name submitted by the Connecticut State Medical Society.] Vacancies in said board shall be filled by the Governor for the unexpired portion of the term. All appointments shall be subject to the provisions of section 4-10. No member shall serve more than two consecutive full terms, commencing on and after July 1, 1981.

Sec. 63. Subsection (a) of section 1 of public act 19-19 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section and sections 2 and 3 of this act:

(1) "Epinephrine cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for an emergency first aid response to allergic reactions;

(2) "Person with training" means a person who (A) (i) has completed a course in first aid that includes training in recognizing the signs and symptoms of anaphylaxis, administering epinephrine and following

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emergency protocol, approved by a prescribing practitioner pursuant to a medical protocol established in accordance with subsection (b) of this section, which course may be offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, and (ii) is certified by said organizations, department or director of health offering the course, or (B) who has received training in the recognition of the signs and symptoms of anaphylaxis, the use of an epinephrine cartridge injector and emergency protocol by a licensed physician, physician assistant, advanced practice registered nurse or emergency medical services personnel;

(3) "Documentation evidencing training" includes a certificate issued by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health or a written statement of acknowledgment of training signed by a licensed physician, physician assistant, advanced practice registered nurse or emergency medical services personnel; and

(4) "Authorized entity" means any for-profit or nonprofit entity or organization that employs at least one person with training. "Authorized entity" does not include the state or any political subdivision thereof authorized to purchase epinephrine pursuant to subsection (h) of section 21a-70 of the general statutes, a local or regional board of education required to maintain epinephrine cartridge injectors pursuant to subdivision (2) of subsection (d) of section 10-212a of the general statutes or a licensed or a certified ambulance service required to be equipped with epinephrine cartridge injectors pursuant to subsection (b) of section 19a-197a of the general statutes.

Sec. 64. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

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As used in this chapter, section 66 of this act and sections 19a-177, 19a-180, 19a-193a and 19a-906, as amended by this act, unless the context otherwise requires:

(1) "Emergency medical service system" means a system which provides for (A) the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions, and (B) mobile integrated health care;

(2) "Patient" means an injured or ill person or a person with a physical disability requiring assistance and transportation;

(3) "Ambulance" means a motor vehicle specifically designed to carry patients;

(4) "Ambulance service" means an organization which transports patients;

(5) "Emergency medical technician" means a person who is certified pursuant to chapter 384d;

(6) "Ambulance driver" means a person whose primary function is driving an ambulance;

(7) "Emergency medical services instructor" means a person who is certified pursuant to chapter 384d;

(8) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;

(9) "Life saving equipment" means equipment used by emergency medical personnel for the stabilization and treatment of patients;

(10) "Emergency medical service organization" means any

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corporation or organization whether public, private or voluntary that (A) is licensed or certified by the Department of Public Health's Office of Emergency Medical Services, and (B) offers ambulance transportation or treatment services to patients primarily under emergency conditions or a mobile integrated health care program;

(11) "Invalid coach" means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient's home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;

(12) "Rescue service" means any organization, whether for-profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances;

(13) "Provider" means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver medical care or services, including such related medical care services as ambulance transportation;

(14) "Commissioner" means the Commissioner of Public Health;

(15) "Paramedic" means a person licensed pursuant to chapter 384d;

(16) "Commercial ambulance service" means an ambulance service which primarily operates for profit;

(17) "Licensed ambulance service" means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the commissioner;

(18) "Certified ambulance service" means a municipal, volunteer or nonprofit ambulance service issued a certificate by the commissioner;

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(19) "Automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;

(20) "Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;

(21) "Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

(22) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;

(23) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area;

(24) "Interfacility critical care transport" means the interfacility

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transport of a patient between licensed health care institutions;

(25) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician pursuant to chapter 384d;

(26) "Emergency medical responder" means an individual who is certified pursuant to chapter 384d;

(27) "Medical oversight" means the active surveillance by physicians of the provision of emergency medical services sufficient for the assessment of overall emergency medical service practice levels, as defined by state-wide protocols;

(28) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;

(29) "Sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical oversight, supervision and direction to an emergency medical service organization and its personnel and has been approved for such activity by the Department of Public Health;

(30) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport; [and]

(31) "Authorized emergency medical services vehicle" means an ambulance, invalid coach or advanced emergency technician-staffed intercept vehicle or a paramedic-staffed intercept vehicle licensed or certified by the Department of Public Health for purposes of providing emergency medical care to patients; [.]

(32) "Mobile integrated health care program" means a program

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approved by the commissioner in which a licensed or certified ambulance service or paramedic intercept service provides services, including clinically appropriate medical evaluations, treatment, transport or referrals to other health care providers under nonemergency conditions by a paramedic acting within the scope of his or her practice as part of an emergency medical services organization within the emergency medical services system; and

(33) "Alternate destination" means a destination other than an emergency department that is a medically appropriate facility.

Sec. 65. Section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The commissioner shall:

(1) With the advice of the Office of Emergency Medical Services established pursuant to section 19a-178 and of an advisory committee on emergency medical services and with the benefit of meetings held pursuant to subsection (b) of section 19a-184, adopt every five years a state-wide plan for the coordinated delivery of emergency medical services;

(2) License or certify the following: (A) Ambulance operations, ambulance drivers, emergency medical services personnel and communications personnel; (B) emergency room facilities and communications facilities; and (C) transportation equipment, including land, sea and air vehicles used for transportation of patients to emergency facilities and periodically inspect life saving equipment, emergency facilities and emergency transportation vehicles to ensure state standards are maintained;

(3) Annually inventory emergency medical services resources within the state, including facilities, equipment, and personnel, for the purposes of determining the need for additional services and the

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effectiveness of existing services;

(4) Review and evaluate all area-wide plans developed by the emergency medical services councils pursuant to section 19a-182, as amended by this act, in order to insure conformity with standards issued by the commissioner;

(5) Not later than thirty days after their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;

(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational procedures; (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; [and] (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services; and (E) mobile integrated health care programs, which shall include, but not be limited to, the standards to ensure the health, safety and welfare of the patients being served by such programs and data collection and reporting requirements to ensure and measure quality outcomes of such programs;

(7) Coordinate training of all personnel related to emergency

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medical services;

(8) (A) Develop an emergency medical services data collection system. Each emergency medical service organization licensed or certified pursuant to chapter 386d shall submit data to the commissioner, on a quarterly basis, from each licensed ambulance service, certified ambulance service or paramedic intercept service that provides emergency medical services. Such submitted data shall include, but not be limited to: (i) The total number of calls for emergency medical services received by such licensed ambulance service, certified ambulance service or paramedic intercept service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service, certified ambulance service or paramedic intercept service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls, both made and received, during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The data required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service, certified ambulance service or paramedic intercept service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service, certified ambulance service or paramedic intercept service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported data.

(B) On or before December 31, 2018, and annually thereafter, the

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commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, as amended by this act, that shall include, but not be limited to, the following data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

(C) If any licensed ambulance service, certified ambulance service or paramedic intercept service does not submit the data required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service, certified ambulance service or paramedic intercept service knowingly or intentionally submitted incomplete or false data, the commissioner shall issue a written order directing such licensed ambulance service, certified ambulance service or paramedic intercept service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing data or such corrected data as the commissioner may require. If such licensed ambulance service, certified ambulance service or paramedic intercept service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in

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accordance with chapter 54, at which such licensed ambulance service, certified ambulance service or paramedic intercept service shall be required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take such disciplinary action under section 19a-17, as amended by this act, as the commissioner deems appropriate.

(D) The commissioner shall collect the data required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each emergency medical service organization licensed or certified pursuant to this chapter. Any such emergency medical service organization that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report the required data regarding emergency medical services provided to a patient, as determined by the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt from the civil penalties set forth in this subparagraph.

(E) The commissioner shall, with the recommendation of the Connecticut Emergency Medical Services Advisory Board established pursuant to section 19a-178a, as amended by this act, adopt for use in trauma data collection the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and

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nationally recognized guidelines for field triage of injured patients.

(9) (A) Establish rates for the conveyance and treatment of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services and paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance [service] services and paramedic intercept services shall not include emergency air transport services or mobile integrated health care programs.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services, certified ambulance services and paramedic intercept services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial

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information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services, certified ambulance services and paramedic intercept services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service, certified ambulance service or paramedic intercept service that is not applying for a rate increase, a written declaration by such licensed ambulance service, certified ambulance service or paramedic intercept service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services, certified ambulance services and paramedic intercept services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service, certified ambulance service or paramedic intercept service.

(C) Establish rates for licensed ambulance services, certified ambulance services or paramedic intercept services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms have the meanings provided in 42 CFR 414.605; and (ii) mileage, which may include mileage for an ambulance transport when the point of origin and final destination for

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a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision. [;]

(D) Establish rates for the treatment and release of patients by a licensed or certified emergency medical services organization or a provider who does not transport such patients to an emergency department and who is operating within the scope of such organization's or provider's practice and following protocols approved by the sponsor hospital. The rates established pursuant to this subparagraph shall not apply to the treatment provided to patients through mobile integrated health care programs;

(10) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical service system and submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;

(11) Establish primary service areas and assign in writing a primary service area responder for each primary service area. Each state-owned campus having an acute care hospital on the premises shall be

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designated as the primary service area responder for that campus;

(12) Revoke primary service area assignments upon determination by the commissioner that it is in the best interests of patient care to do so; and

(13) Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical service organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical service organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

Sec. 66. (NEW) (*Effective July 1, 2019*) (a) A licensed or certified emergency medical services organization or provider may transport a patient by ambulance to an alternate destination, in consultation with the medical director of a sponsor hospital.

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

Sec. 67. Subdivision (12) of subsection (a) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(12) "Telehealth provider" means any physician licensed under chapter 370, physical therapist licensed under chapter 376, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under

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chapter 380, registered nurse or advanced practice registered nurse licensed under chapter 378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family therapist licensed under chapter 383a, clinical social worker or master social worker licensed under chapter 383b, alcohol and drug counselor licensed under chapter 376b, professional counselor licensed under chapter 383c, dietitian-nutritionist certified under chapter 384b, speech and language pathologist licensed under chapter 399, respiratory care practitioner licensed under chapter 381a, audiologist licensed under chapter 397a, [or] pharmacist licensed under chapter 400j [] or paramedic licensed pursuant to chapter 384d who is providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession.

Sec. 68. Section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) No person shall operate any ambulance service, paramedic intercept service or rescue service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service or any ambulance service or paramedic intercept service that is operated and maintained by a state agency and that shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, paramedic intercept service or rescue service or any ambulance service or paramedic intercept service that is operated and maintained by a state agency, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed

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by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of two hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services or the establishment of mobile integrated health care programs in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services or mobile integrated health care programs would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder that operates in the service area identified in the application shall, upon request, be granted intervenor status with opportunity for cross-examination. Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or

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death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, paramedic intercept service, [or] rescue service or mobile integrated health care program, the commissioner shall issue the appropriate license effective for one year to such applicant or authorize the establishment of a mobile integrated health care program. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

(b) On or after January 1, 2020, within available appropriations, the commissioner may authorize an emergency medical services organization that furnishes evidence satisfactory to the commissioner that such organization has met the requirements of this section to establish a mobile integrated health care program under the provisions of such organization's current license or certification. Emergency medical services organizations requesting approval to establish such mobile integrated health care program shall use the forms prescribed by the commissioner and shall submit such application to the commissioner. No emergency medical services organization shall provide a mobile integrated health care program unless authorized by the commissioner to provide such program. The commissioner may implement policies and procedures to administer the mobile integrated health care programs established in accordance with this section. The commissioner shall post such policies and procedures to the department's Internet web site and the eRegulations System not later than twenty days after the date of implementation.

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[(b)] (c) Any person or emergency medical service organization that does not maintain standards or violates regulations adopted under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17, as amended by this act, after notice by certified mail to such person or organization of the facts or conduct that warrant the intended action. Such person or emergency medical service organization shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or person of reports, records, tapes or other documents that concern the allegations under investigation. All records obtained by the commissioner in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records that are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

[(c)] (d) Any person or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.

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[(d)] (e) Any person who commits any of the following acts shall be guilty of a class C misdemeanor: (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance, invalid coach, paramedic intercept vehicle or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician; (5) in any respect wilfully violating or failing to comply with any provision of this chapter or wilfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof; or (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter.

[(e)] (f) No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service or a mobile integrated health care program provider unless such person is licensed, [or] certified or authorized pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

[(f)] (g) Each licensed or certified emergency medical service

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organization shall: (1) Ensure that its emergency medical personnel, whether such personnel are employees or contracted through an employment agency or personnel pool, are appropriately licensed or certified by the Department of Public Health to perform their job duties and that such licenses or certifications remain valid; (2) ensure that any employment agency or personnel pool, from which the emergency medical service organization obtains personnel meets the required general liability and professional liability insurance limits described in subsection (a) of this section and that all persons performing work or volunteering for the medical service organization are covered by such insurance; and (3) secure and maintain medical oversight, as defined in section 19a-175, as amended by this act, by a sponsor hospital, as defined in section 19a-175, as amended by this act.

[(g)] (h) Each applicant whose request for new or expanded emergency medical services or the establishment of a mobile integrated health care program is approved shall, not later than six months after the date of such approval, acquire the necessary resources, equipment and other material necessary to comply with the terms of the approval and operate in the service area identified in the application. If the applicant fails to do so, the approval for new or expanded medical services or the establishment of a mobile integrated health care program shall be void and the commissioner shall rescind the approval.

[(h)] (i) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service or any ambulance service or paramedic intercept service operated and maintained by a state agency that is licensed or certified and is a primary service area responder may apply to the commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the commissioner. No such volunteer, hospital-based or municipal ambulance service or any ambulance

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service or paramedic intercept service operated and maintained by a state agency may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer, hospital-based or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

[(i)] (j) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection [(h)] (i) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection [(h)] (i) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

[(j)] Notwithstanding the provisions of subsection (a) of this section, any ambulance service or paramedic intercept service operated and

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maintained by a state agency on or before October 1, 2014, that notifies the Department of Public Health's Office of Emergency Medical Services, in writing, not later than September 1, 2014, of such operation and attests to the ambulance service or paramedic intercept service being in compliance with all statutes and regulations concerning such operation (1) shall be deemed certified by the Commissioner of Public Health, or (2) shall be deemed licensed by the Commissioner of Public Health if such ambulance service or paramedic intercept service levies charges for emergency and nonemergency services.]

(k) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and a primary service area responder may apply to the commissioner, on a short form application prescribed by the commissioner, to change the address of a principal or branch location within its primary service area. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to change principal or branch locations. Unless a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner and requests a hearing on such application not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need to change the address of a principal or branch location within its primary service area at a public hearing as required under subsection (a) of this section.

(l) The commissioner shall develop a short form application for primary service area responders seeking to change the address of a principal or branch location pursuant to subsection (k) of this section.

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The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the new address where the principal or branch is to be located, (3) an explanation as to why the principal or branch location is being moved, and (4) a list of the providers to whom notice was sent pursuant to subsection (k) of this section and proof of such notification.

(m) Notwithstanding the provisions of subsection (b) of this section, any ambulance service assigned as the primary service area responder for a primary service area on or before September 1, 2019, that notifies the Department of Public Health's Office of Emergency Medical Services, in writing, not later than October 1, 2019, of such assignment and attests to the ambulance service being in compliance with all statutes and regulations concerning the operation of such ambulance service shall be deemed authorized by the Commissioner of Public Health as the authorized mobile integrated health care program for the primary service area within which the ambulance service is the primary service area responder.

Sec. 69. Section 19a-193a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) Except as provided in subsection [(b)] (c) of this section and subject to the provisions of sections 19a-177, as amended by this act, 38a-498 and 38a-525, any person who receives emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service or paramedic intercept service shall be liable to such ambulance service for the reasonable and necessary costs of providing such services, irrespective of whether such person agreed or consented to such liability.

(b) Except as provided in subsection (c) of this section, any person who receives medical services or transport services under

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nonemergency conditions from a mobile integrated health care program shall be liable to such mobile health care integrated program for the reasonable and necessary costs of providing such services.

[(b)] (c) The provisions of this section shall not apply to any person who receives emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service, [or] paramedic intercept service or mobile integrated health care program for an injury arising out of and in the course of [his] such person's employment as defined in section 31-275.

Sec. 70. Subdivision (75) of section 12-81 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(75) Any real or personal property which (1) is owned or leased by an entity considered to be a nonprofit organization for purposes of Section 501(c)(3) of the Internal Revenue Service of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, and (2) is the location of or located at an institution licensed by the state pursuant to chapter 368v and described in subsection (c) or (o) of section 19a-490. This subdivision shall not affect (1) the taxability in assessment years commencing on or after October 1, 2000, of any such property that was taxable on the net grand list, as adjusted by the board of assessment appeals, next preceding June 1, 2000, or (2) any time-limited written agreement in existence on June 1, 2000, with any municipality regarding the taxability of any such property;

Sec. 71. Subdivision (5) of section 17b-520 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(5) "Resident" means any person entitled to receive present or future

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shelter, care and medical or nursing services or other health-related benefits pursuant to a continuing-care contract, provided nothing in this section and sections 17b-521 to 17b-535, inclusive, shall affect rights otherwise afforded to residents while they are patients in health care facilities as defined in subsections (a), (b), [and] (c) and (o) of section 19a-490;

Sec. 72. Section 19a-123 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

For purposes of this section and sections 19a-123b to 19a-123d, inclusive: "Nursing pool" means any person, firm, corporation, limited liability company, partnership or association engaged for a fee in the business of employing and providing health care personnel on a temporary basis to one or more health care institutions, as defined in [subsection] subsections (c) and (o) of section 19a-490, and does not include: (1) A licensed health care institution or subsidiary thereof which supplies temporary health care personnel to its own institution only and does not charge a fee to such institution or (2) an individual who offers only his own personal services on a temporary basis.

Sec. 73. Subsection (b) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) If any person acting individually or jointly with any other person owns real property or any improvements thereon, upon or within which an institution, as defined in [subsection] subsections (c) and (o) of section 19a-490, is established, conducted, operated or maintained and is not the licensee of the institution, such person shall submit a copy of the lease agreement to the department at the time of any change of ownership and with each license renewal application. The lease agreement shall, at a minimum, identify the person or entity responsible for the maintenance and repair of all buildings and

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structures within which such an institution is established, conducted or operated. If a violation is found as a result of an inspection or investigation, the commissioner may require the owner to sign a consent order providing assurances that repairs or improvements necessary for compliance with the provisions of the Public Health Code shall be completed within a specified period of time or may assess a civil penalty of not more than one thousand dollars for each day that such owner is in violation of the Public Health Code or a consent order. A consent order may include a provision for the establishment of a temporary manager of such real property who has the authority to complete any repairs or improvements required by such order. Upon request of the Commissioner of Public Health, the Attorney General may petition the Superior Court for such equitable and injunctive relief as such court deems appropriate to ensure compliance with the provisions of a consent order. The provisions of this subsection shall not apply to any property or improvements owned by a person licensed in accordance with the provisions of subsection (a) of this section to establish, conduct, operate or maintain an institution on or within such property or improvements.

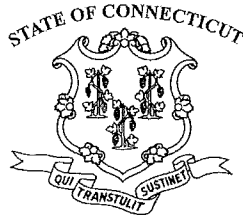
Sec. 74. Subdivision (4) of subsection (b) of section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 75. Subsection (bb) of section 32-23d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(bb) "Health care project" means any project which is to be used or occupied by any person for the providing of services in any residential

7



Substitute Senate Bill No. 1052

Public Act No. 19-76

AN ACT EXPANDING MEDICAID COVERAGE OF TELEHEALTH SERVICES.

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

Section 1. Section 17b-245e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) For purposes of this section: (1) "Commissioner" means the Commissioner of Social Services; (2) "department" means the Department of Social Services; and (3) "telehealth" has the same meaning as provided in section 19a-906.

(b) The department shall [, within available state and federal resources,] provide coverage under the Medicaid program for telehealth services for categories of health care services that the commissioner determines are (1) clinically appropriate to be provided by means of telehealth, (2) cost effective for the state, and (3) likely to expand access to medically necessary services where there is a clinical need for those services to be provided by telehealth or for Medicaid recipients for whom accessing appropriate health care services poses an undue hardship. The commissioner may provide coverage of telehealth services pursuant to this section notwithstanding any provision of the regulations of Connecticut state agencies that would

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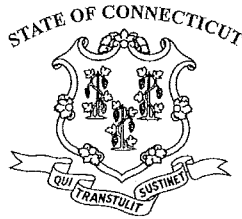
otherwise prohibit coverage of telehealth services. The commissioner may implement policies and procedures as necessary to carry out the provisions of this section while in the process of adopting the policies and procedures as regulations, provided notice of intent to adopt the regulations is published in accordance with the provisions of section 17b-10.

(c) The commissioner shall seek any federal waiver or amend the Medicaid state plan as necessary to attempt to secure federal reimbursement for the costs of providing such coverage under the Medicaid program. An application for such waiver or proposed amendment to the Medicaid state plan shall be submitted to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies as required under the provisions of section 17b-8.

(d) Not later than [January 1, 2018] August 1, 2020, the commissioner shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and public health [concerning the telehealth services provided to Medicaid recipients, if any, in accordance with the provisions of this section] on (1) the categories of health care services in which the department is utilizing telehealth services, (2) in what cities or regions of the state such services are being offered, and (3) any cost savings realized by the state by providing telehealth services.

Approved June 28, 2019

8



House Bill No. 5213

Public Act No. 19-133

**AN ACT EXPANDING REQUIRED HEALTH INSURANCE
COVERAGE FOR HEARING AIDS.**

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

Section 1. Section 38a-490b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

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 coverage for hearing aids. [for children twelve years of age or younger.] Such hearing aids shall be considered durable medical equipment under the policy and the policy may limit the hearing aid benefit to one [thousand dollars] hearing aid per ear within a twenty-four-month period.

Sec. 2. Section 38a-516b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

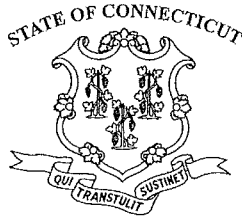
Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for hearing aids. [for children twelve years of age or younger.] Such hearing aids shall be considered durable

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medical equipment under the policy and the policy may limit the hearing aid benefit to one [thousand dollars] hearing aid per ear within a twenty-four-month period.

Approved July 1, 2019

9



House Bill No. 5521

Public Act No. 19-134

**AN ACT EXPANDING REQUIRED HEALTH INSURANCE
COVERAGE FOR PREEXISTING CONDITIONS.**

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

Section 1. Section 38a-476 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) For the purposes of this section:

(1) "Health insurance plan" means any hospital and medical expense incurred policy, hospital or medical service plan contract and health care center subscriber contract. "Health insurance plan" does not include (A) [short-term health insurance issued on a nonrenewable basis with a duration of six months or less,] accident only, credit, dental, vision, Medicare supplement, long-term care or disability insurance, hospital indemnity coverage, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payments insurance, or insurance under which beneficiaries are payable without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance, or (B) policies of specified disease or limited benefit health insurance, provided the carrier offering such policies files on or before March first of each year

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a certification with the Insurance Commissioner that contains the following: (i) A statement from the carrier certifying that such policies are being offered and marketed as supplemental health insurance and not as a substitute for hospital or medical expense insurance; (ii) a summary description of each such policy including the average annual premium rates, or range of premium rates in cases where premiums vary by age, gender or other factors, charged for such policies in the state; and (iii) in the case of a policy that is described in this subparagraph and that is offered for the first time in this state on or after October 1, 1993, the carrier files with the commissioner the information and statement required in this subparagraph at least thirty days prior to the date such policy is issued or delivered in this state.

(2) "Insurance arrangement" means any "multiple employer welfare arrangement", as defined in Section 3 of the Employee Retirement Income Security Act of 1974, as amended from time to time, except for any such arrangement that is fully insured within the meaning of Section 514(b)(6) of said act, as amended from time to time.

(3) "Preexisting conditions provision" means a policy provision that limits or excludes benefits relating to a condition based on the fact that the condition was present before the effective date of coverage, [for which] whether or not any medical advice, diagnosis, care or treatment was recommended or received before such effective date. [Routine follow-up care to determine whether a breast cancer has reoccurred in a person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment for purposes of this section unless evidence of breast cancer is found during or as a result of such follow-up.] Genetic information shall not be treated as a condition in the absence of a diagnosis of the condition related to such information. Pregnancy shall not be considered a preexisting condition.

(4) "Applicable waiting period" means the period of time imposed

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by the group policyholder or contractholder before an individual is eligible for participating in the group policy or contract.

(b) (1) No group health insurance plan or insurance arrangement shall impose a preexisting conditions provision on any individual.

(2) No individual health insurance plan or insurance arrangement shall impose a preexisting conditions provision on any individual.

(3) No insurance company, fraternal benefit society, hospital service corporation, medical service corporation or health care center shall refuse to issue an individual health insurance plan or insurance arrangement to any individual solely on the basis that such individual has a preexisting condition.

[(c) (1) Notwithstanding the provisions of subsection (a) of this section, a short-term health insurance policy issued on a nonrenewable basis for six months or less that imposes a preexisting conditions provision shall be subject to the following conditions: (A) No such preexisting conditions provision shall exclude coverage beyond twelve months following the insured's effective date of coverage; (B) such preexisting conditions provision may only relate to conditions, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received during the twenty-four months immediately preceding the effective date of coverage; and (C) any policy, application or sales brochure issued for such short-term health insurance policy that imposes such preexisting conditions provision shall disclose in a conspicuous manner in not less than fourteen-point boldface type the following statement:

"THIS POLICY EXCLUDES COVERAGE FOR CONDITIONS FOR WHICH MEDICAL ADVICE, DIAGNOSIS, CARE OR TREATMENT WAS RECOMMENDED OR RECEIVED DURING THE TWENTY-FOUR MONTHS IMMEDIATELY PRECEDING THE EFFECTIVE

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DATE OF COVERAGE."

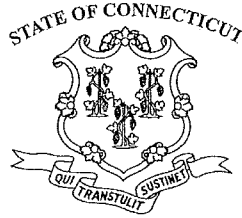
(2) In the event an insurer or health care center issues two consecutive short-term health insurance policies on a nonrenewable basis for six months or less that impose a preexisting conditions provision to the same individual, the insurer or health care center shall reduce the preexisting conditions exclusion period in the second policy by the period of time such individual was covered under the first policy. If the same insurer or health care center issues a third or subsequent such short-term health insurance policy to the same individual, such insurer or health care center shall reduce the preexisting conditions exclusion period in the third or subsequent policy by the cumulative time covered under the prior policies. Nothing in this section shall be construed to require such short-term health insurance policy to be issued on a guaranteed issue or guaranteed renewable basis.]

Sec. 2. Section 38a-503a of the general statutes is repealed. (*Effective January 1, 2020*)

Sec. 3. Section 38a-530a of the general statutes is repealed. (*Effective January 1, 2020*)

Approved July 1, 2019

10



House Bill No. 5004

Public Act No. 19-4

AN ACT INCREASING THE MINIMUM FAIR WAGE.

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

Section 1. Subsection (i) of section 31-58 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(i) "Minimum fair wage" in any industry or occupation in this state means: [a]

(1) A wage of not less than six dollars and seventy cents per hour, and effective January 1, 2003, not less than six dollars and ninety cents per hour, and effective January 1, 2004, not less than seven dollars and ten cents per hour, and effective January 1, 2006, not less than seven dollars and forty cents per hour, and effective January 1, 2007, not less than seven dollars and sixty-five cents per hour, and effective January 1, 2009, not less than eight dollars per hour, and effective January 1, 2010, not less than eight dollars and twenty-five cents per hour, and effective January 1, 2014, not less than eight dollars and seventy cents per hour, and effective January 1, 2015, not less than nine dollars and fifteen cents per hour, and effective January 1, 2016, not less than nine dollars and sixty cents per hour, and effective January 1, 2017, not less than ten dollars and ten cents per hour, and effective October 1, 2019,

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not less than eleven dollars per hour, and effective September 1, 2020, not less than twelve dollars per hour, and effective August 1, 2021, not less than thirteen dollars per hour, and effective July 1, 2022, not less than fourteen dollars per hour, and effective June 1, 2023, not less than fifteen dollars per hour. On October 15, 2023, and on each October fifteenth thereafter, the Labor Commissioner shall announce the adjustment in the minimum fair wage which shall become the new minimum fair wage and shall be effective on January first immediately following. On January 1, 2024, and not later than each January first thereafter, the minimum fair wage shall be adjusted by the percentage change in the employment cost index, or its successor index, for wages and salaries for all civilian workers, as calculated by the United States Department of Labor, over the twelve-month period ending on June thirtieth of the preceding year, rounded to the nearest whole cent.

(2) In no event shall the minimum fair wage be less than the amount established under subdivision (1) of this subsection, or one-half of one per cent rounded to the nearest whole cent more than the highest federal minimum wage, whichever is greater, except as may otherwise be established in accordance with the provisions of this part.

(3) All wage orders in effect on October 1, 1971, wherein a lower minimum fair wage has been established, are amended to provide for the payment of the minimum fair wage herein established except as hereinafter provided.

(4) Whenever the highest federal minimum wage is increased, the minimum fair wage established under this part shall be increased to the amount of said federal minimum wage plus one-half of one per cent more than said federal rate, rounded to the nearest whole cent, effective on the same date as the increase in the highest federal minimum wage, and shall apply to all wage orders and administrative regulations then in force.

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(5) The rates for [learners, beginners, and] all persons under the age of eighteen years, except emancipated minors, shall be not less than eighty-five per cent of the minimum fair wage for the first [two hundred hours] ninety days of such employment, or ten dollars and ten cents per hour, whichever is greater, and shall be equal to the minimum fair wage thereafter, except in institutional training programs specifically exempted by the commissioner.

(6) After two consecutive quarters of negative growth in the state's real gross domestic product, as reported by the Bureau of Economic Analysis of the United States Department of Commerce, the Labor Commissioner shall report his or her recommendations, in writing, to the Governor regarding whether any scheduled increases in the minimum fair wage pursuant to this section should be suspended. Upon receiving the report, the Governor may submit his or her recommendations regarding the suspension of such minimum fair wage increases to the General Assembly.

Sec. 2. Section 31-60 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) [Any] Except as provided in subdivision (5) of subsection (i) of section 31-58, as amended by this act, any employer who pays or agrees to pay to an employee less than the minimum fair wage or overtime wage shall be deemed in violation of the provisions of this part.

(b) The Labor Commissioner shall adopt such regulations, in accordance with the provisions of chapter 54, as may be appropriate to carry out the purposes of this part. Such regulations may include, but are not limited to, regulations defining and governing an executive, administrative or professional employee and outside salesperson; learners and apprentices, their number, proportion and length of service; and piece rates in relation to time rates; and shall recognize, as

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part of the minimum fair wage, gratuities in an amount (1) equal to twenty-nine and three-tenths per cent, and effective January 1, 2009, equal to thirty-one per cent of the minimum fair wage per hour, and effective January 1, 2014, equal to thirty-four and six-tenths per cent of the minimum fair wage per hour, and effective January 1, 2015, and ending on June 30, 2019, equal to thirty-six and eight-tenths per cent of the minimum fair wage per hour for persons, other than bartenders, who are employed in the hotel and restaurant industry, including a hotel restaurant, who customarily and regularly receive gratuities, (2) equal to eight and two-tenths per cent, and effective January 1, 2009, equal to eleven per cent of the minimum fair wage per hour, and effective January 1, 2014, equal to fifteen and six-tenths per cent of the minimum fair wage per hour, and effective January 1, 2015, and ending on June 30, 2019, equal to eighteen and one-half per cent of the minimum fair wage per hour for persons employed as bartenders who customarily and regularly receive gratuities, and (3) not to exceed thirty-five cents per hour in any other industry, and shall also recognize deductions and allowances for the value of board, in the amount of eighty-five cents for a full meal and forty-five cents for a light meal, lodging, apparel or other items or services supplied by the employer; and other special conditions or circumstances which may be usual in a particular employer-employee relationship. The commissioner may provide, in such regulations, modifications of the minimum fair wage herein established for learners and apprentices; persons under the age of eighteen years; and for such special cases or classes of cases as the commissioner finds appropriate to prevent curtailment of employment opportunities, avoid undue hardship and safeguard the minimum fair wage herein established. Regulations in effect on July 1, 1973, providing for a board deduction and allowance in an amount differing from that provided in this section shall be construed to be amended consistent with this section.

(c) Regulations adopted by the commissioner pursuant to

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subsection (b) of this section which define executive, administrative and professional employees shall be updated not later than October 1, 2000, and every four years thereafter, to specify that such persons shall be compensated on a salary basis at a rate determined by the Labor Commissioner.

(d) (1) Effective July 1, 2019, the Labor Commissioner shall recognize, as part of the minimum fair wage, gratuities in an amount equal to the difference between the minimum fair wage and the employer's share per hour for persons, other than bartenders, who are employed in the hotel and restaurant industry, including a hotel restaurant, who customarily and regularly receive gratuities. The Labor Commissioner shall also recognize, as part of the subminimum wage established in subdivision (5) of subsection (i) of section 31-58, as amended by this act, gratuities in an amount equal to the difference between such subminimum wage and the employer's share per hour for persons, other than bartenders, who are employed in the hotel and restaurant industry, including a hotel restaurant, who customarily and regularly receive gratuities.

(2) Effective July 1, 2019, the Labor Commissioner shall recognize, as part of the minimum fair wage, gratuities in an amount equal to the difference between the minimum fair wage and the employer's share per hour for persons employed as bartenders who customarily and regularly receive gratuities.

(3) As used in this subsection "employer's share" means (A) six dollars and thirty-eight cents per hour for persons, other than bartenders, who are employed in the hotel and restaurant industry, including a hotel restaurant, who customarily and regularly receive gratuities, and (B) eight dollars and twenty-three cents per hour for persons employed as bartenders who customarily and regularly receive gratuities.

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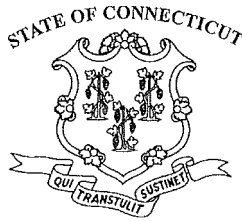
(e) On and after October 1, 2020, no employer may take any action to displace an employee, including, but not limited to, a partial displacement of an employee, such as reducing the employee's hours, wages or employment benefits, for purposes of hiring persons under the age of eighteen years at a rate below the minimum fair wage. If the Labor Commissioner determines that an employer has violated this subsection, the commissioner shall suspend the employer's right to pay the reduced rate for employees for a period of time specified in regulations adopted pursuant to subsection (b) of this section.

Sec. 3. (*Effective from passage*) (a) The Labor Commissioner shall conduct a study regarding workers in this state who receive gratuities. The commissioner may consult with any individuals or entities the commissioner deems relevant to the purposes of the study. When the study is concluded, the commissioner shall make recommendations regarding the optimal methods of obtaining the following information: (1) Which groups of workers in this state receive compensation in the form of gratuities, (2) the demographics of such workers, (3) the amount of gratuities received by such workers, and (4) any difference in wage growth between workers who receive gratuities and workers who do not receive gratuities. Such study shall include an estimate of the potential costs associated with the commissioner's recommendations.

(b) Not later than January 17, 2020, the commissioner shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to labor of the findings of such study.

Approved May 28, 2019

11



Substitute Senate Bill No. 3

Public Act No. 19-16

AN ACT COMBATTING SEXUAL ASSAULT AND SEXUAL HARASSMENT.

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

Section 1. Section 46a-54 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The commission shall have the following powers and duties:

- (1) To establish and maintain such offices as the commission may deem necessary;
- (2) To organize the commission into a division of affirmative action monitoring and contract compliance, a division of discriminatory practice complaints and such other divisions, bureaus or units as may be necessary for the efficient conduct of business of the commission;
- (3) To employ legal staff and commission legal counsel as necessary to perform the duties and responsibilities under section 46a-55, as amended by this act. One commission legal counsel shall serve as supervising attorney. Each commission legal counsel shall be admitted to practice law in this state;
- (4) To appoint such investigators and other employees and agents as

Substitute Senate Bill No. 3

it deems necessary, fix their compensation within the limitations provided by law and prescribe their duties;

(5) To adopt, publish, amend and rescind regulations consistent with and to effectuate the provisions of this chapter;

(6) To establish rules of practice to govern, expedite and effectuate the procedures set forth in this chapter;

(7) To recommend policies and make recommendations to agencies and officers of the state and local subdivisions of government to effectuate the policies of this chapter;

(8) To receive, initiate as provided in section 46a-82, as amended by this act, investigate and mediate discriminatory practice complaints;

(9) By itself or with or by hearing officers or human rights referees, to hold hearings, subpoena witnesses and compel their attendance, administer oaths, take the testimony of any person under oath and require the production for examination of any books and papers relating to any matter under investigation or in question;

(10) To make rules as to the procedure for the issuance of subpoenas by individual commissioners, hearing officers and human rights referees;

(11) To require written answers to interrogatories under oath relating to any complaint under investigation pursuant to this chapter alleging any discriminatory practice as defined in subdivision (8) of section 46a-51, as amended by this act, and to adopt regulations, in accordance with the provisions of chapter 54, for the procedure for the issuance of interrogatories and compliance with interrogatory requests;

(12) To utilize such voluntary and uncompensated services of

Substitute Senate Bill No. 3

private individuals, agencies and organizations as may from time to time be offered and needed and with the cooperation of such agencies, (A) to study the problems of discrimination in all or specific fields of human relationships, and (B) to foster through education and community effort or otherwise good will among the groups and elements of the population of the state;

(13) To require the posting by an employer, employment agency or labor organization of such notices regarding statutory provisions as the commission shall provide;

(14) To require the posting, by any respondent or other person subject to the requirements of section 46a-64, 46a-64c, 46a-81d or 46a-81e, of such notices of statutory provisions as it deems desirable;

(15) [(A)] To require an employer having three or more employees to (A) post in a prominent and accessible location information concerning the illegality of sexual harassment and remedies available to victims of sexual harassment, (B) provide, not later than three months after the employee's start date with the employer, a copy of the information concerning the illegality of sexual harassment and remedies available to victims of sexual harassment to each employee by electronic mail with a subject line that includes the words "Sexual Harassment Policy" or words of similar import, if (i) the employer has provided an electronic mail account to the employee, or (ii) the employee has provided the employer with an electronic mail address, provided if an employer has not provided an electronic mail account to the employee, the employer shall post the information concerning the illegality of sexual harassment and remedies available to victims of sexual harassment on the employer's Internet web site, if the employer maintains such an Internet web site. An employer may comply with the requirements of this subparagraph, by providing an employee with the link to the commission's Internet web site concerning the illegality of sexual harassment and the remedies available to victims of sexual

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harassment by electronic mail, text message or in writing; and [(B) to require an employer having fifty or more employees to] (C) provide two hours of training and education to [all supervisory] employees within one year of October 1, [1992, and to all new supervisory employees within six months of their assumption of a supervisory position] 2019, provided any employer who has provided such training and education to any such employees after October 1, [1991] 2018, shall not be required to provide such training and education a second time. An employer having (i) three or more employees, shall provide such training and education to an employee hired on or after October 1, 2019, not later than six months after the date of his or her hire, provided the commission has developed and made available such training and education materials in accordance with the provisions of subdivision (8) of subsection (a) of section 46a-56, as amended by this act; or (ii) less than three employees shall provide such training and education to all supervisory employees within one year of October 1, 2019, and to all new supervisory employees within six months of their assumption of a supervisory position, provided any employer who has provided such training and education to any such supervisory employees after October 1, 2018, shall not be required to provide such training and education a second time. Any supervisory employee hired on or after October 1, 2019, by an employer having less than three employees, shall receive such training and education not later than six months after the date of his or her hire, provided the commission has developed and made available such training and education materials in accordance with the provisions of subdivision (8) of subsection (a) of section 46a-56, as amended by this act. Such training and education shall include information concerning the federal and state statutory provisions concerning sexual harassment and remedies available to victims of sexual harassment. An employer who is required to provide training under this subdivision shall provide periodic supplemental training that updates all supervisory and nonsupervisory employees on the content of such training and

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education not less than every ten years. As used in this subdivision, "sexual harassment" has the same meaning as provided in subdivision (8) of subsection (b) of section 46a-60, as amended by this act, and "employer" includes the General Assembly and "employee" means any individual employed by an employer, including an individual employed by such individual's parent, spouse or child;

(16) To require each state agency that employs one or more employees to (A) provide a minimum of three hours of diversity training and education (i) to all supervisory and nonsupervisory employees, not later than July 1, 2002, with priority for such training to supervisory employees, and (ii) to all newly hired supervisory and nonsupervisory employees, not later than six months after their assumption of a position with a state agency, with priority for such training to supervisory employees. Such training and education shall include information concerning the federal and state statutory provisions concerning discrimination and hate crimes directed at protected classes and remedies available to victims of discrimination and hate crimes, standards for working with and serving persons from diverse populations and strategies for addressing differences that may arise from diverse work environments; and (B) submit an annual report to the Commission on Human Rights and Opportunities concerning the status of the diversity training and education required under subparagraph (A) of this subdivision. The information in such annual reports shall be reviewed by the commission for the purpose of submitting an annual summary report to the General Assembly. Notwithstanding the provisions of this section, if a state agency has provided such diversity training and education to any of its employees prior to October 1, 1999, such state agency shall not be required to provide such training and education a second time to such employees. The requirements of this subdivision shall be accomplished within available appropriations. As used in this subdivision, "employee" [shall include] includes any part-time employee who works more than

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twenty hours per week;

(17) To require each agency to submit information demonstrating its compliance with subdivision (16) of this section as part of its affirmative action plan and to receive and investigate complaints concerning the failure of a state agency to comply with the requirements of subdivision (16) of this section; and

(18) To enter into contracts for and accept grants of private or federal funds and to accept gifts, donations or bequests, including donations of service by attorneys.

Sec. 2. Subdivision (8) of section 46a-51 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(8) "Discriminatory practice" means a violation of section 4a-60, 4a-60a, 4a-60g, 31-40y, subdivisions (15) to (17), inclusive, of section 46a-54, as amended by this act, 46a-58, 46a-59, 46a-60, as amended by this act, 46a-64, 46a-64c, 46a-66, 46a-68, as amended by this act, 46a-68c to 46a-68f, inclusive, or 46a-70 to 46a-78, inclusive, subsection (a) of section 46a-80 or sections 46a-81b to 46a-81o, inclusive;

Sec. 3. Subsection (a) of section 46a-56 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The commission shall:

(1) Investigate the possibilities of affording equal opportunity of profitable employment to all persons, with particular reference to job training and placement;

(2) Compile facts concerning discrimination in employment, violations of civil liberties and other related matters;

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(3) Investigate and proceed in all cases of discriminatory practices as provided in this chapter and noncompliance with the provisions of section 4a-60 or 4a-60a or sections 46a-68c to 46a-68f, inclusive;

(4) From time to time, but not less than once a year, report to the Governor as provided in section 4-60, making recommendations for the removal of such injustices as it may find to exist and such other recommendations as it deems advisable and describing the investigations, proceedings and hearings it has conducted and their outcome, the decisions it has rendered and the other work it has performed;

(5) Monitor state contracts to determine whether they are in compliance with sections 4a-60 and 4a-60a, and those provisions of the general statutes which prohibit discrimination; [and]

(6) Compile data concerning state contracts with female and minority business enterprises and submit a report annually to the General Assembly concerning the employment of such business enterprises as contractors and subcontractors; [.]

(7) Develop and include on the commission's Internet web site a link concerning the illegality of sexual harassment, as defined in section 46a-60, as amended by this act, and the remedies available to victims of sexual harassment; and

(8) Develop and make available at no cost to employers an online training and education video or other interactive method of training and education that fulfills the requirements prescribed in subdivision (15) of section 46a-54, as amended by this act.

Sec. 4. Subdivision (8) of subsection (b) of section 46a-60 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

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(8) For an employer, by the employer or the employer's agent, for an employment agency, by itself or its agent, or for any labor organization, by itself or its agent, to harass any employee, person seeking employment or member on the basis of sex or gender identity or expression. ["Sexual harassment" shall, for the purposes of this subdivision, be defined as] If an employer takes immediate corrective action in response to an employee's claim of sexual harassment, such corrective action shall not modify the conditions of employment of the employee making the claim of sexual harassment unless such employee agrees, in writing, to any modification in the conditions of employment. "Corrective action" taken by an employer, includes, but is not limited to, employee relocation, assigning an employee to a different work schedule or other substantive changes to an employee's terms and conditions of employment. As used in this subdivision, "sexual harassment" means any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when (A) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (B) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (C) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment;

Sec. 5. Subparagraph (A) of subdivision (4) of subsection (b) of section 46a-68 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(4) (A) Each person designated by a state agency, department, board or commission as an equal employment opportunity officer shall (i) be responsible for mitigating any discriminatory conduct within the agency, department, board or commission, (ii) investigate all complaints of discrimination made against the state agency,

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department, board or commission, except if any such complaint has been filed with the Commission on Human Rights and Opportunities or the Equal Employment Opportunity Commission, the state agency, department, board or commission may rely upon the process of the applicable commission, as applicable, in lieu of such investigation, and (iii) report all findings and recommendations upon the conclusion of an investigation to the commissioner or director of the state agency, department, board or commission for proper action. An equal employment opportunity officer shall not disclose witness statements or documents received or compiled in conjunction with the investigation of a complaint of discriminatory conduct within the agency, department, board or commission until the conclusion of such investigation, except that witness statements or documents may be disclosed to personnel charged with investigating or adjudicating such complaint, or to the Commission on Human Rights and Opportunities.

Sec. 6. Subsection (f) of section 46a-82 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(f) Any complaint filed pursuant to this section [must] shall be filed within one hundred and eighty days after the alleged act of discrimination, except that any complaint by a person (1) claiming to be aggrieved by a violation of subsection (a) of section 46a-80 [must] that occurred on or before October 1, 2019, shall be filed within thirty days of the alleged act of discrimination, and (2) claiming to be aggrieved by a violation of section 46a-60, as amended by this act, sections 46a-70 to 46a-78, inclusive, or section 46a-80 or 46a-81c, that occurred on or after October 1, 2019, shall be filed not later than three hundred days after the date of the alleged act of discrimination.

Sec. 7. Subsection (b) of section 46a-86 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

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(b) In addition to any other action taken under this section, upon a finding of a discriminatory employment practice, the presiding officer [may order the hiring or reinstatement of any individual, with or without back pay, or] shall (1) issue an order to eliminate the discriminatory employment practice complained of and to make the complainant whole, including restoration to membership in any respondent labor organization, and (2) (A) determine the amount of damages suffered by the complainant, including the actual costs incurred by the complainant as a result of the discriminatory employment practice, and (B) allow reasonable attorney's fees and costs. The amount of attorney's fees allowed shall not be contingent upon the amount of damages requested by or awarded to the complainant. Liability for back pay shall not accrue from a date more than two years prior to the filing or issuance of the complaint. Interim earnings, including unemployment compensation and welfare assistance or amounts which could have been earned with reasonable diligence on the part of the person to whom back pay is awarded shall be deducted from the amount of back pay to which such person is otherwise entitled. The amount of any deduction for interim unemployment compensation or welfare assistance shall be paid by the respondent to the commission which shall transfer such amount to the appropriate state or local agency.

Sec. 8 Section 46a-84 of the of the general statutes is amended by adding subsection (h) as follows (*Effective October 1, 2019*):

(NEW) (h) The complainant, the respondent and the commission shall be afforded the opportunity to inspect and copy relevant and material records, papers and documents not in the possession of such party, except as otherwise provided by applicable state or federal law. The presiding officer may order a party to produce such records, papers and documents, and if a party fails to comply with such order within thirty days of the date of such order, the presiding officer may

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issue a nonmonetary order that the presiding officer deems just and appropriate, including, but not limited to, an order (1) finding that the matters that are the subject of the order are established in accordance with the claim of the party requesting such order, (2) prohibiting the party who has failed to comply with such order from introducing designated matters into evidence, (3) limiting the participation of the noncomplying party with regard to issues or facts relating to the order, and (4) drawing an adverse inference against the noncomplying party.

Sec. 9. Section 46a-97 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Any employer, employment agency or labor organization which fails to post such notices of statutory provisions as the commission may require pursuant to subsection (13) of section 46a-54, as amended by this act, shall be [subject to a fine of] fined not more than [two hundred fifty] one thousand dollars.

(b) Any person who fails to post such notices of statutory provisions as the commission may require pursuant to subsection (14) of section 46a-54, as amended by this act, shall be fined not more than [two hundred fifty] one thousand dollars.

(c) Any employer who fails to provide the training and education concerning the illegality of sexual harassment and the remedies available to victims of sexual harassment, as required pursuant to subdivision (15) of section 46a-54, as amended by this act, shall be fined not more than one thousand dollars.

(d) The executive director of the commission may assign a designated representative of the commission to enter an employer's place of business during normal business hours for purposes of: (1) Ensuring compliance with the posting requirements prescribed in subdivisions (13), (14) and (15) of section 46a-54, as amended by this

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act, and (2) examining records, policies, procedures, postings and sexual harassment training materials maintained by the employer in connection with the requirements of subdivisions (13), (14) and (15) of section 46a-54, as amended by this act. A designated representative of the commission, who is carrying out the duties set forth in this subsection, shall ensure that such activities do not unduly disrupt the business operations of the employer.

Sec. 10. Section 46a-104 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The court may grant a complainant in an action brought in accordance with section 46a-100 such legal and equitable relief which it deems appropriate including, but not limited to, temporary or permanent injunctive relief, punitive damages, attorney's fees and court costs. The amount of attorney's fees allowed shall not be contingent upon the amount of damages requested by or awarded to the complainant.

Sec. 11. Section 46a-55 of the general statutes is amended by adding subsection (c) as follows (*Effective October 1, 2019*):

(NEW) (c) The executive director, through the supervising attorney, may, within available appropriations, assign a commission legal counsel to bring a civil action concerning an alleged discriminatory practice, in accordance with this subsection, in lieu of an administrative hearing pursuant to section 46a-84, as amended by this act, when the executive director determines that a civil action is in the public interest and if the parties to the administrative hearing mutually agree, in writing, to the bringing of such civil action by commission legal counsel. The commission legal counsel shall bring such a civil action in the Superior Court not later than ninety days following the date the commission legal counsel notifies the parties of the executive director's determination. Such civil action may be served by certified

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mail and shall not be subject to the provisions of section 46a-100, 46a-101 or 46a-102. The jurisdiction of the Superior Court in an action brought under this subsection shall be limited to such claims, counterclaims, defenses or the like that could be presented at an administrative hearing before the commission, had the complaint remained with the commission for disposition. A complainant may intervene as a matter of right without permission of the court or the parties. The civil action shall be tried to the court without a jury. If the commission legal counsel determines that the interests of the state will not be adversely affected, the complainant or attorney for the complainant shall present all or part of the case in support of the complaint. The court may grant any relief available under section 46a-104, as amended by this act. Where the Superior Court finds that a respondent has committed a discriminatory practice, the court shall grant the commission its fees and costs and award the commission a civil penalty, not exceeding ten thousand dollars, which shall be payable to the commission and used by the commission to advance the public interest in eliminating discrimination.

Sec. 12. (NEW) (*Effective October 1, 2019*) (a) As used in this section: (1) "Sexual misconduct" means any act that is prohibited by section 53a-70, 53a-70a, 53a-70b, 53a-70c, 53a-71, 53a-72a, 53a-72b or 53a-73a of the general statutes, as amended by this act, and any act that constitutes sexual harassment, as defined in subdivision (8) of subsection (b) of section 46a-60 of the general statutes, as amended by this act; and (2) "victim" includes an alleged victim.

(b) The following evidence is not admissible in a civil proceeding involving alleged sexual misconduct: (1) Evidence offered to prove that a victim engaged in other sexual behavior; or (2) evidence offered to prove a victim's sexual predisposition.

(c) Notwithstanding the provisions of subsection (b) of this section, the court may admit the evidence in a civil case if the probative value

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of such evidence substantially outweighs the danger of (1) harm to any victim; and (2) unfair prejudice to any party. The court may admit evidence of a victim's reputation only if the victim has placed the victim's reputation in controversy.

(d) If a party intends to offer evidence under subsection (c) of this section, the party shall: (1) File a motion by lodging a record pursuant to the requirements set forth in the Connecticut Practice Book that specifically describes the evidence and states the purpose for which it is to be offered; (2) file such motion not later than fourteen days before the date on which the case is to be heard, unless the court, for good cause shown, prescribes a different time for the filing of such motion; (3) serve the motion on all parties in accordance with the rules of the court; and (4) notify the victim or, when appropriate, the victim's guardian or representative.

(e) Before admitting evidence pursuant to subsection (c) of this section, the court shall conduct an in camera hearing and give the parties and the victim the right to attend such hearing and be heard. Unless the court orders otherwise, the motion, related materials and the record of the hearing shall be sealed and remain sealed.

Sec. 13. Section 52-577d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019, and applicable to any cause of action arising from an incident committed on or after said date*):

Notwithstanding the provisions of section 52-577, no action to recover damages for personal injury to a [minor] person under twenty-one years of age, including emotional distress, caused by sexual abuse, sexual exploitation or sexual assault may be brought by such person later than thirty years from the date such person attains the age of [majority] twenty-one.

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Sec. 14. (*Effective from passage*) (a) There is established a task force to study whether the statutes of limitations to recover damages for personal injury to minors and adults caused by sexual abuse, sexual exploitation or sexual assault should be amended. The task force shall examine the applicable statutes of limitations in this state and that of other states. Such examination shall include review of reviving claims that are otherwise time barred.

(b) The task force shall consist of the following members:

(1) One appointed by the speaker of the House of Representatives;

(2) One appointed by the president pro tempore of the Senate, who is a victim of sexual abuse, sexual exploitation or sexual assault;

(3) One jointly appointed by the president pro tempore of the Senate and the speaker of the House of Representatives;

(4) One appointed by the majority leader of the House of Representatives, who is (A) a representative of an entity named as a defendant in a civil action for sexual abuse, sexual exploitation or sexual assault; or (B) a lawyer who has represented two or more clients named as a defendant in a civil action for sexual abuse, sexual exploitation or sexual assault;

(5) One appointed by the majority leader of the Senate, who is a representative of the Connecticut Alliance to End Sexual Violence;

(6) One appointed by the minority leader of the House of Representatives, who is (A) a representative of an entity named as a defendant in a civil action for sexual abuse, sexual exploitation or sexual assault; or (B) a lawyer who has represented two or more clients named as a defendant in a civil action for sexual abuse, sexual exploitation or sexual assault;

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(7) One appointed by the minority leader of the Senate;

(8) The executive director of the Connecticut Trial Lawyers Association, or said executive director's designee; and

(9) One appointed by the Chief Court Administrator, who is a judge of the Superior Court or who previously served as a judge of the Superior Court.

(c) Any member of the task force appointed under subdivision (1), (2), (3) or (6) of subsection (b) of this section may be a member of the General Assembly.

(d) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The person jointly appointed by the speaker of the House of Representatives and the president pro tempore of the Senate under subdivision (3) of subsection (b) of this section shall serve as the chairperson of the task force. The chairperson shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to the judiciary shall serve as administrative staff of the task force.

(g) Not later than January 15, 2020, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to the judiciary, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 15, 2020, whichever is later.

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Sec. 15. Section 53a-72a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) A person is guilty of sexual assault in the third degree when such person (1) compels another person to submit to sexual contact (A) by the use of force against such other person or a third person, or (B) by the threat of use of force against such other person or against a third person, which reasonably causes such other person to fear physical injury to himself or herself or a third person, or (2) subjects another person to sexual contact and such other person is mentally incapacitated to the extent that such other person is unable to consent to such sexual contact, or [(2)] (3) engages in sexual intercourse with another person whom the actor knows to be related to him or her within any of the degrees of kindred specified in section 46b-21.

(b) Sexual assault in the third degree is a class D felony or, if the victim of the offense is under sixteen years of age, a class C felony.

Sec. 16. Section 53a-73a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) A person is guilty of sexual assault in the fourth degree when: (1) Such person subjects another person to sexual contact who is (A) under thirteen years of age and the actor is more than two years older than such other person, or (B) thirteen years of age or older but under fifteen years of age and the actor is more than three years older than such other person, or (C) [mentally incapacitated or] impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual contact, or (D) physically helpless, or (E) less than eighteen years old and the actor is such other person's guardian or otherwise responsible for the general supervision of such other person's welfare, or (F) in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (2) such person

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subjects another person to sexual contact without such other person's consent; or (3) such person engages in sexual contact with an animal or dead body; or (4) such person is a psychotherapist and subjects another person to sexual contact who is (A) a patient of the actor and the sexual contact occurs during the psychotherapy session, or (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual contact occurs by means of therapeutic deception; or (5) such person subjects another person to sexual contact and accomplishes the sexual contact by means of false representation that the sexual contact is for a bona fide medical purpose by a health care professional; or (6) such person is a school employee and subjects another person to sexual contact who is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (7) such person is a coach in an athletic activity or a person who provides intensive, ongoing instruction and subjects another person to sexual contact who is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (8) such person subjects another person to sexual contact and (A) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and (B) such other person is under eighteen years of age; or (9) such person subjects another person to sexual contact who is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

(b) Sexual assault in the fourth degree is a class A misdemeanor or,

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if the victim of the offense is under sixteen years of age, a class D felony.

Sec. 17. Section 54-193 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019, and applicable to any offense committed on or after October 1, 2019, and to any offense committed prior to October 1, 2019, for which the statute of limitations in effect at the time of the commission of the offense had not yet expired as of October 1, 2019*):

(a) There shall be no limitation of time within which a person may be prosecuted for (1) (A) a capital felony under the provisions of section 53a-54b in effect prior to April 25, 2012, a class A felony or a violation of section 53a-54d or 53a-169, or (B) any other offense involving sexual abuse, sexual exploitation or sexual assault if the victim of the offense was a minor at the time of the offense, including, but not limited to, a violation of subdivision (2) of subsection (a) of section 53-21, (2) a violation of section 53a-165aa or 53a-166 in which such person renders criminal assistance to another person who has committed an offense set forth in subdivision (1) of this subsection, (3) a violation of section 53a-156 committed during a proceeding that results in the conviction of another person subsequently determined to be actually innocent of the offense or offenses of which such other person was convicted, or (4) a motor vehicle violation or offense that resulted in the death of another person and involved a violation of subsection (a) of section 14-224.

(b) (1) Except as provided in subsection (a) of this section or subdivision (2) of this subsection, no person may be prosecuted for a violation of a (A) class B felony violation of section 53a-70, 53a-70a or 53a-70b, (B) class C felony violation of section 53a-71 or 53a-72b, or (C) class D felony violation of section 53a-72a, as amended by this act, except within twenty years next after the offense has been committed.

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(2) Except as provided in subsection (a) of this section, no person may be prosecuted for any offense involving sexual abuse, sexual exploitation or sexual assault of a victim if the victim was eighteen, nineteen or twenty years of age at the time of the offense, except not later than thirty years next after such victim attains the age of twenty-one years.

(3) No person may be prosecuted for a class A misdemeanor violation of section 53a-73a, as amended by this act, if the victim at the time of the offense was twenty-one years of age or older, except within ten years next after the offense has been committed.

[(b)] (c) No person may be prosecuted for any offense, other than an offense set forth in subsection (a) or (b) of this section, for which the punishment is or may be imprisonment in excess of one year, except within five years next after the offense has been committed.

[(c)] (d) No person may be prosecuted for any offense, other than an offense set forth in subsection (a), [or] (b) or (c) of this section, except within one year next after the offense has been committed.

[(d)] (e) If the person against whom an indictment, information or complaint for any of said offenses is brought has fled from and resided out of this state during the period so limited, it may be brought against such person at any time within such period, during which such person resides in this state, after the commission of the offense.

[(e)] (f) When any suit, indictment, information or complaint for any crime may be brought within any other time than is limited by this section, it shall be brought within such time.

Sec. 18. Subdivision (2) of section 54-250 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

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(2) "Criminal offense against a victim who is a minor" means (A) a violation of subdivision (2) of section 53-21 of the general statutes in effect prior to October 1, 2000, subdivision (2) of subsection (a) of section 53-21, subdivision (2) of subsection (a) of section 53a-70, subdivision (1), (4), (8) or (10) or subparagraph (B) of subdivision (9) of subsection (a) of section 53a-71, subdivision [(2)] (3) of subsection (a) of section 53a-72a, as amended by this act, subdivision (2) of subsection (a) of section 53a-86, subdivision (2) of subsection (a) of section 53a-87, section 53a-90a, 53a-196a, 53a-196b, 53a-196c, 53a-196d, 53a-196e or 53a-196f, (B) a violation of subparagraph (A) of subdivision (9) of subsection (a) of section 53a-71 or section 53a-92, 53a-92a, 53a-94, 53a-94a, 53a-95, 53a-96 or 53a-186, provided the court makes a finding that, at the time of the offense, the victim was under eighteen years of age, (C) a violation of any of the offenses specified in subparagraph (A) or (B) of this subdivision for which a person is criminally liable under section 53a-8, 53a-48 or 53a-49, or (D) a violation of any predecessor statute to any offense specified in subparagraph (A), (B) or (C) of this subdivision the essential elements of which are substantially the same as said offense.

Sec. 19. Subsection (c) of section 12-660 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) Notwithstanding the provisions of subsection [(b)] (c) of section 54-193, as amended by this act, a person may be prosecuted for a violation of any provision of this chapter more than five years after such violation.

Sec. 20. Subdivision (3) of subsection (m) of section 54-56d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(3) If the court orders the release of a defendant charged with the

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commission of a crime that resulted in the death or serious physical injury, as defined in section 53a-3, of another person, or with a violation of subdivision (2) of subsection (a) of section 53-21, subdivision (2) of subsection (a) of section 53a-60 or section 53a-60a, 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a, as amended by this act, or 53a-72b, or orders the placement of such defendant in the custody of the Commissioner of Mental Health and Addiction Services or the Commissioner of Developmental Services, the court may, on its own motion or on motion of the prosecuting authority, order, as a condition of such release or placement, periodic examinations of the defendant as to the defendant's competency at intervals of not less than six months. If, at any time after the initial periodic examination, the court finds again, based upon an examiner's recommendation, that there is a substantial probability that the defendant, if provided with a course of treatment, will never regain competency, then any subsequent periodic examination of the defendant as to the defendant's competency shall be at intervals of not less than eighteen months. Such an examination shall be conducted in accordance with subsection (d) of this section. Periodic examinations ordered by the court under this subsection shall continue until the court finds that the defendant has attained competency or until the time within which the defendant may be prosecuted for the crime with which the defendant is charged, as provided in section 54-193, [or 54-193a] as amended by this act, has expired, whichever occurs first.

Sec. 21. Subdivision (5) of subsection (m) of section 54-56d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(5) The court shall dismiss, with or without prejudice, any charges for which a nolle prosequi is not entered when the time within which the defendant may be prosecuted for the crime with which the defendant is charged, as provided in section 54-193, [or 54-193a] as

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amended by this act, has expired. Notwithstanding the record erasure provisions of section 54-142a, police and court records and records of any state's attorney pertaining to a charge which is nolleed or dismissed without prejudice while the defendant is not competent shall not be erased until the time for the prosecution of the defendant expires under section 54-193, as amended by this act. [or 54-193a.] A defendant who is not civilly committed as a result of an application made by the Commissioner of Mental Health and Addiction Services, the Commissioner of Children and Families or the Commissioner of Developmental Services pursuant to this section shall be released. A defendant who is civilly committed pursuant to such an application shall be treated in the same manner as any other civilly committed person.

Sec. 22. Section 54-193b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

Notwithstanding the provisions of [sections] section 54-193, [and 54-193a] as amended by this act, there shall be no limitation of time within which a person may be prosecuted for a violation of section 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a, as amended by this act, or 53a-72b, provided (1) the victim notified any police officer or state's attorney acting in such police officer's or state's attorney's official capacity of the commission of the offense not later than five years after the commission of the offense, and (2) the identity of the person who allegedly committed the offense has been established through a DNA (deoxyribonucleic acid) profile comparison using evidence collected at the time of the commission of the offense.

Sec. 23. Section 54-193a of the general statutes is repealed. (*Effective October 1, 2019*)

Approved June 18, 2019

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JUNE 12, 2019

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CONNECTICUT SIGNIFICANTLY EXPANDS COVERAGE OF FAMILY AND MEDICAL LEAVE ACT, ADOPTS PAID LEAVE

On May 31, Connecticut's legislature approved comprehensive legislation establishing paid family and medical leave and drastically increasing both the employers covered by the state family and medical leave law and the employees eligible for such leave. This bill is now headed to Governor Lamont for signature, who has already expressed his support for the legislation and his intent to sign it. While employees will not be eligible to take paid leave until 2022, the law will bring significant changes and obligations for Connecticut employers of all sizes.

The Connecticut Family and Medical Leave Act ("CFMLA") currently requires that employers with 75 or more employees in Connecticut provide eligible employees with 16 weeks of unpaid leave in a 24-month period. As of January 1, 2022, eligible employees will be entitled to 12 weeks of paid leave in a 12-month period under the CFMLA, with two additional weeks available to eligible employees who experience a pregnancy-related serious health condition that results in incapacitation.

The paid leave will be funded by employee payroll contributions. Beginning January 1, 2021, an employee payroll tax of up to 0.5% will be implemented. Employers will be responsible for deducting and withholding this tax. Paid leave compensation is capped at 60 times the minimum wage. Currently, the minimum wage is set to be \$13 per hour at the time that payments take effect, so employees could receive a maximum of \$780.00 per week while on leave, or up to \$900 a week once Connecticut's minimum wage reaches \$15 per hour in 2023.

In addition to making family and medical leave paid, this new law also expands other critical components of the CFMLA. Significantly, the new law covers all private employers that have at least one employee (down from the current threshold of 75 employees), thus covering many more businesses.

CONTINUED

CONNECTICUT SIGNIFICANTLY EXPANDS COVERAGE OF FAMILY AND MEDICAL LEAVE ACT, ADOPTS PAID LEAVE

The new law will also make more employees eligible for leave by lifting the existing requirement that employees must work for an employer for 12 months and for 1000 hours in the preceding twelve months before becoming eligible for leave.

Under the new law, employees are eligible for leave after working for an employer for just three months, with no minimum requirement for hours worked.^[1]

The permissible reasons for taking leave are also expanded. In addition to caring for a spouse, child, or parent, eligible employees may also take leave to care for a grandparent, grandchild, sibling, and any other "individual related to the employee by blood or affinity whose

close association to the employee show to be the equivalent of those family relationships." The DOL is expected to provide guidance clarifying the relationships this provision is intended to cover.

The new law may be particularly burdensome for smaller businesses who may struggle to backfill positions to cover twelve-week leaves, and who may not have personnel trained to administer family and medical leaves. Employers of all sizes are encouraged to begin assessing leave policies now and consider how they may need or wish to revise current policies to comply with the impending changes.

^[1] To be eligible, employees must also have earned at least \$2,325 during their highest earning quarter of the first four of the five most recently completed quarters. Sole proprietors or self-employed people may also voluntarily enroll in the program

NEW CONNECTICUT LAW EXPANDS EMPLOYER TRAINING OBLIGATIONS AND OTHER KEY PROVISIONS OF ANTI-DISCRIMINATION LAWS

This publication is a summary of legal principles. Nothing in this article constitutes legal advice, which can only be obtained as a result of a personal consultation with an attorney. The information published here is believed accurate at the time of publication, but is subject to change and does not purport to be a complete statement of all relevant issues.

Damages at the CHRO. In another win for employees, P.A. 19-16 expands the potential damages that can be assessed by the CHRO at the public hearing stage if it concludes that a discriminatory employment practice has occurred. Currently, CHRO hearing officers are authorized by statute to award reinstatement and back pay as forms of relief. Effective October 1, 2019, the CHRO may award the amount of damages suffered by the complainant, including the "actual costs incurred by the complainant" as well as "reasonable attorney's fees and costs."

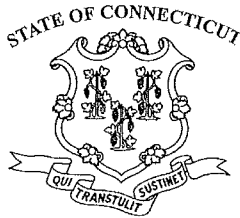
Damages in Court. In 2016, the Connecticut Supreme Court ruled that the CFEPA does not authorize courts to award punitive damages in cases of employment discrimination. In a rebuke of that ruling, the legislature has expressly permitted the award of punitive damages, as deemed appropriate, beginning October 1, 2019.

Conclusion

The changes made by the new law will impact every single employer in the

state with regard to training and notice requirements, and employers must be prepared to comply with these expanded obligations. Notably, Connecticut's "Time's Up" law follows on the heels of similar legislation in New York, mandating interactive sexual harassment prevention training for all New York employees on an annual basis. Employers with staff in either state should promptly review their internal policies to ensure consistency with both laws and maintain comprehensive records of their compliance.

As to the changes regarding the damages available to employees or former employees alleging violations of the CFEPA, employers and their counsel will need to consider these enhanced damages when evaluating a claim or potential claim of discrimination or harassment. Perhaps more importantly, the increased financial liability underscores the need to establish comprehensive anti-discrimination policies and to respond promptly to any – and all – complaints of discrimination or harassment.



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Public Act No. 19-25

AN ACT CONCERNING PAID FAMILY AND MEDICAL LEAVE.

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

Section 1. (NEW) (*Effective from passage*) As used in this section and sections 2 to 16, inclusive, of this act:

(1) "Authority" means the Paid Family and Medical Leave Insurance Authority established in section 2 of this act. "Authority" does not mean an appointing authority;

(2) "Base period" means the first four of the five most recently completed quarters;

(3) "Base weekly earnings" means an amount equal to one twenty-sixth, rounded to the next lower dollar, of a covered employee's total wages, as defined in subsection (b) of section 31-222 of the general statutes, or self-employment income, as defined in 26 USC 1402(b), as amended from time to time, earned during the two quarters of the covered employee's base period in which such earnings were highest;

(4) "Covered employee" means an individual who has earned not less than two thousand three hundred twenty-five dollars in subject earnings during the employee's highest earning quarter within the base period and (A) is presently employed by an employer, (B) has

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been employed by an employer in the previous twelve weeks, or (C) is a self-employed individual or sole proprietor and Connecticut resident who has enrolled in the program pursuant to section 9 of this act;

(5) "Covered public employee" means an individual who is (A) employed in state service, as defined in section 5-196 of the general statutes, and who is not in a bargaining unit established pursuant to sections 5-270 to 5-280, inclusive, of the general statutes, or (B) a member of a collective bargaining unit whose exclusive collective bargaining agent negotiates inclusion in the program, in accordance with chapter 68 of the general statutes, sections 7-467 to 7-477, inclusive, of the general statutes or sections 10-153a to 10-153n, inclusive, of the general statutes. If a municipal employer, as defined in section 7-467 of the general statutes, or a local or regional board of education negotiates inclusion in the program for members of a collective bargaining unit, "covered public employee" also means an individual who is employed by such municipal employer or local or regional board of education and who is not in a bargaining unit established under sections 7-467 to 7-477, inclusive, of the general statutes, or sections 10-153a to 10-153n, inclusive, of the general statutes;

(6) "Employ" means to allow or permit to work;

(7) "Employee" means an individual engaged in service to an employer in this state in the business of the employer;

(8) "Employer" means a person engaged in any activity, enterprise or business who employs one or more employees, and includes any person who acts, directly or indirectly, in the interest of an employer to any of the employees of such employer and any successor in interest of an employer. "Employer" does not mean the federal government, the state or a municipality, a local or regional board of education or a nonpublic elementary or secondary school, except that the state, a

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municipal employer or local or regional board of education is an employer with respect to each of its covered public employees;

(9) "Family and medical leave compensation" or "compensation" means the paid leave provided to covered employees from the Family and Medical Leave Insurance Trust Fund;

(10) "Family and Medical Leave Insurance Authority Board" means the board of directors established in section 2 of this act;

(11) "Family and Medical Leave Insurance Program" or "program" means the program established in section 3 of this act;

(12) "Family and Medical Leave Insurance Trust Fund" or "trust" means the trust fund established in section 5 of this act;

(13) "Health care provider" has the same meaning as provided in section 31-51kk of the general statutes, as amended by this act;

(14) "Person" means one or more individuals, partnerships, associations, corporations, limited liability companies, business trusts, legal representatives or any organized group of persons;

(15) "Serious health condition" has the same meaning as provided in section 31-51kk of the general statutes, as amended by this act; and

(16) "Subject earnings" means total wages, as defined in subsection (b) of section 31-222 of the general statutes, or self-employment income as defined in 26 USC 1402(b), as amended from time to time, that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time.

Sec. 2. (NEW) (*Effective from passage*) (a) There is established a Paid Family and Medical Leave Insurance Authority which shall be a body politic and corporate and shall constitute a public instrumentality and political subdivision of the state created for the performance of an

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essential public and governmental function. The authority shall not be construed to be a department, institution or agency of the state.

(b) The powers of the authority shall be vested in and exercised by a board of directors, which shall consist of fifteen voting members, as follows: (1) The Labor Commissioner, or his or her designee, who shall serve as an ex-officio voting member; (2) the Secretary of the Office of Policy and Management, or his or her designee, who shall serve as an ex-officio voting member; (3) the State Treasurer, or his or her designee, who shall serve as an ex-officio voting member; (4) the State Comptroller, or his or her designee, who shall serve as an ex-officio voting member; (5) the Commissioner of Administrative Services or, at that commissioner's designation, the Chief Information Officer, who shall serve as an ex-officio voting member; (6) the Commissioner of Economic and Community Development, or his or her designee, who shall serve as an ex-officio voting member; (7) one appointed by the speaker of the House of Representatives, who shall have skill, knowledge and experience in the interests of employees; (8) one appointed by the majority leader of the House of Representatives, who shall be an attorney advocating for the rights, benefits and opportunities of employees; (9) one appointed by the minority leader of the House of Representatives, who shall have skill, knowledge and experience in the interests of disability insurance plans; (10) one appointed by the president pro tempore of the Senate, who shall be an impacted individual who has personal knowledge and experience with economically distressed and underserved communities and is reflective of the ethnic and economic diversity of such communities; (11) one appointed by the majority leader of the Senate, who shall have skill, knowledge and experience in the interests of small business employees; (12) one appointed by the minority leader of the Senate, who shall have skill, knowledge and experience in the interests of employees of large businesses; and (13) three appointed by the Governor, one of whom shall have skill, knowledge and experience in

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modern software practices, and two of whom shall have skill, knowledge and experience in family and medical leave programs. Each member appointed pursuant to subdivisions (7) to (13), inclusive, of this subsection shall serve an initial term of four years. Thereafter, said members of the General Assembly and the Governor shall appoint members of the board to succeed such appointees whose terms have expired and each member so appointed shall hold office for a term of six years from July first in the year of his or her appointment. Members shall hold office until a successor member has been duly appointed.

(c) All initial appointments to the board shall be made not later than July 1, 2019. Any vacancy shall be filled by the appointing authority not later than thirty calendar days after the office becomes vacant. Any member previously appointed to the board may be reappointed.

(d) The Governor, the speaker of the House of Representatives and the president pro tempore of the Senate shall collectively select a chairperson of the board from among the members of the board. The board shall annually elect a vice-chairperson and such other officers as it deems necessary from among its members. The board may appoint an executive director, who shall not be a member of the board and who shall serve at the pleasure of the board. The executive director shall be an employee of the authority and shall receive such compensation as prescribed by the board.

(e) (1) On and after January 1, 2022, the employees of the authority shall be considered state employees for the purposes of sections 5-270 to 5-280, inclusive, of the general statutes. To the extent such employees are performing jobs which would normally be within a current executive branch bargaining unit, such jobs shall be added to the unit descriptions of such bargaining units and employees in those jobs shall be deemed part of such units. Managerial employees and other employees not covered by a collective bargaining agreement shall be exempt from the classified service. With regard to unclassified

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positions, the authority shall not be required to comply with personnel policies and procedures of the Department of Administrative Services and the Office of Policy and Management with regard to approval for the creation of new positions, the number of such positions, the decision to fill such positions or the time for filling such positions. The authority, not the executive branch, shall have the power to determine whether an individual is qualified to fill an unclassified position at the authority. The authority shall determine the qualifications and set the terms and conditions of employment of employees not covered by a collective bargaining agreement, including the establishment of compensation and incentive plans, subject to such bargaining obligation as may be created if any such employees elect an exclusive bargaining agent pursuant to the provisions of sections 5-270 to 5-280, inclusive, of the general statutes.

(2) The executive branch shall be authorized and empowered to negotiate on behalf of the authority with employees of the authority covered by collective bargaining and represent the authority in all other collective bargaining matters. The authority shall be entitled to have a representative present at all such bargaining.

(3) In any interest arbitration regarding employees of the authority, the arbitrator shall take into account the purpose of this section as a factor, in addition to those factors specified in section 5-276a of the general statutes.

(f) The officers and all other employees of the authority shall be state employees for the purposes of group welfare benefits and retirement, including, but not limited to, those provided under chapter 66 of the general statutes and sections 5-257 and 5-259 of the general statutes. The authority shall reimburse the appropriate state agencies for all costs incurred by such designation.

(g) The members of the board shall serve without compensation but

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shall, within available appropriations, be reimbursed in accordance with the standard travel regulations for all necessary expenses that they may incur through service on the board.

(h) (1) Each member of the board shall, not later than ten calendar days after his or her appointment, take and subscribe the oath of affirmation required by article XI, section 1, of the Constitution of the state. The oath shall be filed in the office of the Secretary of the State.

(2) Each officer or member of the board authorized by resolution of the board to handle funds or sign checks for the program shall, not later than ten calendar days after the date the board adopts such authorizing resolution, execute a surety bond in the penal sum of fifty thousand dollars or procure an equivalent insurance product or, in lieu thereof, the chairperson shall obtain a blanket position bond covering the executive director and each member of the board and other employee or authorized officer of the authority in the penal sum of fifty thousand dollars. Each such bond or equivalent insurance product shall be (A) conditioned upon the faithful performance of the duties of the chairperson or the members, executive director and other authorized officers or employees, as the case may be, and (B) issued by an insurance company authorized to transact business in this state as surety. The cost of each such bond shall be paid by the authority.

(i) An authorized officer or the executive director, if one is appointed by the board pursuant to subsection (d) of this section, shall supervise the administrative affairs and technical activities of the program in accordance with the directives of the board. Such authorized officer or executive director, as the case may be, shall keep a record of the proceedings of the program and shall be custodian of all books, documents and papers filed with the program, the minute book or journal of the program and its official seal. Such authorized officer or executive director, as the case may be, may cause copies to be made of all minutes and other records and documents of the program

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and may give certificates under the official seal of the program to the effect that such copies are true copies, and all persons dealing with the program may rely upon such certificates.

(j) A majority of the members of the board shall constitute a quorum for the transaction of any business or the exercise of any power of the authority.

(k) (1) No member of the board or any officer, agent or employee of the authority shall, directly or indirectly, have any financial interest in any corporation, business trust, estate, trust, partnership or association, two or more persons having a joint or common interest, or any other legal or commercial entity contracting with the authority.

(2) Notwithstanding the provisions of subdivision (1) of this subsection or any other section of the general statutes, it shall not be a conflict of interest or a violation of the provisions of said subdivision or any other section of the general statutes for a trustee, director, officer or employee of a bank, insurance company, investment advisor, investment company or investment banking firm, to serve as a member of the board, provided, in each case to which the provisions of this subdivision are applicable, such trustee, director, officer or employee of such a firm abstains from discussion, deliberation, action and vote by the board in specific respect to any undertaking pursuant to this section or sections 2 to 16, inclusive, of this act in which such firm has a direct interest separate from the interests of all similar firms generally.

(l) The authority shall continue as long as the program remains in effect and until its existence is terminated by law. Upon termination of the existence of the authority, all its rights and properties shall pass to and be vested in the state of Connecticut.

(m) The provisions of this section and section 1-125 of the general

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statutes, as amended by this act, shall apply to any member, director or employee of the authority. No person shall be subject to civil liability for the debts, obligations or liabilities of the authority as provided in this section and section 1-125 of the general statutes, as amended by this act.

Sec. 3. (NEW) (*Effective from passage*) (a) The Paid Family and Medical Leave Insurance Authority shall establish and administer the Paid Family and Medical Leave Insurance Program to provide up to twelve weeks of family and medical leave compensation to covered employees during any twelve-month period, as well as two additional weeks of compensation to a covered employee for a serious health condition resulting in incapacitation that occurs during a pregnancy.

(b) (1) Beginning on January 1, 2021, but not later than February 1, 2021, each employee and each self-employed individual or sole proprietor who has enrolled in the program pursuant to section 9 of this act shall contribute a percentage of his or her subject earnings that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time, to the Family and Medical Leave Insurance Trust Fund. Such percentage shall be established by the authority, provided that the percentage shall not exceed one-half of one per cent.

(2) On September 1, 2022, and on each September first thereafter, the authority shall publish the following information: (A) The total amount of contributions collected and benefits paid during the previous fiscal year, as well as the total amount required for the administration of the Family and Medical Leave Insurance Program in such year; (B) the total amount remaining in the trust fund at the close of such fiscal year; (C) in light of such totals, and of expected future expenditures and contributions, a target fund balance sufficient to ensure the ongoing ability of the fund to pay the compensation described in subdivision (2) of subsection (c) of this section, and to

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limit the need for contribution rate increases or benefit reductions due to changing economic conditions; (D) the amount by which the total amount remaining in the trust fund at the close of the previous fiscal year is less than or greater than that target fund balance. On November 1, 2022, and on each November first thereafter, the authority may announce a revision to the previously established contribution rate, provided the revised rate shall not exceed one-half of one per cent and shall be sufficient to ensure that the trust fund shall achieve and maintain such target fund balance. Effective on January first of the calendar year following each such announcement, the revised contribution rate announced by the authority under this subsection shall supersede the previously established contribution rate.

(3) Each employer making payment of any wages to an employee shall deduct and withhold from such wages for each payroll period a contribution computed in such manner as to result, so far as practicable, in withholding from the employee's wages during each calendar year an amount substantially equivalent to the contribution reasonably estimated to be due from the employee under this subsection with respect to the amount of such wages during the calendar year.

(4) If, after notice, an employee or employer or self-employed individual or sole proprietor who has enrolled in the program pursuant to section 9 of this act fails to make a payment required by this section, a state collection agency, as defined in section 12-35 of the general statutes, shall collect such contribution and interest by any means provided in sections 12-35, 31-265 and 31-266 of the general statutes.

(c) (1) Beginning on January 1, 2022, but not later than February 1, 2022, covered employees shall receive compensation under this section for up to twelve weeks of leave in any twelve-month period taken for one or more of the reasons listed in subdivision (2) of subsection (a) of

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section 31-51ll of the general statutes, as amended by this act, or subsection (i) of said section or section 31-51ss of the general statutes, as well as for two additional weeks for a serious health condition resulting in incapacitation that occurs during a pregnancy, if such covered employee (A) provides notice to the authority, and such covered employee's employer, if applicable, of the need for such compensation in a form and manner prescribed by the authority, and (B) upon the request of the authority, provides certification of such covered employee's need for leave and therefore compensation in the manner provided for in section 31-51mm of the general statutes, as amended by this act, to the authority and such employer, if applicable. Covered employees who are not currently employed or have enrolled in the program pursuant to section 9 of this act shall receive compensation in like circumstances. Should the authority determine that it is administratively feasible and prudent, the program may begin providing compensation for leave taken for reasons listed in subparagraphs (A) and (B) of subdivision (2) of subsection (a) of section 31-51ll of the general statutes, as amended by this act, prior to offering compensation for leave taken for the other reasons listed in subdivision (2) of subsection (a) of section 31-51ll of the general statutes, as amended by this act, or the reasons listed in subsection (i) of said section or section 31-51ss of the general statutes.

(2) The weekly compensation offered to covered employees shall be equal to ninety-five per cent of the covered employee's base weekly earnings up to an amount equal to forty times the minimum fair wage, as defined in section 31-58 of the general statutes, and sixty per cent of that covered employee's base weekly earnings above an amount equal to forty times the minimum fair wage, except that the total weekly compensation shall not exceed an amount equal to sixty times the minimum fair wage. Compensation shall be available on a prorated basis.

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(3) Notwithstanding subdivision (2) of this subsection, if employee contributions are the maximum percentage allowed and the authority determines that employee contributions are not sufficient to ensure solvency of the program, the authority shall reduce the benefit for covered employees by the minimum amount necessary in order to ensure the solvency of the program.

(4) If a covered worker elects to have income tax deducted and withheld from his or her compensation, the amount specified shall be deducted and withheld in a manner consistent with state law.

(d) Notwithstanding subsection (g) of section 31-511l of the general statutes, as amended by this act, two spouses employed by the same employer shall each be eligible for up to twelve weeks of compensation under this section in any twelve-month period. Such eligibility for compensation shall not increase their eligibility for job-protected leave beyond the number of weeks specified in said subsection.

(e) A covered employee may receive compensation under this section for nonconsecutive hours of leave.

(f) A covered employee may receive compensation under this section concurrently with any employer-provided employment benefits, provided the total compensation of such covered employee during such period of leave shall not exceed such covered employee's regular rate of compensation.

(g) No covered employee shall receive compensation under this section concurrently with compensation under chapter 567 or 568 of the general statutes or any other state or federal program that provides wage replacement.

(h) Any moneys expended from the General Fund for the purpose of administering the Family and Medical Leave Insurance Program, or

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providing compensation to covered employees, shall be reimbursed to the General Fund not later than October 1, 2022.

Sec. 4. (NEW) (*Effective from passage*) (a) The board, on behalf of the authority, and for the purpose of implementing the Paid Family and Medical Leave Insurance Program established in section 3 of this act, shall adopt written procedures in accordance with the provisions of section 1-121 of the general statutes for the purposes of:

(1) Adopting an annual budget and plan of operations, including a requirement of board approval before such budget or plan may take effect;

(2) Adopting bylaws for the regulation of the affairs of the board and the conduct of its business;

(3) Hiring, dismissing, promoting and compensating employees of the authority and instituting an affirmative action policy;

(4) Acquiring real and personal property and personal services, including requiring board approval for any nonbudgeted expenditure in excess of five thousand dollars;

(5) Contracting for financial, legal and other professional services, and requiring that the authority solicit proposals not less than every three years for each such service used by the board;

(6) Using surplus funds to the extent authorized under sections 2 to 16, inclusive, of this act or any other provisions of the general statutes;

(7) Establishing an administrative process by which grievances, complaints and appeals regarding employment at the authority are reviewed and addressed by the board; and

(8) Implementing the provisions of sections 1 to 16, inclusive, of this act or other provisions of the general statutes, as appropriate.

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(b) The Paid Family and Medical Leave Authority may:

(1) Adopt an official seal and alter the same at the pleasure of the board;

(2) Maintain an office at such place or places in the state as the board may designate;

(3) Sue and be sued, and plea and be impleaded, in its own name;

(4) Establish criteria and guidelines for the Paid Family and Medical Leave Insurance Program to be offered pursuant to this section, sections 2 and 3 and sections 5 to 16, inclusive, of this act;

(5) Employ staff, agents and contractors as may be necessary or desirable and fix the compensation of such persons;

(6) Design, establish and operate the program to ensure transparency in the management of the program through oversight and ethics review of plan fiduciaries;

(7) Design and establish a process by which employees and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of this act shall contribute a portion of their subject earnings to the trust;

(8) Evaluate and establish a process by which employers may credit employee contributions to the trust through payroll deposit;

(9) Ensure that contributions to the trust collected from employees and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of this act shall not be used for any purpose other than providing compensation to covered employees, educating and informing persons about the program and paying the operational, administrative and investment costs of the program;

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(10) Establish and maintain a secure Internet web site that displays all public notices issued by the authority and such other information as the authority deems relevant and necessary for the implementation of the program and for the education of the public regarding the program;

(11) Establish policies, or written procedures in accordance with the provisions of section 1-121 of the general statutes, as appropriate, including, but not limited to, policies or procedures:

(A) Establishing a process to determine whether an individual meets the requirements for compensation under this section, including the certification required for establishing eligibility for such compensation;

(B) Establishing methods by which any books, records, documents, contracts or other papers relevant to the eligibility of a covered employee shall be examined, or caused to be produced or examined;

(C) Establishing methods by which witnesses who provide information relevant to a covered employee's claim for family and medical leave compensation may be summoned and examined under oath;

(D) Ensuring the confidentiality of records and documents relating to medical certifications, recertifications and medical histories of covered employees and covered employees' family members pursuant to section 31-5100 of the general statutes, as amended by this act;

(E) Establishing the percentage of subject earnings each employee and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of this act shall contribute to the Family and Medical Leave Insurance Trust Fund, provided such percentage shall not exceed one-half of one per cent;

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(F) Certifying the ongoing solvency of the Family and Medical Leave Insurance Trust Fund and adjusting the compensation offered to covered employees as necessary to ensure the solvency of the fund as provided in subdivision (3) of subsection (c) of section 3 of this act, provided the contribution percentage established by the Authority pursuant to subdivision (5) of this section has reached the statutory maximum; and

(G) Determining whether an employer meets the requirements for the administration of a private plan, including the approval, oversight and termination of such private plan, and developing any potential alternate measure of subject earnings for the purposes of calculating compensation under such plans;

(12) Notwithstanding any provision of the general statutes, and to the extent consistent with federal law, (A) use state administrative data collected by any agency for the purposes of carrying out and implementing such program, including, but not limited to, eligibility determination, benefit calculation, program planning, recipient outreach and continuous improvement and program evaluation, including assessment of longitudinal impact; and (B) share user data and other data collected through program administration with other state agencies for purposes, including, but not limited to, improving delivery of benefits and services to program participants and other persons, streamlining eligibility determination for programs administered by other agencies, recipient outreach and continuous improvement and program evaluation, including assessment of longitudinal impact. Expenses incurred for activities undertaken pursuant to this subdivision, as well as compensation paid to other state agencies for any associated costs, shall be considered appropriate administrative expenses of the program;

(13) Enter into agreements with any department, agency, office or instrumentality of the United States or this state to carry out the

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purposes of the program, including, but not limited to:

(A) Memoranda of understanding with the Labor Department and other state agencies regarding (i) the gathering or dissemination of information necessary for the operations of the program, subject to such obligations of confidentiality as may be agreed or required by law, (ii) the sharing of costs incurred pursuant to the gathering and dissemination of such information, and (iii) the reimbursement of costs for any enforcement activities conducted pursuant to section 14 of this act. Each state agency may also enter into such memoranda of understanding;

(B) Memoranda of understanding with the Department of Revenue Services and the Labor Department for (i) the collection of employee contributions, and (ii) the reimbursement of costs by the authority for any costs incurred related to the collection of employee contributions. The Department of Revenue Services and the Labor Department shall also enter into such memoranda of understanding; and

(C) Memoranda of understanding with the Labor Department for (i) the adjudication of claims by covered employees aggrieved by a denial of compensation under the Family and Medical Leave Insurance Program, and (ii) the reimbursement of costs by the authority for any costs incurred by the Labor Department related to the adjudication of contested claims or penalties imposed pursuant to section 14 of this act. The Labor Department shall also enter into such memoranda of understanding;

(14) Make and enter into any contract or agreement necessary or incidental to the performance of its duties and execution of its powers, subject to the provisions of subsection (c) of this section. The contracts and agreements entered into by the authority shall not be subject to the approval of any other state department, office or agency, provided copies of all such contracts shall be maintained by the authority as

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public records, subject to the proprietary rights of any party to such contracts. No contract shall contain any provision in which any contractor derives any direct or indirect economic benefit from denying or otherwise influencing the outcome of any claim for benefits;

(15) Do all things necessary or convenient to carry out the provisions of sections 1 to 16, inclusive, of this act.

(c) (1) The board of directors of the authority shall issue requests for proposals, in the event the authority seeks the services of an outside contractor for the following:

- (A) Initial claims processing;
- (B) Proposals for web site development;
- (C) Database development;
- (D) Marketing and advertising; or
- (E) Implementing any other elements of the program.

(2) The authority shall develop criteria for evaluating proposals relating to the purposes listed in this subsection and all other contracts in amounts equal to or exceeding five hundred thousand dollars. Such criteria shall include, but need not be limited to: (A) Transparency, (B) cost, (C) efficiency of operations, (D) quality of the work related to the contracts issued, (E) user experience, (F) accountability, and (G) a cost-benefit analysis documenting the direct and indirect costs of such contracts, including qualitative and quantitative benefits that will result from the implementation of such contracts. The establishment of such criteria shall be subject to the notice and adoption requirements specified in section 1-121 of the general statutes.

Sec. 5. (NEW) (*Effective from passage*) (a) There is established a fund

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to be known as the "Family and Medical Leave Insurance Trust Fund" for the purpose of providing family and medical leave compensation to covered employees. The Family and Medical Leave Insurance Trust Fund shall be a nonlapsing fund held by the State Treasurer separate and apart from all other moneys, funds and accounts. Investment earnings credited to the trust shall become part of the trust.

(b) The fund shall constitute an instrumentality of the state and shall perform essential governmental functions, in accordance with the provisions of this section. The trust shall receive and hold all payments and deposits and premiums intended for the trust, as well as gifts, bequests, endowments or federal, state or local grants and any other funds from any public or private source and all earnings until disbursed in accordance with the provisions of this section.

(c) The amounts on deposit in the trust shall not constitute property of the state and the trust shall not be construed to be a department, institution or agency of the state. Amounts on deposit in the trust shall not be commingled with state funds and the state shall have no claim to or against, or interest in, such funds. Any contract entered into by or any obligation of the trust shall not constitute a debt or obligation of the state and the state shall have no obligation to any designated beneficiary or any other person on account of the trust and all amounts obligated to be paid from the trust shall be limited to amounts available for such obligation on deposit in the trust. The trust shall continue in existence as long as it holds any deposits or has any obligations and until its existence is terminated by law and upon termination any unclaimed assets shall return to the state. Property of the trust shall be governed by section 3-61a of the general statutes.

(d) The State Treasurer shall be responsible for the receipt and investment of moneys held by the trust. The trust shall not receive deposits in any form other than cash. No depositor or designated beneficiary may direct the investment of any contributions or amounts

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held in the trust other than the specific fund options provided for by the trust.

(e) The assets of the trust shall be used for the purpose of distributing family and medical leave compensation to covered employees, paying the operational and administrative costs of the authority, educating and informing persons about the program and paying the operational, administrative and investment costs of the trust, including those incurred pursuant to section 6 of this act.

Sec. 6. (NEW) (*Effective from passage*) The State Treasurer, on behalf of the Family and Medical Leave Insurance Trust Fund and for purposes of the trust, shall:

(1) Receive and invest moneys in the trust in any instruments, obligations, securities or property in accordance with sections 3 to 5, inclusive, of this act;

(2) Procure insurance as the State Treasurer deems necessary to protect the trust's property, assets, activities or deposits or contributions to the trust; and

(3) Apply for, accept and expend gifts, grants or donations from public or private sources to carry out the objectives of the trust.

Sec. 7. (NEW) (*Effective from passage*) The State Treasurer shall invest the amounts on deposit in the Family and Medical Leave Insurance Trust Fund in a manner reasonable and appropriate to achieve the objectives of the trust, exercising the discretion and care of a prudent person in similar circumstances with similar objectives. The State Treasurer shall give due consideration to rate of return, risk, term or maturity, diversification of the total portfolio within the trust, liquidity, the projected disbursements and expenditures and the expected payments, deposits, contributions and gifts to be received. The State Treasurer shall not require the trust to invest directly in

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obligations of the state or any political subdivision of the state or in any investment or other fund administered by the State Treasurer. The assets of the trust shall be continuously invested and reinvested in a manner consistent with the objectives of the trust until disbursed upon order of the authority or expended on expenses incurred by the operations of the trust.

Sec. 8. (NEW) (*Effective from passage*) (a) The Paid Family and Medical Leave Insurance Authority board of directors, in conducting the business of the authority, including its oversight functions, shall act: (1) With the care, skill, prudence and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of like character and with like aims; and (2) in accordance with the provisions of sections 1 to 16, inclusive, of this act and any other applicable sections of the general statutes.

(b) The board shall, to the extent reasonable and practicable, require any agents engaged or appointed by the authority to abide by the standard of care described in subsection (a) of this section.

Sec. 9. (NEW) (*Effective from passage*) (a) A self-employed individual or sole proprietor, upon application to the authority, in a form and manner prescribed by the authority, may enroll in the Family and Medical Leave Insurance Program, provided such self-employed individual or sole proprietor is enrolled in the program for an initial period of not less than three years. Such self-employed individual or sole proprietor shall be automatically reenrolled in the program for a subsequent period, or periods, of not less than one year. Such reenrollment begins immediately following a period of participation in the program.

(b) A self-employed individual or sole proprietor may withdraw from the program upon submitting written notice to the authority not

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less than thirty days prior to the expiration of the initial enrollment or subsequent reenrollment period, or at such other times as the authority may prescribe by rule.

Sec. 10. (NEW) (*Effective January 1, 2020*) (a) The authority shall conduct a public education campaign to inform individuals and employers regarding the Family and Medical Leave Insurance Program. Such campaign shall include, but not be limited to, information about the requirements for receiving family and medical leave compensation, how to apply for such compensation and the circumstances for which such compensation may be available. The authority may use funds contributed to the Family and Medical Leave Insurance Trust Fund for purposes of the public education campaign. Information distributed or made available under the campaign shall be available in English and Spanish and in any other language prescribed by the authority.

(b) The authority shall ensure to the greatest extent practicable that any web site, web-based form, application or digital service: (1) is accessible to individuals with disabilities in accordance with WCAG2.0 AA or similar updated standard; (2) has a consistent appearance; (3) contains a search function that allows users to easily search content intended for public use; (4) is provided through an industry standard secure connection; (5) is designed around user needs with data-driven analysis influencing management and development decisions, using qualitative and quantitative data to determine user goals, needs and behaviors and continually test the web site, web-based form, web-based application or digital service to ensure that user needs are addressed; (6) provides users of the new or redesigned web site, web-based form, web-based application or digital service with the option for a more customized digital experience that allows users to complete digital transactions in an efficient and accurate manner; (7) is fully functional and usable on common mobile devices; and (8) uses free

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and open-source tools when possible, such as open standards in accordance with the US Web Design Standards built by the US General Services Administration.

Sec. 11. (NEW) (*Effective from passage*) (a) (1) Employers may apply to the authority for approval to meet their obligations under sections 1 to 16, inclusive, of this act through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 1 to 16, inclusive, of this act, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll of the general statutes, as amended by this act, or in subsection (i) of said section or section 31-51ss of the general statutes; (B) impose no additional conditions or restriction on the use of family or medical leave beyond those explicitly authorized by said sections or by regulations issued pursuant to sections 2 to 16 of this act or to section 31-51qq of the general statutes, as amended by this act; (C) cost employees no more than the premium charged to employees under the state program; (D) provide coverage for all employees throughout their period of employment; (E) provide for the inclusion of future employees; (F) not result in a substantial selection of risks adverse to the Family and Medical Leave Insurance Trust or otherwise significantly endanger the solvency of the fund; (G) have been approved by a majority vote of the employer's employees; and (H) meet any additional requirements established by the authority.

(2) In order to be approved as meeting an employer's obligations under sections 1 to 16, inclusive, of this act, a private plan shall also comply with the following provisions: (A) If the private plan is in the

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form of self-insurance, the employer shall furnish a bond running to the state, with a surety company authorized to transact business in the state as surety, in such form as may be approved by the authority and in such amount as may be required by the department; and (B) if the plan provides for insurance, the forms of the policy shall have been approved by the Insurance Commissioner and be issued by an approved insurer.

(b) Approval for a private plan granted under subsection (a) of this section may be withdrawn when terms or conditions of the plan have been violated. Causes for plan termination include, but shall not be limited to, the following: (1) Failure to pay benefits; (2) failure to pay benefits timely and in a manner consistent with the public plan; (3) failure to maintain an adequate security deposit as described in subdivision (2) of subsection (a) of this section; (4) misuse of private plan funds; (5) failure to submit reports as required; or (6) failure to comply with sections 1 to 16, inclusive, of this act.

(c) Notwithstanding subsection (b) of section 3 of this act, employees enrolled in an approved private plan shall not contribute a percentage of their earnings to the Family and Medical Leave Trust Fund. Notwithstanding section 31-71e of the general statutes, an employer may withhold or divert up to the portion of an employee's wages that corresponds to the contribution rate established pursuant to subsection (b) of section 3 of this act for the purpose of administering an approved private plan. The amount of wages withheld or diverted for such purpose shall not be increased, except on the anniversary of the effective date of the private plan or within thirty days after the state adjusts the contribution rate.

(d) An employee covered by a private plan approved under this section shall retain all applicable rights under sections 31-51kk to 31-51qq, inclusive, of the general statutes, as amended by this act.

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(e) A denial of family or medical leave benefits by a private plan shall be subject to administrative appeal and appeal to the Superior Court as provided by section 12 of this act.

Sec. 12. (NEW) (*Effective from passage*) Any covered employee aggrieved by a denial of compensation under the Family and Medical Leave Insurance Program or any person aggrieved by the imposition of a penalty imposed pursuant to section 14 of this act may file a complaint with the Labor Commissioner. Upon receipt of any such complaint, the commissioner shall hold a hearing. After the hearing, the commissioner shall send each party a written copy of the commissioner's decision. The commissioner may award the covered employee or person all appropriate relief, including any compensation or benefits to which the employee otherwise would have been eligible if such denial had not occurred. Any party aggrieved by the decision of the commissioner may appeal the decision to the Superior Court in accordance with the provisions of chapter 54 of the general statutes.

Sec. 13. (NEW) (*Effective July 1, 2022*) Each employer shall, at the time of hiring, and annually thereafter, provide written notice to each of the employer's employees (1) of the entitlement to family and medical leave under sections 31-51kk to 31-51qq, inclusive, of the general statutes, as amended by this act, and 31-51ss of the general statutes and the terms under which such leave may be used, (2) of the opportunity to file a claim for compensation under the program, (3) that retaliation by the employer against the employee for requesting, applying for or using family and medical leave for which the employee is eligible is prohibited, and (4) that the employee has a right to file a complaint with the Labor Commissioner for any violation of said sections. The Labor Commissioner may adopt regulations, in accordance with chapter 54 of the general statutes, to establish additional requirements concerning the means by which employers shall provide such notice.

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Sec. 14. (NEW) (*Effective from passage*) (a) Any individual participating in the program who wilfully makes a false statement or misrepresentation regarding a material fact, or wilfully fails to report a material fact, to obtain family and medical leave compensation shall be disqualified from receiving any compensation under the program for two years after making such false statement or misrepresentation or failing to report such material fact.

(b) If family and medical leave compensation is paid to a covered employee erroneously or as a result of wilful misrepresentation by such employee, or if a claim for family and medical leave compensation is rejected after compensation is paid, the authority may seek repayment of benefits from the employee having received such compensation and may also, in the case of wilful misrepresentation, seek payment of a penalty in the amount of fifty per cent of the benefits paid as a result of such misrepresentation. The authority may waive, in whole or in part, the amount of any such payments if the recovery would be against equity and good conscience.

(c) If family and medical leave compensation is paid as a result of wilful misrepresentation by any health care provider, the authority shall notify the Labor Commissioner and may seek payment of a penalty from such health care provider in the amount of three hundred per cent of the benefits paid as a result of such misrepresentation. The authority may waive, in whole or in part, the amount of any such payments where the recovery would be against equity and good conscience.

(d) Any person, including an employer, who intentionally aids, abets, assists, promotes or facilitates the making of, or the attempt to make, any claim for benefits or the receipt or attempted receipt of benefits by another person in violation of subsection (b) of this section shall be liable for the same financial penalty as the person making or attempting to make the claim or receiving or attempting to receive the

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benefits.

(e) A health care provider shall complete a timely medical certification of a patient's serious medical condition at the request of the patient. No health care provider shall charge a patient a fee for such service.

Sec. 15. (NEW) (*Effective from passage*) Nothing in sections 31-51kk to 31-51qq, inclusive, of the general statutes, as amended by this act, section 31-51ss of the general statutes or sections 1 to 16, inclusive, of this act, shall be construed to (1) prevent employers from providing any benefits that are more expansive than those provided for under said sections, (2) diminish any rights provided to any covered employee under the terms of the covered employee's employment or a collective bargaining agreement, or (3) interfere with, impede or in any way diminish the right of an employee to bargain collectively with his or her employer through a representative of his or her choosing, in order to establish wages or conditions of work in excess of the applicable minimum pursuant to sections 3-13c, 31-51kk to 31-51mm, inclusive, 31-51oo to 31-51qq, inclusive, of the general statutes, as amended by this act, and sections 1 to 16, inclusive, of this act.

Sec. 16. (*Effective from passage*) Not later than July 1, 2022, and annually thereafter, the authority shall report, in accordance with section 11-4a of the general statutes, to the Office of Policy and Management and to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and labor, on (1) the projected and actual participation in the program, (2) the balance of the trust, (3) the reasons claimants are receiving family and medical leave compensation, (4) the success of outreach and education efforts, (5) demographic information of claimants, including gender, age, town of residence and income level, and (6) the total number of claims made and claims denied.

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Sec. 17. Section 31-51kk of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

As used in sections 31-51kk to 31-51qq, inclusive, as amended by this act:

(1) "Eligible employee" means an employee who has been employed [(A)] for at least [twelve] three months immediately preceding his or her request for leave by the employer with respect to whom leave is requested; [and (B) for at least one thousand hours of service with such employer during the twelve-month period preceding the first day of the leave;]

(2) "Employ" includes to allow or permit to work;

(3) "Employee" means any person engaged in service to an employer in this state in the business of the employer;

(4) "Employer" means a person engaged in any activity, enterprise or business who employs [seventy-five] one or more employees, and includes any person who acts, directly or indirectly, in the interest of an employer to any of the employees of such employer and any successor in interest of an employer. [, but shall] "Employer" does not include the state, or a municipality, a local or regional board of education, or a [private or parochial] nonpublic elementary or secondary school; [. The number of employees of an employer shall be determined on October first annually;]

(5) "Employment benefits" means all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits and pensions, regardless of whether such benefits are provided by practice or written policy of an employer or through an "employee benefit plan", as defined in Section 1002(3) of Title 29 of the United States Code;

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(6) "Family member" means a spouse, sibling, son or daughter, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships;

(7) "Grandchild" means a grandchild related to a person by (A) blood, (B) marriage, (C) adoption by a child of the grandparent, or (D) foster care by a child of the grandparent;

(8) "Grandparent" means a grandparent related to a person by (A) blood, (B) marriage, (C) adoption of a minor child by a child of the grandparent, or (D) foster care by a child of the grandparent;

[(6)] (9) "Health care provider" means (A) a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; (B) a podiatrist, dentist, psychologist, optometrist or chiropractor authorized to practice by the state in which such person practices and performs within the scope of the authorized practice; (C) an advanced practice registered nurse, nurse practitioner, nurse midwife or clinical social worker authorized to practice by the state in which such person practices and performs within the scope of the authorized practice; (D) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; (E) any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; (F) a health care provider as defined in subparagraphs (A) to (E), inclusive, of this subdivision who practices in a country other than the United States, who is licensed to practice in accordance with the laws and regulations of that country; or (G) such other health care provider as the Labor Commissioner determines, performing within the scope of the authorized practice. The commissioner may utilize any determinations made pursuant to chapter 568;

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[(7)] (10) "Parent" means a biological parent, foster parent, adoptive parent, stepparent, parent-in-law or legal guardian of an eligible employee or an eligible employee's spouse, [or] an individual [who stood] standing in loco parentis to an eligible employee, [when the employee was a son or daughter] or an individual who stood in loco parentis to the eligible employee when the employee was a child;

[(8)] (11) "Person" means one or more individuals, partnerships, associations, corporations, business trusts, legal representatives or organized groups of persons;

[(9)] (12) "Reduced leave schedule" means a leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee;

[(10)] (13) "Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves (A) inpatient care in a hospital, hospice, nursing home or residential medical care facility; or (B) continuing treatment, including outpatient treatment, by a health care provider;

(14) "Sibling" means a brother or sister related to a person by (A) blood, (B) marriage, (C) adoption by a parent of the person, or (D) foster care placement;

[(11)] (15) "Son or daughter" means a biological, adopted or foster child, stepchild, legal ward, or, in the alternative, a child of a person standing in loco parentis, [who is (A) under eighteen years of age; or (B) eighteen years of age or older and incapable of self-care because of a mental or physical disability] or an individual to whom the employee stood in loco parentis when the individual was a child; and

[(12)] (16) "Spouse" means a [husband or wife, as the case may be] person to whom one is legally married.

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Sec. 18. Section 31-51ll of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

(a) (1) Subject to section 31-51mm, as amended by this act, an eligible employee shall be entitled to a total of ~~[sixteen]~~ twelve workweeks of leave during any ~~[twenty-four-month]~~ twelve-month period, such ~~[twenty-four-month]~~ twelve-month period to be determined utilizing any one of the following methods: (A) ~~[Consecutive]~~ A calendar ~~[years]~~ year; (B) any fixed ~~[twenty-four-month]~~ twelve-month period, such as ~~[two consecutive]~~ a fiscal ~~[years]~~ year or a ~~[twenty-four-month]~~ twelve-month period measured forward from an employee's first date of employment; (C) a ~~[twenty-four-month]~~ twelve-month period measured forward from an employee's first day of leave taken under sections 31-51kk to 31-51qq, inclusive, as amended by this act; or (D) a rolling ~~[twenty-four-month]~~ twelve-month period measured backward from an employee's first day of leave taken under sections 31-51kk to 31-51qq, inclusive, as amended by this act. Such employee may take up to two additional weeks of leave during such twelve-month period for a serious health condition resulting in incapacitation that occurs during a pregnancy.

(2) Leave under this subsection may be taken for one or more of the following reasons:

(A) Upon the birth of a son or daughter of the employee;

(B) Upon the placement of a son or daughter with the employee for adoption or foster care;

(C) In order to care for ~~[the spouse, or a son, daughter or parent]~~ a family member of the employee, if such ~~[spouse, son, daughter or parent]~~ family member has a serious health condition;

(D) Because of a serious health condition of the employee;

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(E) In order to serve as an organ or bone marrow donor; or

(F) Because of any qualifying exigency, as determined in regulations adopted by the United States Secretary of Labor, arising out of the fact that the spouse, son, daughter or parent of the employee is on active duty, or has been notified of an impending call or order to active duty, in the armed forces, as defined in subsection (a) of section 27-103.

(b) Entitlement to leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section may accrue prior to the birth or placement of a son or daughter when such leave is required because of such impending birth or placement.

(c) (1) Leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section for the birth or placement of a son or daughter may not be taken by an employee intermittently or on a reduced leave schedule unless the employee and the employer agree otherwise. Subject to subdivision (2) of this subsection concerning an alternative position, subdivision (2) of subsection (f) of this section concerning the duties of the employee and subdivision (5) of subsection (b) of section 31-51mm, as amended by this act, concerning sufficient certification, leave under subparagraph (C) or (D) of subdivision (2) of subsection (a) or under subsection (i) of this section for a serious health condition may be taken intermittently or on a reduced leave schedule when medically necessary. The taking of leave intermittently or on a reduced leave schedule pursuant to this subsection shall not result in a reduction of the total amount of leave to which the employee is entitled under subsection (a) of this section beyond the amount of leave actually taken.

(2) If an employee requests intermittent leave or leave on a reduced leave schedule under subparagraph (C), (D) or (E) of subdivision (2) of subsection (a) or under subsection (i) of this section that is foreseeable based on planned medical treatment, the employer may require the

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employee to transfer temporarily to an available alternative position offered by the employer for which the employee is qualified and that (A) has equivalent pay and benefits, and (B) better accommodates recurring periods of leave than the regular employment position of the employee, provided the exercise of this authority shall not conflict with any provision of a collective bargaining agreement between such employer and a labor organization which is the collective bargaining representative of the unit of which the employee is a part.

(d) Except as provided in subsection (e) of this section, leave granted under subsection (a) of this section may consist of unpaid leave.

(e) (1) If an employer provides paid leave for fewer than [sixteen] twelve workweeks, the additional weeks of leave necessary to attain the [sixteen] twelve workweeks of leave required under sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, may be provided without compensation or with compensation through the Family and Medical Leave Insurance Program established in section 3 of this act.

(2) (A) An eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave or family leave of the employee for leave provided under subparagraph (A), (B) or (C) of subdivision (2) of subsection (a) of this section for any part of the [sixteen-week] twelve-week period of such leave under said subsection or under subsection (i) of this section for any part of the twenty-six-week period of such leave, provided such eligible employee may retain not less than two weeks of such leave.

(B) An eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave, or medical or sick leave of the employee for leave

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provided under subparagraph (C), (D) or (E) of subdivision (2) of subsection (a) of this section for any part of the ~~[sixteen-week]~~ twelve-week period of such leave under said subsection or under subsection (i) of this section for any part of the twenty-six-week period of leave, provided such eligible employee may retain not less than two weeks of such leave, except that nothing in section 5-248a or sections 31-51kk to 31-51qq, inclusive, as amended by this act, shall require an employer to provide paid sick leave or paid medical leave in any situation in which such employer would not normally provide any such paid leave.

(f) (1) In any case in which the necessity for leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section is foreseeable based on an expected birth or placement of a son or daughter, the employee shall provide the employer with not less than thirty days' notice, before the date of the leave is to begin, of the employee's intention to take leave under said subparagraph (A) or (B), except that if the date of the birth or placement of a son or daughter requires leave to begin in less than thirty days, the employee shall provide such notice as is practicable.

(2) In any case in which the necessity for leave under subparagraph (C), (D) or (E) of subdivision (2) of subsection (a) or under subsection (i) of this section is foreseeable based on planned medical treatment, the employee (A) shall make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the employer, subject to the approval of the health care provider of the employee or the health care provider of the ~~[son, daughter, spouse or parent]~~ family member of the employee, as appropriate; and (B) shall provide the employer with not less than thirty days' notice, before the date the leave is to begin, of the employee's intention to take leave under said subparagraph (C), (D) or (E) or said subsection (i), except that if the date of the treatment requires leave to begin in less than thirty days, the employee shall provide such notice as is practicable.

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(g) In any case in which [a husband and wife] two spouses entitled to leave under subsection (a) of this section are employed by the same employer, the aggregate number of workweeks of leave to which both may be entitled may be limited to [~~sixteen~~] twelve workweeks during any [~~twenty-four-month~~] twelve-month period, if such leave is taken: (1) Under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section; or (2) to care for a sick [~~parent~~] family member under subparagraph (C) of said subdivision. In any case in which [a husband and wife] two spouses entitled to leave under subsection (i) of this section are employed by the same employer, the aggregate number of workweeks of leave to which both may be entitled may be limited to twenty-six workweeks during any twelve-month period.

(h) Unpaid leave taken pursuant to sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, shall not be construed to affect an employee's qualification for exemption under chapter 558.

(i) Subject to section 31-51mm, as amended by this act, an eligible employee who is the spouse, son or daughter, parent or next of kin of a current member of the armed forces, as defined in section 27-103, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status or is on the temporary disability retired list for a serious injury or illness incurred in the line of duty shall be entitled to a one-time benefit of twenty-six workweeks of leave during any twelve-month period for each armed forces member per serious injury or illness incurred in the line of duty. Such twelve-month period shall commence on an employee's first day of leave taken to care for a covered armed forces member and end on the date twelve months after such first day of leave. For the purposes of this subsection, (1) "next of kin" means the armed forces member's nearest blood relative, other than the covered armed forces member's spouse, parent, son or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the armed forces member by court

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decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered armed forces member has specifically designated in writing another blood relative as his or her nearest blood relative or any other individual whose close association with the employee is the equivalent of a family member for purposes of military caregiver leave, in which case the designated individual shall be deemed to be the covered armed forces member's next of kin; and (2) "son or daughter" means a biological, adopted or foster child, stepchild, legal ward or child for whom the eligible employee or armed forces member stood in loco parentis and who is any age.

(j) Leave taken pursuant to sections 31-51kk to 31-51qq, inclusive, as amended by this act, shall not run concurrently with the provisions of section 31-313.

(k) Notwithstanding the provisions of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, all further rights granted by federal law shall remain in effect.

Sec. 19. Section 31-51mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

(a) An employer may require that request for leave based on a serious health condition in subparagraph (C) or (D) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, or leave based on subsection (i) of section 31-51ll, as amended by this act, be supported by a certification issued by the health care provider of the eligible employee or of the [son, daughter, spouse, parent or] next of kin or family member of the employee, as appropriate. The employee shall provide, in a timely manner, a copy of such certification to the employer.

(b) Certification provided under subsection (a) of this section shall

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be sufficient if it states:

- (1) The date on which the serious health condition commenced;
- (2) The probable duration of the condition;
- (3) The appropriate medical facts within the knowledge of the health care provider regarding the condition;
- (4) (A) For purposes of leave under subparagraph (C) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, a statement that the eligible employee is needed to care for the [son, daughter, spouse or parent] family member and an estimate of the amount of time that such employee needs to care for the [son, daughter, spouse or parent] family member; and (B) for purposes of leave under subparagraph (D) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, a statement that the employee is unable to perform the functions of the position of the employee;
- (5) In the case of certification for intermittent leave or leave on a reduced leave schedule for planned medical treatment, the dates on which such treatment is expected to be given and the duration of such treatment;
- (6) In the case of certification for intermittent leave or leave on a reduced leave schedule under subparagraph (D) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, a statement of the medical necessity of the intermittent leave or leave on a reduced leave schedule, and the expected duration of the intermittent leave or reduced leave schedule;
- (7) In the case of certification for intermittent leave or leave on a reduced leave schedule under subparagraph (C) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, a statement that the employee's intermittent leave or leave on a reduced leave

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schedule is necessary for the care of the [son, daughter, parent or spouse] family member who has a serious health condition, or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule; and

(8) In the case of certification for intermittent leave or leave on a reduced leave schedule under subsection (i) of section 31-51ll, as amended by this act, a statement that the employee's intermittent leave or leave on a reduced leave schedule is necessary for the care of the spouse, son or daughter, parent or next of kin who is a current member of the armed forces, as defined in section 27-103, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status or is on the temporary disability retired list, for a serious injury or illness incurred in the line of duty, and the expected duration and schedule of the intermittent leave or reduced leave schedule. For the purposes of this subsection, "son or daughter" and "next of kin" have the same meanings as provided in subsection (i) of section 31-51ll, as amended by this act.

(c) (1) In any case in which the employer has reason to doubt the validity of the certification provided under subsection (a) of this section for leave under subparagraph (C) or (D) of subdivision (2) of subsection (a) or under subsection (i) of section 31-51ll, as amended by this act, the employer may require, at the expense of the employer, that the eligible employee obtain the opinion of a second health care provider designated or approved by the employer concerning any information certified under subsection (b) of this section for such leave.

(2) A health care provider designated or approved under subdivision (1) of this subsection shall not be employed on a regular basis by the employer.

(d) (1) In any case in which the second opinion described in subsection (c) of this section differs from the opinion in the original

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certification provided under subsection (a) of this section, the employer may require, at the expense of the employer, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee concerning the information certified under subsection (b) of this section.

(2) The opinion of the third health care provider concerning the information certified under subsection (b) of this section shall be considered to be final and shall be binding on the employer and the employee.

(e) The employer may require that the eligible employee obtain subsequent recertifications on a reasonable basis, provided the standards for determining what constitutes a reasonable basis for recertification may be governed by a collective bargaining agreement between such employer and a labor organization which is the collective bargaining representative of the unit of which the worker is a part if such a collective bargaining agreement is in effect. Unless otherwise required by the employee's health care provider, the employer may not require recertification more than once during a thirty-day period and, in any case, may not unreasonably require recertification. The employer shall pay for any recertification that is not covered by the employee's health insurance.

Sec. 20. Section 31-5100 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

Records and documents relating to medical certifications, recertifications or medical histories of employees or employees' family members, created for purposes of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, and sections 2 to 16, inclusive, of this act, shall be maintained as medical records pursuant to chapter 563a, except that: (1) Supervisors and managers may be informed regarding necessary restrictions on the work or duties of an employee

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and necessary accommodations; (2) first aid and safety personnel may be informed, when appropriate, if the employee's physical or medical condition might require emergency treatment; and (3) government officials investigating compliance with sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, and sections 2 to 16, inclusive, of this act, or other pertinent law shall be provided relevant information upon request.

Sec. 21. Section 31-51pp of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

(a) (1) It shall be a violation of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, for any employer to interfere with, restrain or deny the exercise of, or the attempt to exercise, any right provided under said sections.

(2) It shall be a violation of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, for any employer to discharge or cause to be discharged, or in any other manner discriminate, against any individual for opposing any practice made unlawful by said sections or because such employee has exercised the rights afforded to such employee under said sections.

(b) It shall be a violation of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, for any person to discharge or cause to be discharged, or in any other manner discriminate, against any individual because such individual:

(1) Has filed any charge, or has instituted or caused to be instituted any proceeding, under or related to sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act;

(2) Has given, or is about to give, any information in connection with any inquiry or proceeding relating to any right provided under said sections; or

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(3) Has testified, or is about to testify, in any inquiry or proceeding relating to any right provided under said sections.

(c) (1) It shall be a violation of sections 31-51kk to 31-51qq, inclusive, as amended by this act, for any employer to deny an employee the right to use up to two weeks of accumulated sick leave or to discharge, threaten to discharge, demote, suspend or in any manner discriminate against an employee for using, or attempting to exercise the right to use, up to two weeks of accumulated sick leave to attend to a serious health condition of a [son or daughter, spouse or parent] family member of the employee, or for the birth or adoption of a son or daughter of the employee. For purposes of this subsection, "sick leave" means an absence from work for which compensation is provided through an employer's bona fide written policy providing compensation for loss of wages occasioned by illness, but does not include absences from work for which compensation is provided through an employer's plan, including, but not limited to, a short or long-term disability plan, whether or not such plan is self-insured.

(2) Any employee aggrieved by a violation of this subsection may file a complaint with the Labor Commissioner alleging violation of the provisions of this subsection. Upon receipt of any such complaint, the commissioner shall hold a hearing. After the hearing, the commissioner shall send each party a written copy of the commissioner's decision. The commissioner may award the employee all appropriate relief, including rehiring or reinstatement to the employee's previous job, payment of back wages and reestablishment of employee benefits to which the employee otherwise would have been eligible if a violation of this subsection had not occurred. Any party aggrieved by the decision of the commissioner may appeal the decision to the Superior Court in accordance with the provisions of chapter 54.

(3) The rights and remedies specified in this subsection are

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cumulative and nonexclusive and are in addition to any other rights or remedies afforded by contract or under other provisions of law.

Sec. 22. Section 31-51qq of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):

[On or before January 1, 1997] Not later than January 1, 2022, the Labor Commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to establish procedures and guidelines necessary to implement the provisions of sections [5-248a and] 31-51kk to 31-51qq, inclusive, as amended by this act, including, but not limited to: [] (1) Guidelines regarding factors to be considered when determining whether an individual's close association with an employee is the equivalent of a family member's, and (2) procedures for hearings and redress, including restoration and restitution, for an employee who believes that there is a violation by the employer of such employee of any provision of said sections. [In adopting such regulations, the commissioner shall make reasonable efforts to ensure compatibility of state regulatory provisions with similar provisions of the federal Family and Medical Leave Act of 1993 and the regulations promulgated pursuant to said act.]

Sec. 23. Section 3-13c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

Trust funds as used in sections 3-13 to 3-13e, inclusive, and 3-31b shall be construed to include Connecticut Municipal Employees' Retirement Fund A, Connecticut Municipal Employees' Retirement Fund B, Soldiers, Sailors and Marines Fund, Family and Medical Leave Insurance Trust Fund, State's Attorneys' Retirement Fund, Teachers' Annuity Fund, Teachers' Pension Fund, Teachers' Survivorship and Dependency Fund, School Fund, State Employees Retirement Fund, the Hospital Insurance Fund, Policemen and Firemen Survivor's Benefit Fund and all other trust funds administered, held or invested

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by the State Treasurer.

Sec. 24. Section 1-120 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

As used in sections 1-120 to 1-123, inclusive:

(1) "Quasi-public agency" means Connecticut Innovations, Incorporated, the Connecticut Health and Educational Facilities Authority, the Connecticut Higher Education Supplemental Loan Authority, the Connecticut Student Loan Foundation, the Connecticut Housing Finance Authority, the Connecticut Housing Authority, the Materials Innovation and Recycling Authority, the Capital Region Development Authority, the Connecticut Lottery Corporation, the Connecticut Airport Authority, the Connecticut Health Insurance Exchange, the Connecticut Green Bank, the Connecticut Retirement Security Authority, the Connecticut Port Authority, [and] the State Education Resource Center and the Paid Family and Medical Leave Insurance Authority.

(2) "Procedure" means each statement, by a quasi-public agency, of general applicability, without regard to its designation, that implements, interprets or prescribes law or policy, or describes the organization or procedure of any such agency. The term includes the amendment or repeal of a prior regulation, but does not include, unless otherwise provided by any provision of the general statutes, (A) statements concerning only the internal management of any agency and not affecting procedures available to the public, and (B) intra-agency memoranda.

(3) "Proposed procedure" means a proposal by a quasi-public agency under the provisions of section 1-121 for a new procedure or for a change in, addition to or repeal of an existing procedure.

Sec. 25. Section 1-125 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective July 1, 2019*):

The directors, officers and employees of Connecticut Innovations, Incorporated, the Connecticut Higher Education Supplemental Loan Authority, the Connecticut Student Loan Foundation, the Connecticut Housing Finance Authority, the Connecticut Housing Authority, the Materials Innovation and Recycling Authority, including ad hoc members of the Materials Innovation and Recycling Authority, the Connecticut Health and Educational Facilities Authority, the Capital Region Development Authority, the Connecticut Airport Authority, the Connecticut Lottery Corporation, the Connecticut Health Insurance Exchange, the Connecticut Green Bank, the Connecticut Retirement Security Authority, the Connecticut Port Authority, [and] the State Education Resource Center and the Paid Family and Medical Leave Insurance Authority and any person executing the bonds or notes of the agency shall not be liable personally on such bonds or notes or be subject to any personal liability or accountability by reason of the issuance thereof, nor shall any director or employee of the agency, including ad hoc members of the Materials Innovation and Recycling Authority, be personally liable for damage or injury, not wanton, reckless, wilful or malicious, caused in the performance of his or her duties and within the scope of his or her employment or appointment as such director, officer or employee, including ad hoc members of the Materials Innovation and Recycling Authority. The agency shall protect, save harmless and indemnify its directors, officers or employees, including ad hoc members of the Materials Innovation and Recycling Authority, from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit or judgment by reason of alleged negligence or alleged deprivation of any person's civil rights or any other act or omission resulting in damage or injury, if the director, officer or employee, including ad hoc members of the Materials Innovation and Recycling Authority, is found to have been acting in the discharge of his or her duties or

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within the scope of his or her employment and such act or omission is found not to have been wanton, reckless, wilful or malicious.

Sec. 26. Subsection (c) of section 31-225a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) (1) (A) Any week for which the employer has compensated the claimant in the form of wages in lieu of notice, dismissal payments or any similar payment for loss of wages shall be considered a week of employment for the purpose of determining employer chargeability. (B) No benefits shall be charged to any employer who paid wages of five hundred dollars or less to the claimant in his or her base period. (C) No dependency allowance paid to a claimant shall be charged to any employer. (D) In the event of a natural disaster declared by the President of the United States, no benefits paid on the basis of total or partial unemployment which is the result of physical damage to a place of employment caused by severe weather conditions including, but not limited to, hurricanes, snow storms, ice storms or flooding, or fire except where caused by the employer, shall be charged to any employer. (E) If the administrator finds that (i) an individual's most recent separation from a base period employer occurred under conditions which would result in disqualification by reason of subdivision (2), (6) or (9) of subsection (a) of section 31-236, or (ii) an individual was discharged for violating an employer's drug testing policy, provided the policy has been adopted and applied consistent with sections 31-51t to 31-51aa, inclusive, section 14-261b and any applicable federal law, no benefits paid thereafter to such individual with respect to any week of unemployment which is based upon wages paid by such employer with respect to employment prior to such separation shall be charged to such employer's account, provided such employer shall have filed a notice with the administrator within the time allowed for appeal in section 31-241. (F) No base period

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employer's account shall be charged with respect to benefits paid to a claimant if such employer continues to employ such claimant at the time the employer's account would otherwise have been charged to the same extent that he or she employed him or her during the individual's base period, provided the employer shall notify the administrator within the time allowed for appeal in section 31-241. (G) If a claimant has failed to accept suitable employment under the provisions of subdivision (1) of subsection (a) of section 31-236 and the disqualification has been imposed, the account of the employer who makes an offer of employment to a claimant who was a former employee shall not be charged with any benefit payments made to such claimant after such initial offer of reemployment until such time as such claimant resumes employment with such employer, provided such employer shall make application therefor in a form acceptable to the administrator. The administrator shall notify such employer whether or not his or her application is granted. Any decision of the administrator denying suspension of charges as herein provided may be appealed within the time allowed for appeal in section 31-241. (H) Fifty per cent of benefits paid to a claimant under the federal-state extended duration unemployment benefits program established by the federal Employment Security Act shall be charged to the experience accounts of the claimant's base period employers in the same manner as the regular benefits paid for such benefit year. (I) No base period employer's account shall be charged with respect to benefits paid to a claimant who voluntarily left suitable work with such employer (i) to care for a seriously ill spouse, parent or child, or (ii) due to the discontinuance of the transportation used by the claimant to get to and from work, as provided in subparagraphs (A)(ii) and (A)(iii) of subdivision (2) of subsection (a) of section 31-236. (J) No base period employer's account shall be charged with respect to benefits paid to a claimant who has been discharged or suspended because the claimant has been disqualified from performing the work for which he or she was hired due to the loss of such claimant's operator license as a result

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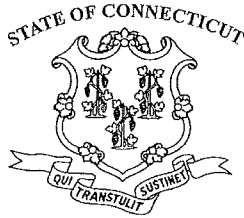
of a drug or alcohol test or testing program conducted in accordance with section 14-44k, 14-227a or 14-227b while the claimant was off duty. (K) No base period employer's account shall be charged with respect to benefits paid to a claimant whose separation from employment is attributable to the return of an individual who was absent from work due to a bona fide leave taken pursuant to sections 31-51kk to 31-51qq, inclusive, as amended by this act, or sections 2 to 16, inclusive, of this act.

(2) All benefits paid which are not charged to any employer shall be pooled.

(3) The noncharging provisions of this chapter, except [subdivisions (1)(D) and (1)(F)] subparagraphs (D), (F) and (K) of subdivision (1) of this subsection, shall not apply to reimbursing employers.

Approved June 21, 2019

13



Substitute House Bill No. 7229

Public Act No. 19-51

AN ACT CONCERNING FIRE SPRINKLER SYSTEMS IN RENTAL UNITS.

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

Section 1. Section 47a-3f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) As used in this section, "fire sprinkler system" means a system of piping and appurtenances designed and installed in accordance with generally accepted standards so that heat from a fire will automatically cause water to be discharged over the fire area to extinguish or prevent its further spread.

(b) When renting [any] a dwelling unit in a building required to be equipped with a fire sprinkler system pursuant to section 29-315, the State Fire Safety Code, the State Fire Prevention Code or any other statute or regulation, the landlord of such dwelling unit shall include notice in the rental agreement as to the existence or nonexistence of an operative fire sprinkler system in such [dwelling unit] building, and such notice shall be printed in not less than twelve-point boldface type of uniform font.

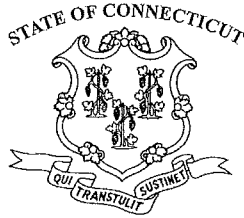
(c) If there is an operative fire sprinkler system in the [dwelling unit] building, the rental agreement shall provide further notice as to the last

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date of maintenance and inspection, and such notice shall be printed in not less than twelve-point boldface type of uniform font.

Approved June 28, 2019.

14



Substitute Senate Bill No. 140

Public Act No. 19-66

AN ACT EXPANDING ELIGIBILITY FOR TAX RELIEF FOR CERTAIN ELDERLY HOMEOWNERS.

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

Section 1. Subsection (b) of section 12-170aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019, and applicable to assessment years commencing on or after October 1, 2019*):

(b) (1) The program established by this section shall provide for a reduction in property tax, except in the case of benefits payable as a grant under certain circumstances in accordance with provisions in subsection (j) of this section, applicable to the assessed value of certain real property, determined in accordance with subsection (c) of this section, for any (A) owner of real property, [or any] including any owner of real property held in trust for such owner, provided such owner or such owner and such owner's spouse are the grantor and beneficiary of such trust, (B) tenant for life or tenant for a term of years liable for property tax under section 12-48, or [any] (C) resident of a multiple-dwelling complex under certain contractual conditions as provided in said subsection (j) of this section, who [(A)] (i) at the close of the preceding calendar year has attained age sixty-five or over, or whose spouse domiciled with such homeowner, has attained age sixty-

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five or over at the close of the preceding calendar year, or is fifty years of age or over and the surviving spouse of a homeowner who at the time of his death had qualified and was entitled to tax relief under this section, provided such spouse was domiciled with such homeowner at the time of his death or [(B)] (ii) at the close of the preceding calendar year has not attained age sixty-five and is eligible in accordance with applicable federal regulations to receive permanent total disability benefits under Social Security, or has not been engaged in employment covered by Social Security and accordingly has not qualified for benefits thereunder but who has become qualified for permanent total disability benefits under any federal, state or local government retirement or disability plan, including the Railroad Retirement Act and any government-related teacher's retirement plan, determined by the Secretary of the Office of Policy and Management to contain requirements in respect to qualification for such permanent total disability benefits which are comparable to such requirements under Social Security; and in addition to qualification under [(A)] (i) or [(B)] (ii) above, whose taxable and nontaxable income, the total of which shall hereinafter be called "qualifying income", in the tax year of such homeowner ending immediately preceding the date of application for benefits under the program in this section, was not in excess of sixteen thousand two hundred dollars, if unmarried, or twenty thousand dollars, jointly with spouse if married, subject to adjustments in accordance with subdivision (2) of this subsection, evidence of which income shall be required in the form of a signed affidavit to be submitted to the assessor in the municipality in which application for benefits under this section is filed. The amount of any Medicaid payments made on behalf of such homeowner or the spouse of such homeowner shall not constitute income. The amount of tax reduction provided under this section, determined in accordance with and subject to the variable factors in the schedule of amounts of tax reduction in subsection (c) of this section, shall be allowed only with respect to a residential dwelling owned by such qualified homeowner

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and used as such homeowner's primary place of residence. If title to real property or a tenancy interest liable for real property taxes is recorded in the name of such qualified homeowner or his spouse making a claim and qualifying under this section and any other person or persons, the claimant hereunder shall be entitled to pay his fractional share of the tax on such property calculated in accordance with the provisions of this section, and such other person or persons shall pay his or their fractional share of the tax without regard for the provisions of this section, unless also qualified hereunder. For the purposes of this section, a "mobile manufactured home", as defined in section 12-63a, or a dwelling on leased land, including but not limited to a modular home, shall be deemed to be real property and the word "taxes" shall not include special assessments, interest and lien fees.

(2) The amounts of qualifying income as provided in this section shall be adjusted annually in a uniform manner to reflect the annual inflation adjustment in Social Security income, with each such adjustment of qualifying income determined to the nearest one hundred dollars. Each such adjustment of qualifying income shall be prepared by the Secretary of the Office of Policy and Management in relation to the annual inflation adjustment in Social Security, if any, becoming effective at any time during the twelve-month period immediately preceding the first day of October each year and the amount of such adjustment shall be distributed to the assessors in each municipality not later than the thirty-first day of December next following.

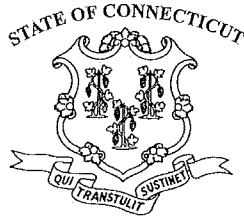
(3) For purposes of determining qualifying income under subdivision (1) of this subsection with respect to a married homeowner who submits an application for tax reduction in accordance with this section, the Social Security income of the spouse of such homeowner shall not be included in the qualifying income of such homeowner, for purposes of determining eligibility for benefits under this section, if

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such spouse is a resident of a health care or nursing home facility in this state receiving payment related to such spouse under the Title XIX Medicaid program. An applicant who is legally separated pursuant to the provisions of section 46b-40, as of the thirty-first day of December preceding the date on which such person files an application for a grant in accordance with subsection (a) of this section, may apply as an unmarried person and shall be regarded as such for purposes of determining qualifying income under said subsection.

Approved July 1, 2019

15



Substitute House Bill No. 7225

Public Act No. 19-168

AN ACT CONCERNING PUBLIC HOUSING.

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

Section 1. Section 47a-6a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) As used in this section, "address" means a location as described by the full street number, if any, the street name, the city or town, and the state, and not a mailing address such as a post office box, "dwelling unit" means any house or building, or portion thereof, which is rented, leased or hired out to be occupied, or is arranged or designed to be occupied, or is occupied, as the home or residence of one or more persons, living independently of each other, and doing their cooking upon the premises, and having a common right in the halls, stairways or yards, [and] "agent in charge" means one who manages real estate, including, but not limited to, the collection of rents and supervision of property, "controlling participant" means an individual or entity that exercises day-to-day financial or operational control, and "project-based housing provider" means a property owner who contracts with the United States Department of Housing and Urban Development to provide housing to tenants under the federal Housing Choice Voucher Program, 42 USC 1437f(o).

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(b) Any municipality may require the nonresident owner or project-based housing provider of occupied or vacant rental real property to maintain on file in the office of the tax assessor, or other municipal office designated by the municipality, the current residential address of the nonresident owner or project-based housing provider of such property, if the nonresident owner or project-based housing provider is an individual, or the current residential address of the agent in charge of the building, if the nonresident owner or project-based housing provider is a corporation, partnership, trust or other legally recognized entity owning rental real property in the state. In the case of a project-based housing provider, such information shall also include identifying information and the current residential address of each controlling participant associated with the property, except that, if such controlling participant is a corporation, partnership, trust or other legally recognized entity, the project-based housing provider shall include the identifying information and the current residential address of an individual who exercises day-to-day financial or operational control of such entity. If such residential address changes, notice of the new residential address shall be provided by such nonresident owner, project-based housing provider or agent in charge of the building to the office of the tax assessor or other designated municipal office not more than twenty-one days after the date that the address change occurred. If the nonresident owner, project-based housing provider or agent fails to file an address under this section, the address to which the municipality mails property tax bills for the rental real property shall be deemed to be the nonresident owner, project-based housing provider or agent's current address. Such address may be used for compliance with the provisions of subsection (c) of this section.

(c) Service of state or municipal orders relating to maintenance of such rental real property or compliance with state law and local codes concerning such real property directed to the nonresident owner,

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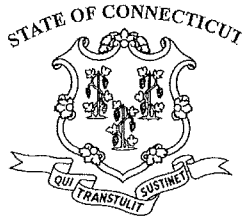
project-based housing provider or agent at the address on file, or deemed to be on file in accordance with the provisions of this section, shall be sufficient proof of service of notice of such orders in any subsequent criminal or civil action against the owner, project-based housing provider or agent for failure to comply with the orders. The provisions of this section shall not be construed to limit the validity of any other means of giving notice of such orders that may be used by the state or such municipality.

(d) Any person who violates any provision of this section shall have committed an infraction.

Sec. 2. Section 47a-6b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

Notwithstanding the provisions of section 51-164p, any municipality may by ordinance adopted by its legislative body establish a civil penalty for a violation of section 47a-6a, as amended by this act, provided the amount of such civil penalty shall be not more than [two] five hundred [fifty] dollars for the first violation and not more than one thousand dollars for any subsequent violation. Any person who is assessed a civil penalty pursuant to this section may appeal therefrom to the Superior Court. An appeal shall be instituted not later than thirty days after the mailing of notice of such assessment by filing a petition to reopen assessment, together with an entry fee in an amount equal to the entry fee for a small claims case pursuant to section 52-259, at the Superior Court facility designated by the Chief Court Administrator, which shall entitle such person to a hearing in accordance with the rules of the judges of the Superior Court.

16



Substitute Senate Bill No. 827

Public Act No. 19-115

***AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA
TRAINING AND BEST PRACTICES.***

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

Section 1. Subsection (b) of section 20-10b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(b) Except as otherwise provided in subsections (d), (e) and (f) of this section, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing medical education within the preceding twenty-four-month period. Such continuing medical education shall (1) be in an area of the physician's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) during the first renewal period in which continuing medical education is required and not less than once every six years thereafter, 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, including, but not limited to, for registration periods beginning on or after October 1, 2015, prescribing controlled substances and pain management, (C) sexual assault, (D) domestic violence, (E) cultural

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competency, and (F) behavioral health, provided further that on and after January 1, 2016, such behavioral health continuing medical education may include, but not be limited to, at least 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] diagnosing and treating (i) cognitive conditions, including, but not limited to, Alzheimer's disease, dementia, delirium, related cognitive impairments and geriatric depression, or (ii) mental health conditions, including, but not limited to, mental health conditions common to veterans and family members of veterans. [, including (i)] Training for mental health conditions common to veterans and family members of veterans shall include best practices for (I) determining whether a patient is a veteran or family member of a veteran, [(ii)] (II) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and [(iii)] (III) suicide prevention training. For purposes of this section, qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Association, Connecticut Hospital Association, Connecticut State Medical Society, Connecticut Osteopathic Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department. The commissioner, or the commissioner's designee, may grant a waiver for not more than ten contact hours of continuing medical education for a physician who: (i) Engages in activities related to the physician's service as a member of the Connecticut Medical Examining Board, established pursuant to section 20-8a; (ii) engages in activities related to the physician's service as a member of a medical hearing panel, pursuant to section 20-8a; or (iii) assists the department with its duties to boards and commissions as described in section 19a-14.

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Sec. 2. Subsection (b) of section 20-94d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(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, including, but not limited to, prescribing controlled substances and pain management; [and] (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

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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: [(i)] (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 [(ii)] (B) assists the department with its duties to boards and commissions as described in section 19a-14.

Sec. 3. (*Effective from passage*) (a) The executive director of the Commission on Women, Children and Seniors shall convene a working group to review the recommendations of the task force established pursuant to section 1 of special act 13-11, determine gaps in implementation of the task force's recommendations and make recommendations concerning best practices for Alzheimer's disease and dementia care.

(b) The working group shall be comprised of: (1) The executive director of the Commission on Women, Children and Seniors, or the executive director's designee, who shall be chairperson of the working group; (2) the executive director of the Connecticut chapter of the Alzheimer's Association, or the executive director's designee; (3) the Commissioner of Rehabilitation Services, or the commissioner's designee; (4) the executive director of the Connecticut chapter of the American Association of Retired Persons, or the executive director's designee; (5) the State Ombudsman, or the State Ombudsman's

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designee; and (6) (A) a family representative of a person with Alzheimer's disease, (B) a family representative of a person with dementia, (C) a person diagnosed with Alzheimer's disease or dementia, and (D) a health care professional with expertise in the diagnosis and treatment of Alzheimer's disease and dementia, all appointed by the executive director of the Commission on Women, Children and Seniors.

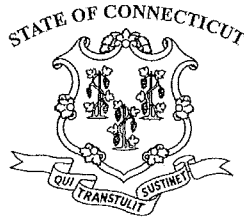
(c) The executive director of the Commission on Women, Children and Seniors shall make appointments and convene the working group not later than thirty days after the effective date of this section. Any vacancy shall be filled by said executive director.

(d) The administrative staff of the Commission on Women, Children and Seniors shall serve as administrative staff of the working group.

(e) Not later than January 30, 2020, the working group shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to aging, in accordance with the provisions of section 11-4a of the general statutes. The working group shall terminate on the date that it submits such report or December 1, 2020, whichever is later.

Approved July 1, 2019

17



Substitute House Bill No. 7198

Public Act No. 19-164

AN ACT CONCERNING SOCIAL WORKERS.

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

Section 1. Section 20-195q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) No person shall (1) use the title "licensed master social worker" or any initials associated with such title, or (2) advertise services under the description of a licensed master social worker, as defined in section 20-195m, unless such person is licensed as a master social worker pursuant to this chapter.

(b) No person shall (1) use the title "licensed clinical social worker" or any initials associated with such title, or (2) advertise services under the description of a licensed clinical social worker, as defined in section 20-195m, unless such person is licensed as a clinical social worker pursuant to this chapter.

(c) No person shall (1) use the title "social worker" or any initials associated with such title, or (2) advertise services under the description of "social worker", unless such person has earned a baccalaureate or master's degree in social work from a social work program accredited by the Council on Social Work Education, a

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doctoral degree in social work or, if educated outside of the United States or its territories, has completed an educational program deemed equivalent by said council.

[(c)] (d) Nothing in this chapter shall prohibit: (1) A student enrolled in a doctoral or master's degree program accredited by the Council on Social Work Education from performing such work as is incidental to his course of study, provided such person is designated by a title which clearly indicates his status as a student; (2) a person licensed or certified in this state in a field other than clinical social work from practicing within the scope of such license or certification; (3) a person enrolled in an educational program or fulfilling other state requirements leading to licensure or certification in a field other than social work from engaging in work in such other field; (4) a person who is employed or retained as a social work designee, social worker, or social work consultant by a nursing home or rest home licensed under section 19a-490 and who meets the qualifications prescribed by the department in its regulations from performing the duties required of them in accordance with state and federal laws governing those duties; [(5) for the period from October 1, 2010, to October 1, 2013, inclusive, a master social worker from engaging in independent practice; (6)] (5) a social worker from practicing community organization, policy and planning, research or administration that does not include engaging in clinical social work or supervising a social worker engaged in clinical treatment with clients; [(7)] (6) individuals with a baccalaureate degree in social work from a Council on Social Work Education accredited program from performing nonclinical social work functions; [and (8)] (7) a person who holds a professional educator certificate issued by the State Board of Education pursuant to section 10-145b, with a school social worker endorsement, from using the title of school social worker to describe such person's activities while working in a public or nonpublic school in the state; (8) any person employed by a municipality prior to July 1, 2019, under the

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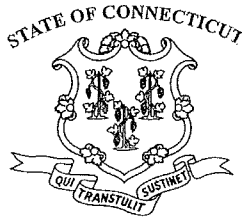
title social worker from using such title to describe or perform duties in the course of such employment with the municipality; and (9) a state employee with the title social worker from using such title to describe or perform duties in the course of such employment with the state. On and after October 1, 2019, the state shall specify on any job posting for a title in the social work series of classified service, in which a license pursuant to this chapter is not required, that a preferred qualification for employment in such title is completion of a baccalaureate or master's degree in social work from a social work program accredited by the Council on Social Work Education or a doctoral degree in social work.

Sec. 2. Subsection (a) of section 20-195s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) An individual licensed as a master social worker pursuant to section 20-195n may: (1) Practice clinical social work under professional supervision; and (2) offer a mental health diagnosis provided such diagnosis is offered in consultation with a physician licensed pursuant to chapter 370, an advanced practice registered nurse licensed pursuant to chapter 378, a psychologist licensed pursuant to chapter 383, a marital and family therapist licensed pursuant to chapter 383a, a professional counselor licensed pursuant to chapter 383c or a clinical social worker licensed pursuant to this chapter. [Except as provided in subsection (c) of section 20-195q, a] A licensed master social worker may not engage in independent practice.

Approved July 9, 2019

18



Substitute House Bill No. 7230

Public Act No. 19-170

AN ACT CONCERNING INTERPRETER STANDARDS.

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

Section 1. Section 46a-33a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) For the purposes of this section:

(1) "Department" means the Department of Rehabilitation Services;

[(1)] (2) "Interpreting" means the translating or transliterating of English concepts to a language concept used by a person who is deaf, deaf-blind or hard of hearing or [means] the translating of a [language concept of a person who is] deaf, deaf-blind or hard of hearing person's language to English concepts [. Language concepts include, but are not limited to,] through the use of American Sign Language, English-based sign language, cued speech, oral transliterating and information received tactually;

[(2)] "Legal setting" means any criminal or civil action involving a court of competent jurisdiction, any investigation conducted by a duly authorized law enforcement agency, employment related hearings and appointments requiring the presence of an attorney;

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(3) "Medical setting" means medical related situations including mental health treatment, psychological evaluations, substance abuse treatment, crisis intervention and appointments or treatment requiring the presence of a doctor, nurse or other health care professional; and

(4) "Educational setting" means a school or other educational institution, including elementary, high school and post-graduation schools where interpretive services are provided to a student.]

(3) "Deaf-blind" means combined vision and hearing impairments that challenge a person's ability to communicate, interact with others, access information and move about safely;

(4) "Educational setting" means any setting where interpretive services are provided concerning education-related matters, including, but not limited to, all schools, school-based programs, services and activities and other educational programs;

(5) "Legal setting" means any criminal or civil action involving a court of competent jurisdiction, any investigation or action conducted by a duly authorized law enforcement agency, employment-related hearings, appointments and situations requiring the presence of an attorney;

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

(7) "Transliterating" means converting or rendering English concepts to a language concept used by a person who is deaf, deaf-blind or hard of hearing or the translating of a deaf, deaf-blind or hard

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of hearing person's language concept to English concepts.

(b) [All] Except as provided in subsections (g) and (h) of this section, all persons providing interpreting services shall register, annually, with the Department of Rehabilitation Services. Such registration shall be on a form prescribed or furnished by the Commissioner of Rehabilitation Services and shall include the registrant's name, residential or business address, or both, contact information, including, but not limited to, phone number, place of employment as interpreter and interpreter certification or credentials. The department shall issue identification cards for those who register in accordance with this section and maintain a current listing on its Internet web site of such registered interpreters. The department may also require documentation of the registrant's training hours. The department shall annually issue interpreter identification cards listing the type of settings in which the registrant is qualified to interpret.

(c) No person shall provide interpreting services unless such person is registered with the Department of Rehabilitation Services according to the provisions of this section, [and] holds recognized national or state interpreter credentials determined by the department to be acceptable for interpreting purposes where appropriate in Connecticut and has met at least one of the following qualifications:

(1) [has] (A) Has passed the National Registry of Interpreters for the Deaf written generalist test or the National Association of the Deaf-National Registry of Interpreters for the Deaf certification knowledge examination, (B) holds a level three certification provided by the National Association of the Deaf, and (C) (i) documents the achievement of two continuing education units per year for a maximum of five years of training approved by the Commissioner of Rehabilitation Services, and (ii) on or before the fifth anniversary of having passed the National Registry of Interpreters for the Deaf written generalist test or the National Association of the Deaf-National

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Registry of Interpreters for the Deaf certification knowledge examination, has passed the National Registry of Interpreters for the Deaf performance examination or the National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreter certification examination; [.]

(2) [has] (A) Has passed the National Registry of Interpreters for the Deaf written generalist test or the National Association of the Deaf-National Registry of Interpreters for the Deaf certification knowledge examination, [and] (B) is a graduate of an accredited interpreter training program and documents the achievement of two continuing education units per year for a maximum of five years of training approved by the commissioner, and (C) on or before the fifth anniversary of having passed the National Registry of Interpreters for the Deaf written generalist test or the National Association of the Deaf-National Registry of Interpreters for the Deaf certification knowledge examination, has passed the National Registry of Interpreters for the Deaf performance examination or the National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreter certification examination; [.]

(3) [holds] Holds a level four or higher certification from the National Association of the Deaf; [.]

(4) [holds] Holds certification by the National Registry of Interpreters for the Deaf; [.]

(5) [for] For situations requiring an oral interpreter only, holds oral certification from the National Registry of Interpreters for the Deaf; [.]

(6) [for] For situations requiring a cued speech transliterator only, holds certification from the National Training, Evaluation and Certification Unit and has passed the National Registry of Interpreters for the Deaf written generalist test; [.]

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(7) [holds] Holds a reverse skills certificate or is a certified deaf interpreter under the National Registry of Interpreters for the Deaf; [, or]

(8) [holds] Holds a National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreting certificate; [.]
or

(9) Holds the credential of Approved Deaf Interpreter, Approved American Sign Language-English Interpreter, or Approved Sign Language Transliterater by the Massachusetts Commission on the Deaf and Hard of Hearing.

(d) No person shall provide interpreting services in a medical setting unless such person is registered with the Department of Rehabilitation Services according to the provisions of this section and holds (1) [holds] a comprehensive skills certificate from the National Registry of Interpreters for the Deaf, (2) [holds] a certificate of interpretation or a certificate of transliteration from the National Registry of Interpreters for the Deaf, (3) [holds] a level four or higher certification from the National Association of the Deaf, (4) [holds] a reverse skills certificate or [is a certified] certification as a deaf interpreter under the National Registry of Interpreters for the Deaf, (5) for situations requiring an oral interpreter only, [holds] an oral certification from the National Registry of Interpreters for the Deaf, (6) for situations requiring a cued speech transliterator only, [holds] a certification from the National Training, Evaluation and Certification Unit and has passed the National Registry of Interpreters for the Deaf written generalist test, or (7) [holds] a National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreting certificate.

(e) No person shall provide interpreting services in a legal setting unless such person is registered with the Department of Rehabilitation

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Services according to the provisions of this section and holds (1) [holds] a comprehensive skills certificate from the National Registry of Interpreters for the Deaf, (2) [holds] a certificate of interpretation and a certificate of transliteration from the National Registry of Interpreters for the Deaf, (3) [holds] a level five certification from the National Association of the Deaf, (4) [holds] a reverse skills certificate or is a certified deaf interpreter under the National Registry of Interpreters for the Deaf, (5) for situations requiring an oral interpreter only, [holds] an oral certification from the National Registry of Interpreters for the Deaf, (6) for situations requiring a cued speech transliterator only, [holds] certification from the National Training, Evaluation and Certification Unit and has passed the National Registry of Interpreters for the Deaf written generalist test, or (7) [holds] a National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreting certificate.

(f) [The requirements of this section shall apply to persons who receive compensation for the provision of interpreting services and include those who provide interpreting services as part of their job duties.] No person who is not registered as a qualified interpreter pursuant to this section shall:

(1) Engage in the practice of or offer to engage in the practice of interpreting for another person, an agency or an entity;

(2) Use the title "interpreter", "transliterator" or a similar title in connection with services provided under his or her name;

(3) Present or identify himself or herself as an interpreter qualified to engage in interpreting in this state;

(4) Use the title "interpreter", "transliterator" or a similar title in advertisements or communications; or

(5) Perform the function of or convey the impression that he or she

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is an interpreter or transliterator.

(g) The requirements of this section shall apply to persons who (1) receive compensation for the provision of interpreting services, and (2) provide interpreting services as part of their job duties. The requirements of this section shall not apply to nonregistered individuals such as family members and friends who voluntarily provide interpreting services at the request of a deaf, deaf-blind or hard of hearing person.

(h) The following individuals shall be exempt from the registration requirements of this section:

(1) An individual interpreting at (A) a worship service conducted by a religious entity, or (B) services for educational purposes conducted by a religious entity or religiously affiliated school;

(2) An individual engaged in interpreting during an emergency situation, when obtaining a registered interpreter or registered transliterator could cause a delay that may lead to injury or loss to the individual requiring the services, provided such emergency assistance does not waive any communication access requirements for any entity pursuant to the federal Americans with Disabilities Act or Section 504 of the Rehabilitation Act of 1973, as both may be amended from time to time;

(3) An individual engaged in interpreting as part of a supervised internship or practicum in an interpreting program at an accredited college or university or an interpreting mentorship program approved by the department if (A) such interpreting is not in a legal, medical or educational setting, or (B) the individual is accompanied by an interpreter registered pursuant to this section; or

(4) An interpreter who is certified by a recognized national professional certifying body such as the National Registry of

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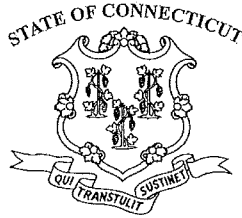
Interpreters for the Deaf or the National Association of the Deaf or a recognized state professional certifying body from outside the state and provides interpreting services in the state for a period of time not exceeding fourteen days during a calendar year.

(i) Deaf, deaf-blind and hard of hearing persons may exercise their right to request or use a different registered interpreter than the interpreter provided to interpret for such persons in any interpreting setting in accordance with a nationally recognized interpreter code of professional conduct.

(j) Any person may report a violation of the provisions of this section to the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the state's protection and advocacy system for persons with disabilities.

Approved July 8, 2019

19



Substitute House Bill No. 7130

Public Act No. 19-47

AN ACT CONCERNING PROBATE COURT OPERATIONS.

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

Section 1. (NEW) (*Effective from passage*) (a) As used in this section:

(1) "eFiling system" means the system maintained by the Probate Court Administrator by which a person can use the Internet to file, send and receive documents, view court records and pay court fees and expenses in Probate Court matters.

(2) "eFiling access" means use of the eFiling system to view Probate Court records online.

(3) "Electronic service" or "eService" means use of the eFiling system to send a filing, notice or other document.

(4) "Registered filer" means a person who has registered to use the eFiling system.

(b) The Probate Court or a party or attorney in a Probate Court matter may send any filing, notice or other document to a registered filer by electronic service if the court has granted the registered filer's request for eFiling access to the matter. Notwithstanding any provision of the general statutes, electronic service shall satisfy any requirement

Substitute House Bill No. 7130

under law concerning the transmission of the filing, notice or document by means other than personal service.

Sec. 2. Section 17a-101j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) After the investigation has been completed and the Commissioner of Children and Families has reasonable cause to believe that sexual abuse or serious physical abuse of a child has occurred, the commissioner shall notify the appropriate local law enforcement authority and the Chief State's Attorney or the Chief State's Attorney's designee or the state's attorney for the judicial district in which the child resides or in which the abuse or neglect occurred of such belief and shall provide a copy of the report required in sections 17a-101a to 17a-101c, inclusive, and 17a-103.

(b) Whenever a report has been made pursuant to sections 17a-101a to 17a-101c, inclusive, and 17a-103, alleging that abuse or neglect has occurred at an institution or facility that provides care for children and is subject to licensure by the state for the caring of children, and the Commissioner of Children and Families, after investigation, has reasonable cause to believe abuse or neglect has occurred, the commissioner shall forthwith notify the state agency responsible for such licensure of such institution or facility and provide records, whether or not created by the department, concerning such investigation.

(c) If, after the investigation is completed, the commissioner substantiates an allegation of abuse or neglect against an individual who has been appointed guardian of a child by the Probate Court, the commissioner shall notify the Probate Court of such substantiation.

(d) If, after the investigation is completed, the commissioner substantiates an allegation of abuse or neglect against an individual

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who resides in the household of a guardian appointed by the Probate Court for a child, the commissioner shall notify the Probate Court of such substantiation.

[(d)] (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, the commissioner shall refer such person to appropriate treatment services.

[(e)] (f) For purposes of this section, "child" includes any victim described in subdivision (2) of subsection (a) of section 17a-101a.

Sec. 3. Section 45a-2a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[Not later than March 31, 2010, the] The Probate Court Administrator shall designate a name for each probate district established in section 45a-2. Prior to designating such names, the Probate Court Administrator may consult with affected probate judges and chief elected officials, and with members of the General Assembly with respect to the districts they represent. [Not later than December 31, 2010, the] The Probate Court Administrator shall publish the district names in the Probate Court's Directory of Judges and Districts. [On and after the date that such district names are published, the probate districts shall be referred to by such names.]

Sec. 4. Subsection (b) of section 45a-106a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) The fee to file each of the following motions, petitions or applications in a Probate Court is [two hundred twenty-five] two hundred fifty dollars:

(1) With respect to a minor child: (A) Appoint a temporary

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guardian, temporary custodian, guardian, coguardian, permanent guardian or statutory parent, (B) remove a guardian, including the appointment of another guardian, (C) reinstate a parent as guardian, (D) terminate parental rights, including the appointment of a guardian or statutory parent, (E) grant visitation, (F) make findings regarding special immigrant juvenile status, (G) approve placement of a child for adoption outside this state, (H) approve an adoption, (I) validate a foreign adoption, (J) review, modify or enforce a cooperative postadoption agreement, (K) review an order concerning contact between an adopted child and his or her siblings, (L) resolve a dispute concerning a standby guardian, (M) approve a plan for voluntary services provided by the Department of Children and Families, (N) determine whether the termination of voluntary services provided by the Department of Children and Families is in accordance with applicable regulations, (O) conduct an in-court review to modify an order, (P) grant emancipation, (Q) grant approval to marry, (R) transfer funds to a custodian under sections 45a-557 to 45a-560b, inclusive, (S) appoint a successor custodian under section 45a-559c, (T) resolve a dispute concerning custodianship under sections 45a-557 to 45a-560b, inclusive, and (U) grant authority to purchase real estate;

(2) Determine paternity;

(3) Determine the age and date of birth of an adopted person born outside the United States;

(4) With respect to adoption records: (A) Appoint a guardian ad litem for a biological relative who cannot be located or appears to be incompetent, (B) appeal the refusal of an agency to release information, (C) release medical information when required for treatment, and (D) grant access to an original birth certificate;

(5) Approve an adult adoption;

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(6) With respect to a conservatorship: (A) Appoint a temporary conservator, conservator or special limited conservator, (B) change residence, terminate a tenancy or lease, sell or dispose household furnishings, or place in a long-term care facility, (C) determine competency to vote, (D) approve a support allowance for a spouse, (E) grant authority to elect the spousal share, (F) grant authority to purchase real estate, (G) give instructions regarding administration of a joint asset or liability, (H) distribute gifts, (I) grant authority to consent to involuntary medication, (J) determine whether informed consent has been given for voluntary admission to a hospital for psychiatric disabilities, (K) determine life-sustaining medical treatment, (L) transfer to or from another state, (M) modify the conservatorship in connection with a periodic review, (N) excuse accounts under rules of procedure approved by the Supreme Court under section 45a-78, (O) terminate the conservatorship, and (P) grant a writ of habeas corpus;

(7) With respect to a power of attorney: (A) Compel an account by an agent, (B) review the conduct of an agent, (C) construe the power of attorney, and (D) mandate acceptance of the power of attorney;

(8) Resolve a dispute concerning advance directives or life-sustaining medical treatment when the individual does not have a conservator or guardian;

(9) With respect to an elderly person, as defined in section 17b-450: (A) Enjoin an individual from interfering with the provision of protective services to such elderly person, and (B) authorize the Commissioner of Social Services to enter the premises of such elderly person to determine whether such elderly person needs protective services;

(10) With respect to an adult with intellectual disability: (A) Appoint a temporary limited guardian, guardian or standby guardian, (B) grant

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visitation, (C) determine competency to vote, (D) modify the guardianship in connection with a periodic review, (E) determine life-sustaining medical treatment, (F) approve an involuntary placement, (G) review an involuntary placement, (H) authorize a guardian to manage the finances of such adult, and (I) grant a writ of habeas corpus;

(11) With respect to psychiatric disability: (A) Commit an individual for treatment, (B) issue a warrant for examination of an individual at a general hospital, (C) determine whether there is probable cause to continue an involuntary confinement, (D) review an involuntary confinement for possible release, (E) authorize shock therapy, (F) authorize medication for treatment of psychiatric disability, (G) review the status of an individual under the age of sixteen as a voluntary patient, and (H) recommit an individual under the age of sixteen for further treatment;

(12) With respect to drug or alcohol dependency: (A) Commit an individual for treatment, (B) recommit an individual for further treatment, and (C) terminate an involuntary confinement;

(13) With respect to tuberculosis: (A) Commit an individual for treatment, (B) issue a warrant to enforce an examination order, and (C) terminate an involuntary confinement;

(14) Compel an account by the trustee of an inter vivos trust, custodian under sections 45a-557 to 45a-560b, inclusive, or treasurer of an ecclesiastical society or cemetery association;

(15) With respect to a testamentary or inter vivos trust: (A) Construe, divide, reform or terminate the trust, (B) enforce the provisions of a pet trust, and (C) excuse a final account under rules of procedure approved by the Supreme Court under section 45a-78;

(16) Authorize a fiduciary to establish a trust;

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(17) Appoint a trustee for a missing person;

(18) Change a person's name;

(19) Issue an order to amend the birth certificate of an individual born in another state to reflect a gender change;

(20) Require the Department of Public Health to issue a delayed birth certificate;

(21) Compel the board of a cemetery association to disclose the minutes of the annual meeting;

(22) Issue an order to protect a grave marker;

(23) Restore rights to purchase, possess and transport firearms;

(24) Issue an order permitting sterilization of an individual;

(25) Approve the transfer of structured settlement payment rights; and

(26) With respect to any case in a Probate Court other than a decedent's estate: (A) Compel or approve an action by the fiduciary, (B) give advice or instruction to the fiduciary, (C) authorize a fiduciary to compromise a claim, (D) list, sell or mortgage real property, (E) determine title to property, (F) resolve a dispute between cofiduciaries or among fiduciaries, (G) remove a fiduciary, (H) appoint a successor fiduciary or fill a vacancy in the office of fiduciary, (I) approve fiduciary or attorney's fees, (J) apply the doctrine of cy pres or approximation, (K) reconsider, modify or revoke an order, and (L) decide an action on a probate bond.

Sec. 5. Section 45a-616 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

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(a) If any minor has no parent or guardian of his or her person, the [Probate Court for the district in which the minor resides, is domiciled or is located at the time of the filing of the petition may, on its own motion,] following persons may petition the Probate Court to appoint a guardian or coguardians of the person of the minor; [, taking] (1) Any adult relative of the minor, including those by blood or marriage; (2) a person with actual physical custody of the minor at the time the petition is filed; or (3) counsel for the minor. The petition shall be filed in the Probate Court in the district in which the minor resides, is domiciled or is located at the time of the filing of the petition. When appointing a guardian or coguardian, the court shall take into consideration the standards provided in section 45a-617. [Such] The court shall take of such guardian or coguardians a written acceptance of guardianship and, if the court deems it necessary for the protection of the minor, a probate bond.

(b) If any minor has a parent or guardian, who is the sole guardian of the person of the child, the Probate Court for the district in which the minor resides, is domiciled or is located at the time of the filing of the petition may, on the petition of the parent or guardian of such child or of the Commissioner of Children and Families with the consent of such parent or guardian and with regard to a child within the care of the commissioner, appoint one or more persons to serve as coguardians of the child. When appointing a guardian or guardians under this subsection, the court shall take into consideration the standards provided in section 45a-617. The court may order that the appointment of a guardian or guardians under this subsection take effect immediately or, upon request of the parent or guardian, upon the occurrence of a specified contingency, including, but not limited to, the mental incapacity, physical debilitation or death of that parent or guardian. Upon the occurrence of such contingency and notice thereof by written affidavit to the court by the appointed guardian or guardians, such appointment shall then take effect and continue until

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agency.

(c) Any statutory parent may resign or be removed for good cause shown. Upon filing of [an application] a petition for the removal of a statutory parent or filing of a resignation of a statutory parent in the [court of probate] Probate Court in which the statutory parent was appointed, the court shall schedule a hearing, on the removal [application] petition or resignation. Notice of such hearing shall be sent in accordance with section 45a-716, as amended by this act, except that notice need not be sent to any parties whose rights have previously been terminated. At the hearing the court may accept the resignation, remove the statutory parent, or deny the [application] petition for removal. If a statutory parent is removed or resigns, the [court of probate] Probate Court shall appoint a new statutory parent or a guardian of the person.

Sec. 10. Section 45a-186 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[(a) Except as provided in sections 45a-187 and 45a-188, any person aggrieved by any order, denial or decree of a Probate Court in any matter, unless otherwise specially provided by law, may, not later than forty-five days after the mailing of an order, denial or decree for a matter heard under any provision of section 45a-593, 45a-594, 45a-595 or 45a-597, sections 45a-644 to 45a-677, inclusive, or sections 45a-690 to 45a-705, inclusive, and not later than thirty days after mailing of an order, denial or decree for any other matter in a Probate Court, appeal therefrom to the Superior Court. Such an appeal shall be commenced by filing a complaint in the superior court in the judicial district in which such Probate Court is located, or, if the Probate Court is located in a probate district that is in more than one judicial district, by filing a complaint in a superior court that is located in a judicial district in which any portion of the probate district is located, except that (1) an appeal under subsection (b) of section 12-359, subsection (b) of section

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12-367 or subsection (b) of section 12-395 shall be filed in the judicial district of Hartford, and (2) an appeal in a matter concerning removal of a parent as guardian, termination of parental rights or adoption shall be filed in any superior court for juvenile matters having jurisdiction over matters arising in any town within such probate district. The complaint shall state the reasons for the appeal. A copy of the order, denial or decree appealed from shall be attached to the complaint. Appeals from any decision rendered in any case after a recording is made of the proceedings under section 17a-498, 17a-543, 17a-543a or 17a-685, sections 45a-644 to 45a-667v, inclusive, or section 51-72 or 51-73 shall be on the record and shall not be a trial de novo.]

(a) As used in this section and section 45a-187, as amended by this act, "electronic service" has the same meaning as provided in section 1 of this act.

(b) Any person aggrieved by an order, denial or decree of a Probate Court may appeal therefrom to the Superior Court. An appeal from a matter heard under any provision of section 45a-593, 45a-594, 45a-595 or 45a-597, sections 45a-644 to 45a-677, inclusive, or sections 45a-690 to 45a-705, inclusive, shall be filed not later than forty-five days after the date on which the Probate Court sent the order, denial or decree. Except as provided in sections 45a-187 and 45a-188, as amended by this act, an appeal from an order, denial or decree in any other matter shall be filed on or before the thirtieth day after the date on which the Probate Court sent the order, denial or decree. The appeal period shall be calculated from the date on which the court sent the order, denial or decree by mail or the date on which the court transmitted the order, denial or decree by electronic service, whichever is later.

(c) An appeal shall be commenced by filing a complaint in the Superior Court in the judicial district in which such Probate Court is located, or, if the Probate Court is located in a probate district that is in more than one judicial district, by filing a complaint in a superior court

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that is located in a judicial district in which any portion of the probate district is located, except that (1) an appeal under subsection (b) of section 12-359, subsection (b) of section 12-367 or subsection (b) of section 12-395 shall be filed in the judicial district of Hartford, and (2) an appeal in a matter concerning removal of a parent as guardian, termination of parental rights or adoption shall be filed in any superior court for juvenile matters having jurisdiction over matters arising in any town within such probate district. The complaint shall state the reasons for the appeal. A copy of the order, denial or decree appealed from shall be attached to the complaint.

(d) An appeal from a decision rendered in any case after a recording of the proceedings is made under section 17a-498, 17a-543, 17a-543a or 17a-685, sections 45a-644 to 45a-667v, inclusive, or section 51-72 or 51-73, shall be on the record and shall not be a trial de novo.

[[b]] (e) Each person who files an appeal pursuant to this section shall serve a copy of the complaint on each interested party. The failure of any person to make such service shall not deprive the Superior Court of jurisdiction over the appeal. Notwithstanding the provisions of section 52-50, service of the copy of the complaint shall be by state marshal, constable or an indifferent person. Service shall be in hand or by leaving a copy at the place of residence of the interested party being served or at the address for the interested party on file with the Probate Court, except that service on a respondent or conserved person in an appeal from an action under part IV of chapter 802h shall be in hand by a state marshal, constable or an indifferent person.

[[c]] (f) In addition to the notice given under subsection [[b]] (e) of this section, each person who files an appeal pursuant to this section shall mail a copy of the complaint to the Probate Court that rendered the order, denial or decree appealed from. The Probate Court and the [judge of] probate judge that rendered the order, denial or decree

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appealed from shall not be made parties to the appeal and shall not be named in the complaint as parties.

[(d)] (g) Not later than fifteen days after a person files an appeal under this section, the person who filed the appeal shall file or cause to be filed with the clerk of the Superior Court a document containing (1) the name, address and signature of the person making service, and (2) a statement of the date and manner in which a copy of the complaint was served on each interested party and mailed to the Probate Court that rendered the order, denial or decree appealed from.

[(e)] (h) If service has not been made on an interested party, the Superior Court, on motion, shall make such orders of notice of the appeal as are reasonably calculated to notify any necessary party not yet served.

[(f)] (i) A hearing in an appeal from probate proceedings under section 17a-77, 17a-80, 17a-498, 17a-510, 17a-511, 17a-543, 17a-543a, 17a-685, 45a-650, 45a-654, 45a-660, 45a-674, 45a-676, 45a-681, 45a-682, 45a-699, 45a-703 or 45a-717, as amended by this act, shall commence, unless a stay has been issued pursuant to subsection [(g)] (j) of this section, not later than ninety days after the appeal has been filed.

[(g)] (j) The filing of an appeal under this section shall not, of itself, stay enforcement of the order, denial or decree from which the appeal is taken. A motion for a stay may be made to the Probate Court or the Superior Court. The filing of a motion with the Probate Court shall not preclude action by the Superior Court.

[(h)] (k) Nothing in this section shall prevent any person aggrieved by any order, denial or decree of a Probate Court in any matter, unless otherwise specially provided by law, from filing a petition for a writ of habeas corpus, a petition for termination of involuntary representation or a petition for any other available remedy.

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[(i)] (l) (1) Except for matters described in subdivision (3) of this subsection, in any appeal filed under this section, the appeal may be referred by the Superior Court to a special assignment probate judge appointed in accordance with section 45a-79b, who is assigned by the Probate Court Administrator for the purposes of such appeal, except that such appeal shall be heard by the Superior Court if any party files a demand for such hearing in writing with the Superior Court not later than twenty days after service of the appeal.

(2) An appeal referred to a special assignment probate judge pursuant to this subsection shall proceed in accordance with the rules for references set forth in the rules of the judges of the Superior Court.

(3) The following matters shall not be referred to a special assignment probate judge pursuant to this subsection: Appeals under sections 17a-75 to 17a-83, inclusive, section 17a-274, sections 17a-495 to 17a-528, inclusive, sections 17a-543, 17a-543a, 17a-685 to 17a-688, inclusive, children's matters as defined in subsection (a) of section 45a-8a, sections 45a-644 to 45a-663, inclusive, 45a-668 to 45a-683, inclusive, and 45a-690 to 45a-700, inclusive, and any matter in a Probate Court heard on the record in accordance with sections 51-72 and 51-73.

Sec. 11. Section 45a-186a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) In an appeal from an order, denial or decree of a [court of probate] Probate Court made after a hearing that is on the record [pursuant to subsection (a) of section 45a-186] under section 17a-498, 17a-543, 17a-543a or 17a-685, sections 45a-644 to 45a-667v, inclusive, or section 51-72 or 51-73, not later than thirty days after service is made of such appeal under section 45a-186, as amended by this act, or within such further time as may be allowed by the Superior Court, the [Court of] Probate Court shall transcribe any portion of the recording of the proceedings that has not been transcribed. The expense for such

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transcript shall be charged against the person who filed the appeal, except that if the person who filed the appeal is unable to pay such expense and files an affidavit with the court demonstrating the inability to pay, the expense of the transcript shall be paid by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(b) The [Court of] Probate Court shall transmit to the Superior Court the original or a certified copy of the entire record of the proceeding from which the appeal was taken. The record shall include, but not be limited to, the findings of fact and conclusions of law, separately stated, of the [Court of] Probate Court.

(c) An appeal from an order, denial or decree made after a hearing on the record under section 17a-498, 17a-543, 17a-543a or 17a-685, sections 45a-644 to 45a-667v, inclusive, or section 51-72 or 51-73, shall be heard by the Superior Court without a jury, and may be referred to a state referee appointed under section 51-50l. The appeal shall be confined to the record. If alleged irregularities in procedure before the [court of probate] Probate Court are not shown in the record or if facts necessary to establish such alleged irregularities in procedure are not shown in the record, proof limited to such alleged irregularities may be taken in the Superior Court. The Superior Court, on request of any party, shall hear oral argument and receive written briefs.

Sec. 12. Section 45a-186b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

In an appeal taken under section 45a-186, as amended by this act, from a matter heard on the record in the [Court of] Probate Court under section 17a-498, 17a-543, 17a-543a or 17a-685, sections 45a-644 to 45a-667v, inclusive, or section 51-72 or 51-73, the Superior Court shall not substitute its judgment for that of the [Court of] Probate Court as to the weight of the evidence on questions of fact. The Superior Court

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shall affirm the decision of the [Court of] Probate Court unless the Superior Court finds that substantial rights of the person appealing have been prejudiced because the findings, inferences, conclusions or decisions are: (1) In violation of the federal or state constitution or the general statutes, (2) in excess of the statutory authority of the [Court of] Probate Court, (3) made on unlawful procedure, (4) affected by other error of law, (5) clearly erroneous in view of the reliable, probative and substantial evidence on the whole record, or (6) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion. If the Superior Court finds such prejudice, the Superior Court shall sustain the appeal and, if appropriate, may render a judgment that modifies the [Court of Probate's] Probate Court's order, denial or decree or remand the case to the [Court of] Probate Court for further proceedings. For the purposes of this section, a remand is a final judgment.

Sec. 13. Section 45a-187 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) An appeal by persons of the age of majority who are present or who have legal notice to be present, or who have been given notice of their right to request a hearing or have filed a written waiver of their right to a hearing, shall be taken within the time provided in section 45a-186, as amended by this act, except as otherwise provided in this section. If such persons have no notice to be present and are not present, or have not been given notice of their right to request a hearing, such appeal shall be taken within twelve months, except for appeals by such persons from an order of termination of parental rights, other than an order of termination of parental rights based on consent, or a decree of adoption, in which case appeal shall be taken within ninety days. An appeal from an order of termination of parental rights based on consent, which order is issued on or after October 1, 2004, shall be taken within twenty days. The appeal periods set forth in

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this section shall be calculated from the date on which the court sent the order, denial or decree by mail or the date on which the court transmitted the order, denial or decree by electronic service, whichever is later.

(b) An order, denial or decree of a [court of probate] Probate Court shall not be invalid because of the disqualification of the judge unless an appeal therefrom is taken within the time provided in [section 45a-186, this section and section 45a-188] this section and sections 45a-186 and 45a-188, as amended by this act.

Sec. 14. Section 45a-188 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Except as provided in this section, all appeals by persons who are minors at the time of the making of the order, denial or decree appealed from shall be taken within twelve months after they arrive at the age of majority.

(b) In the case of any minor who has a guardian or guardian ad litem appointed and qualified by any [court of probate] Probate Court in this state at the time of the making of the order, denial or decree, the minor or anyone on his or her behalf may appeal therefrom within the time provided in section 45a-186, as amended by this act, if the guardian or guardian ad litem had legal notice of the time and place of the hearing.

(c) Any judge or clerk of the [Court of] Probate Court or any fiduciary may cause written notice of any order, denial or decree of the [Court of] Probate Court to be given to any person of the age of majority, or to the guardian or guardian ad litem of any minor who has not had legal notice of the hearing on the proceeding at which the order, denial or decree was passed and who may be aggrieved thereby. In any such case the person, minor, guardian or guardian ad litem may

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appeal only within the time provided in section 45a-186, as amended by this act, after receiving such notice.

Sec. 15. Subsection (a) of section 45a-193 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) In any appeal from any order or decree of a [court of probate] Probate Court, if the appellee is the party who applied for the order or decree and if the appellee appears in the Superior Court to contest the matter being appealed, the court may, at its discretion, order the appellee to give bond to the state for the payment to the appellant of [his] the appellant's costs of suit if judgment is rendered for the appellant.

Sec. 16. Subsection (e) of section 45a-715 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(e) A petition under this section shall be filed in the Probate Court for the district in which (1) the petitioner resides, (2) the child resides, is domiciled or is located at the time of the filing of the petition, or (3) in the case of a minor who is under the guardianship of any child care facility or child-placing agency, in the Probate Court for the district in which any office of the agency is located. If the petition is filed with respect to a child born out of wedlock, the petition shall state whether there is a putative father to whom notice shall be given under subdivision [(2)] (3) of subsection (b) of section 45a-716, as amended by this act.

Sec. 17. Section 45a-653 of the general statutes is repealed. (*Effective July 1, 2019*)

Approved June 26, 2019

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JULY 15, 2019

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ESTATE PLANNING ALERT: CONNECTICUT LEGISLATURE PASSES OVERHAUL OF CONNECTICUT TRUST LAW

Effective January 1, 2020, there will be significant changes to Connecticut law concerning the formation, administration and termination of trusts. The recently adopted Connecticut Uniform Trust Code modernizes current law and establishes standards for individuals serving as trustees or in other fiduciary capacities. The new law makes our state an appealing venue for trusts by including an extended rule against perpetuities period and guidance on the formation of self-settled trusts. Although a complete summary of the new law is beyond the scope of this alert, some key highlights include the following:

■ **Dynasty Trust Planning.** A trust that continues for multiple generations is sometimes called a "Dynasty Trust." In previous years, Connecticut law provided that non-charitable trusts could not exist in perpetuity and had to terminate within approximately 90 years of creation. The possibility of a Dynasty Trust that extended beyond the lives of the grantor's grandchildren was unachievable. Connecticut's limited trust term often resulted in a grantor's inability to plan for future generations without having to hire an out-of-state

trustee. States with more developed trust laws, like Florida or Delaware, became increasingly attractive because they authorized trust terms that could last significantly longer (360 years in Florida, in perpetuity in Delaware). The new law makes it possible to create a trust in Connecticut that can last up to 800 years, thus providing an opportunity for creating Dynasty Trusts. As a result, Connecticut residents no longer have to turn to other jurisdictions to create and administer Dynasty Trusts.

■ **Directed Trusts.** Prior to this legislation, trustees retained full responsibility over how trust assets were managed, invested and distributed. The new legislation allows a trustee's duties to be allocated between the trustee and other individuals who may be better able to carry out certain trust objectives. By establishing a Directed Trust, a grantor can now appoint a trust director, that is, a non-trustee individual with authority to manage a specific part of the trust administration. For example, a grantor can appoint a trusted family member as trustee to oversee

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distributions, and appoint a different individual or a trust company as the trust director to handle investments. A trust director is subject to the same rules and has the same fiduciary duty and exposure to liability as a similarly situated trustee. The new law facilitates the use of trust directors in Directed Trusts by authorizing a division of responsibilities between the trust director and trustees.

- **Asset Protection Trusts.** The new law enables the creation of "Self-Settled Asset Protection Trusts." A Self-Settled Asset Protection Trust is a trust created by an individual for the benefit of himself or herself, which can shield assets from the claims of creditors. While the Self-Settled Asset Protection Trust is appealing to individuals looking to insulate themselves from potential unknown liabilities, the new law makes it clear that stringent requirements must be met when creating an asset protection trust for the benefit of the grantor so as not to run afoul of fraudulent transfer laws. Among the prerequisites, the trust must: 1) be governed under Connecticut law; 2) be irrevocable; 3) include a spendthrift clause (i.e., a provision that prevents the beneficiary from assigning his or her interest in the trust); and 4) appoint an independent trustee to make distributions to the individual creating the trust. Use of a Self-Settled Asset Protection Trust is a

strategy that advisors may recommend to better protect their client's assets from future creditors.

- **Income Tax Reimbursement.** Currently, if a trust permits the reimbursement of income taxes to the grantor of the trust, the principal of the trust can be subject to creditor claims. The new law makes it explicitly clear that such reimbursement authority does not subject the trust assets to claims of creditors as long as the trust agreement expressly provides the trustee with the requisite discretion to reimburse the grantor. Accordingly, an irrevocable trust can permit reimbursement of income taxes to the grantor without jeopardizing trust assets or putting them within reach of uninvited creditors.

Highlighted below are various rules from the new law that will impact the future of trust management and administration here in Connecticut:

- **Non-Judicial Settlement Agreements.** As enacted, the law allows interested parties to enter into a binding, non-judicial settlement agreement in matters relating to a trust, such as interpretation of the trust agreement, trustee resignation and appointment, trust accountings, and trustee compensation. The law prohibits interested parties from modifying or terminating a trust by way of a non-judicial settlement agreement.

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ESTATE PLANNING ALERT: CONNECTICUT LEGISLATURE PASSES OVERHAUL OF CONNECTICUT TRUST LAW

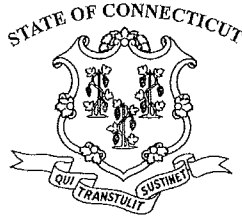
This publication is a summary of legal principles. Nothing in this article constitutes legal advice, which can only be obtained as a result of a personal consultation with an attorney. The information published here is believed accurate at the time of publication, but is subject to change and does not purport to be a complete statement of all relevant issues.

- **Notice to Beneficiaries.** The law imposes new reporting requirements on the trustee to keep each qualified beneficiary (or the beneficiary's designated representative who is qualified to receive notice on behalf of the beneficiary) reasonably informed about the trust's administration, and to provide an annual report about the trust property upon request.
- **Trust Combination and Division.** After providing proper notice, a trustee of an *inter vivos* trust is permitted to combine the trust with other trusts or to divide the trust as needed. For testamentary trusts, the trustee must seek court approval.
- **Modification of Irrevocable Trusts.** Certain irrevocable trusts may be modified or terminated if the court finds that the grantor, trustees and beneficiaries all consent. In some circumstances, trust beneficiaries may modify a trust without the consent of the grantor if the court concludes that modification is consistent with the purpose of the trust.
- **Transferring Trusts Out of State.** The legislation also prescribes the requisite process for transferring a

Connecticut trust to another jurisdiction. For certain *inter vivos* trusts, the trustees must provide notice to beneficiaries in advance of a transfer and transfers regarding testamentary trusts will require probate court approval. Charitable trusts are prohibited from transferring to another jurisdiction outside of the United States.

A note about effective dates: In general, the new Connecticut Uniform Trust Code applies to all Connecticut trusts. However, there are specific exceptions to this rule. For example, the provisions relating to enhanced notice and disclosure to trust beneficiaries apply only to irrevocable trusts created on or after January 1, 2020, and to revocable trusts that become irrevocable on or after January 1, 2020.

While this alert provides a summary of the key changes under the new legislation, we encourage you to contact a Wiggin and Dana attorney if you have any questions about how the new law will impact current and future estate plans. As with any new legislation, we will continue to develop strategies that accommodate client needs and maximize planning opportunities under the new law.



Substitute House Bill No. 7104

Public Act No. 19-137

***AN ACT CONCERNING ADOPTION OF THE CONNECTICUT
UNIFORM TRUST CODE.***

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

Section 1. (NEW) (*Effective January 1, 2020*) This section and sections 2 to 98, inclusive, of this act may be cited as the "Connecticut Uniform Trust Code".

Sec. 2. (NEW) (*Effective January 1, 2020*) (a) Sections 1 to 98, inclusive, of this act apply to express trusts, whether testamentary or inter vivos, and to trusts created pursuant to a statute, judgment or decree that requires the trust to be administered in the manner of an express trust.

(b) Except as expressly set forth in sections 1 to 98, inclusive, of this act, sections 1 to 98, inclusive, of this act do not apply to a charitable trust, as defined in subdivision (5) of section 3 of this act.

(c) Sections 1 to 98, inclusive, of this act do not apply to statutory trusts created pursuant to chapter 615 of the general statutes.

(d) No provision of sections 1 to 109, inclusive, of this act, as such provision may be applied to a trust established pursuant to and in compliance with 42 USC 1396p(d)(4), as amended from time to time, shall be interpreted in a manner that is inconsistent with, or that

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contravenes, the provisions of federal law; nor shall any court having jurisdiction over any such trust issue an order, judgment, decree or ruling, that is inconsistent with, or that contravenes, the provisions of federal law.

Sec. 3. (NEW) (*Effective January 1, 2020*) As used in sections 1 to 98, inclusive, of this act:

(1) "Action", with respect to an act of a trustee, includes a failure to act.

(2) "Ascertainable standard" means a standard relating to an individual's health, education, support or maintenance within the meaning of Section 2041(b)(1)(A) or 2514(c)(1) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, as in effect on January 1, 2020, or as later amended.

(3) "Beneficiary" means a person that (A) has a present or future beneficial interest in a trust, vested or contingent; or (B) in a capacity other than that of trustee, holds a power of appointment over trust property. "Beneficiary" does not include an appointee under a power of appointment until the power is exercised and the trustee has knowledge of the exercise and the identity of the appointee.

(4) "Breach of trust" includes a violation by a trust director or trustee of a duty imposed on the director or trustee by the terms of the trust, sections 1 to 98, inclusive, of this act or law of this state other than sections 1 to 98, inclusive, of this act pertaining to trusts.

(5) "Charitable trust" means a trust, or part of a trust, created (A) for a charitable purpose described in section 26 of this act; and (B) when property is dedicated for a charitable purpose, whether the dedication is by written instrument, declaration, deed, pledge, judgment or decree.

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(6) "Conservator of the estate" means a person appointed by the court to administer the estate of an adult individual.

(7) "Conservator of the person" means a person appointed by the court to make decisions regarding the support, care, education, health and welfare of an adult individual and includes a conservator of the person of an adult, but does not include a guardian ad litem.

(8) "Court" means a court of this state having jurisdiction over the matter pursuant to sections 15 and 16 of this act or a court of another state having jurisdiction under the law of the other state.

(9) "Current beneficiary" means a beneficiary that, on the date the beneficiary's qualification is determined, is a distributee or permissible distributee of trust income or principal.

(10) "Designated representative" means any person designated as provided in subsection (a) of section 21 of this act, unless precluded from acting by the trust instrument or applicable law.

(11) "Directed trust" means a trust for which the terms of the trust grant a power of direction.

(12) "Directed trustee" means a trustee that is subject to a trust director's power of direction.

(13) "Environmental law" means a federal, state or local law, rule, regulation or ordinance relating to protection of the environment.

(14) "Guardian" means a person appointed by the court pursuant to part V of chapter 802h of the general statutes.

(15) "Inter vivos trust" means a trust that is not a testamentary trust.

(16) "Interests of the beneficiaries" means the beneficial interests provided in the terms of the trust.

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(17) "Jurisdiction", with respect to a geographic area, includes a state or country.

(18) "Mandatory distribution" means distribution of income or principal that the trustee is required to make to a beneficiary under the terms of the trust, including a distribution upon termination of the trust. "Mandatory distribution" does not include a distribution subject to the exercise of the trustee's discretion, regardless of whether the terms of the trust (A) include a support or other standard to guide the trustee in making distribution decisions; or (B) provide that the trustee may or shall make discretionary distributions, including distributions pursuant to a support or other standard.

(19) "Person" means an individual, corporation, statutory or business trust, estate, trust, partnership, limited liability company, association, joint venture, court, government, governmental subdivision, agency or instrumentality, public corporation or any other legal or commercial entity.

(20) "Power of direction" means a power over a trust granted to a person by the terms of the trust to the extent the power is exercisable while the person is not serving as a trustee. "Power of direction" includes a power over the investment, management or distribution of trust property or other matters of trust administration, but does not include the powers described in subsection (b) of section 84 of this act.

(21) "Power of withdrawal" means a presently exercisable general power of appointment other than a power exercisable only upon consent of the trustee or a person holding an adverse interest.

(22) "Property" means anything that may be the subject of ownership, whether real or personal and whether legal or equitable, or any interest therein.

(23) "Qualified beneficiary" means a beneficiary that, on the date the

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beneficiary's qualification is determined: (A) Is a distributee or permissible distributee of trust income or principal; (B) would be a distributee or permissible distributee of trust income or principal if the interests of the distributees described in subparagraph (A) of this subdivision terminated on such date without causing the trust to terminate; or (C) would be a distributee or permissible distributee of trust income or principal if the trust terminated on such date.

(24) "Revocable", as applied to a trust, means revocable by the settlor without the consent of the trustee or a person holding an adverse interest.

(25) "Settlor" means a person, including a testator, that creates or contributes property to a trust. If more than one person creates or contributes property to a trust, each person is a settlor of the portion of the trust property attributable to such person's contribution, except to the extent another person has the power to revoke or withdraw such portion and as otherwise provided in section 40 of this act.

(26) "Spendthrift provision" means a term of a trust that restrains both voluntary and involuntary transfer of a beneficiary's interest.

(27) "State" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands or any territory or insular possession subject to the jurisdiction of the United States, and includes an Indian tribe or band recognized by federal law or formally acknowledged by a state.

(28) "Testamentary trust" means a trust created under a will and, unless otherwise expressly provided, any trust established pursuant to an order of the Probate Court.

(29) "Trust director" means a person that is granted a power of direction by the terms of a trust to the extent the power is exercisable while the person is not serving as a trustee, provided a person is a trust

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director whether or not the terms of the trust refer to the person as a trust director and whether or not the person is a beneficiary or settlor of the trust.

(30) "Trust instrument" means any instrument executed by the settlor, including a will establishing or creating a testamentary trust, that contains terms of the trust, including any amendments thereto. In the case of a charitable trust, "trust instrument" means any written instrument by which property is dedicated for a charitable purpose described in section 26 of this act.

(31) "Trustee" includes an original, additional and successor trustee and a cotrustee.

Sec. 4. (NEW) (*Effective January 1, 2020*) (a) Subject to subsection (b) of this section, for the purposes of sections 1 to 98, inclusive, of this act, a person has knowledge of a fact if the person (1) has actual knowledge of the fact; (2) has received a notice or notification of the fact; or (3) from all the facts and circumstances known to the person at the time in question, has reason to know the fact.

(b) An organization that conducts activities through employees has notice or knowledge of a fact involving a trust only from the time the information was received by an employee having responsibility to act for the trust, or from the time the information would have been brought to the employee's attention if the organization had exercised reasonable diligence. An organization exercises reasonable diligence if it maintains reasonable routines for communicating significant information to the employee having responsibility to act for the trust and there is reasonable compliance with the routines. Reasonable diligence does not require an employee of the organization to communicate information unless the communication is part of the individual's regular duties or the individual knows a matter involving the trust would be materially affected by the information.

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Sec. 5. (NEW) (*Effective January 1, 2020*) (a) Except as provided in the terms of the trust, sections 1 to 98, inclusive, of this act govern the duties and powers of a trustee, relations among trustees and the rights and interests of a beneficiary.

(b) The terms of a trust prevail over each provision of sections 1 to 98, inclusive, of this act except: (1) The requirements for creating a trust; (2) the duty of a trustee to act in good faith and in accordance with the terms and purposes of the trust; (3) the requirement of section 25 of this act that a trust have a purpose that is lawful and not contrary to public policy; (4) the power of the court to modify or terminate a trust under sections 31 to 37, inclusive, of this act; (5) the power of the court under section 45 of this act to require, dispense with, modify or terminate a bond; (6) the power of the court under section 51 of this act to adjust a trustee's compensation specified in the terms of the trust that is unreasonably low or high; (7) the duty under subdivisions (2) and (3) of subsection (b) of section 63 of this act to notify each qualified beneficiary of an irrevocable trust who has attained twenty-five years of age, or the designated representative of the qualified beneficiary, if any, of the existence of the trust, of the identity of the trustee, and of the right of the qualified beneficiary to request a trustee's report; (8) the duty under subsections (a) and (c) of section 63 of this act to respond to the request of a qualified beneficiary of an irrevocable trust or the designated representative of the qualified beneficiary, if any, for a trustee's report and other information reasonably related to the administration of a trust; (9) the effect of an exculpatory term under section 73 of this act; (10) the rights under sections 75 to 78, inclusive, of this act of a person other than a trustee or beneficiary; (11) periods of limitation for commencing a judicial proceeding; (12) the power of the court to take the action and exercise the jurisdiction necessary in the interests of justice; (13) the jurisdiction of the court as provided in sections 15 and 16 of this act; and (14) the provisions of sections 1 to 83, inclusive, of this act dealing with judicial supervision of testamentary

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trusts.

Sec. 6. (NEW) (*Effective January 1, 2020*) The common law of trusts and principles of equity supplement sections 1 to 109, inclusive, of this act, except to the extent modified by sections 1 to 109, inclusive, of this act or another provision of the general statutes. The provisions of sections 1 to 109, inclusive, of this act expressly applying to charitable trusts apply only to supplement Connecticut common law of charitable trusts. No provision in sections 1 to 109, inclusive, of this act or title 45a of the general statutes shall be applied or construed to alter or diminish any charitable interest or purpose or any condition or restriction related to a charitable interest or purpose.

Sec. 7. (NEW) (*Effective January 1, 2020*) The meaning and effect of the terms of a trust are determined by: (1) The law of the jurisdiction designated in the terms of the trust, unless the designation of the jurisdiction's law is contrary to a strong public policy of the jurisdiction having the most significant relationship to the matter at issue; or (2) in the absence of a controlling designation in the terms of the trust, the law of the jurisdiction having the most significant relationship to the matter at issue.

Sec. 8. (NEW) (*Effective January 1, 2020*) (a) Without precluding other means for establishing a sufficient connection with the designated jurisdiction, terms of a trust designating the principal place of administration of the trust are valid and controlling if: (1) A trustee's principal place of business is located in, or a trustee is a resident of, the designated jurisdiction; (2) a trust director's principal place of business is located in, or a trust director is a resident of, the designated jurisdiction; or (3) all or part of the administration occurs in the designated jurisdiction.

(b) A trustee is under a continuing duty to administer the trust at a place appropriate to its purposes, its administration and the interests

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of the beneficiaries.

(c) Without precluding the right of the court to order, approve or disapprove a transfer, and except as set forth in subsection (e) of this section, in furtherance of the duty prescribed in subsection (b) of this section, a trustee may transfer the trust's principal place of administration to another state or to a jurisdiction outside of the United States.

(d) A change in the principal place of administration of a trust from this state to another jurisdiction does not, by itself, deprive the courts of this state of jurisdiction over the trust.

(e) The trustee may not transfer the principal place of administration of a charitable trust to a jurisdiction outside of the United States. The trustee of a testamentary trust may not transfer the principal place of administration without approval of the Probate Court having jurisdiction over the testamentary trust.

(f) The trustee shall notify the qualified beneficiaries of a proposed transfer of a trust's principal place of administration not less than sixty days prior to the date of initiating the transfer. The notice of proposed transfer shall include:

(1) The name of the jurisdiction to which the principal place of administration is to be transferred;

(2) The address and telephone number at the new location at which the trustee can be contacted;

(3) An explanation of the reason for the proposed transfer; and

(4) The date on which the proposed transfer is anticipated to occur.

(g) In connection with a transfer of the trust's principal place of administration, the trustee may transfer some or all of the trust

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property to a successor trustee designated in the terms of the trust or appointed pursuant to section 47 of this act.

Sec. 9. (NEW) (*Effective January 1, 2020*) (a) Notice to a person under sections 1 to 109, inclusive, of this act or the sending of a document to a person under sections 1 to 109, inclusive, of this act shall be accomplished in a manner reasonably suitable under the circumstances and likely to result in receipt of the notice or document. Permissible methods of notice or for sending a document include first-class mail, personal delivery, delivery to the person's last known place of residence or place of business, or, if the person has consented in advance to receive notices or documents by electronic message, a properly directed electronic message.

(b) Notice otherwise required under sections 1 to 109, inclusive, of this act or a document otherwise required to be sent under sections 1 to 109, inclusive, of this act need not be provided to a person whose identity or location is unknown to and not reasonably ascertainable by the trustee.

(c) Notice under sections 1 to 109, inclusive, of this act or the sending of a document under sections 1 to 109, inclusive, of this act may be waived by the person to be notified or to be sent the document.

(d) Notice of a judicial proceeding shall be given as provided in the applicable rules of court.

Sec. 10. (NEW) (*Effective January 1, 2020*) (a) Whenever notice to qualified beneficiaries of a trust is required under sections 1 to 109, inclusive, of this act, the trustee shall also give notice to: (1) A representative designated under section 21 of this act to receive notices on the beneficiary's behalf; and (2) any other beneficiary who sent the trustee a request for notice.

(b) A charitable organization expressly designated to receive

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distributions under the terms of a charitable trust has the rights of a qualified beneficiary under sections 1 to 109, inclusive, of this act if the charitable organization, on the date the charitable organization's qualification is being determined: (1) Is a distributee or permissible distributee of trust income or principal; (2) would be a distributee or permissible distributee of trust income or principal upon termination of the interests of other distributees or permissible distributees then receiving or eligible to receive distributions; or (3) would be a distributee or permissible distributee of trust income or principal if the trust terminated on such date.

(c) The Attorney General has the rights of a qualified beneficiary with respect to a charitable trust if (1) the trust's principal place of administration in this state; or (2) either the primary charitable beneficiary or the intended charitable benefit is located in this state.

(d) A person appointed to enforce a trust created for (1) the care of an animal under section 45a-489a of the general statutes, as amended by this act, or (2) another noncharitable purpose as provided in section 29 of this act, has the rights of a qualified beneficiary under sections 1 to 109, inclusive, of this act.

(e) A charitable organization shall be granted the rights of a qualified beneficiary under this section only if its interest in a charitable trust is not otherwise subject to any power of appointment, removal or any other power of termination on the date that its qualification is otherwise determined under this section.

Sec. 11. (NEW) (*Effective January 1, 2020*) (a) For the purposes of this section, "interested persons" means persons whose consent would be required in order to achieve a binding settlement were the settlement to be approved by the court.

(b) Except as provided in subsections (c) and (e) of this section,

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interested persons may enter into a binding, nonjudicial settlement agreement with respect to any matter involving an inter vivos trust.

(c) A nonjudicial settlement agreement is valid only to the extent it does not violate a material purpose of the trust and includes terms and conditions that could be properly approved by the court under sections 1 to 109, inclusive, of this act or other applicable law.

(d) Matters that may be resolved by a nonjudicial settlement agreement include: (1) The interpretation or construction of the terms of the trust; (2) the approval of a trustee's report or accounting; (3) direction to a trustee to refrain from performing a particular act or the grant to a trustee of any necessary or desirable power; (4) the resignation or appointment of a trustee and the determination of a trustee's compensation; (5) transfer of a trust's principal place of administration; and (6) liability of a trustee for an action relating to the trust.

(e) A nonjudicial settlement agreement may not modify or terminate an irrevocable trust. Such a modification or termination may be accomplished only under the provisions of sections 30 to 37, inclusive, of this act.

(f) An interested person may request the court to approve a nonjudicial settlement agreement to determine whether the representation provided pursuant to sections 17 to 21, inclusive, of this act was adequate and to determine whether the agreement contains terms and conditions the court could have properly approved.

Sec. 12. (NEW) (*Effective January 1, 2020*) A trustee has an insurable interest in the life of an individual insured under a life insurance policy that is owned by the trustee or that designates the trust itself as the owner if, on the date the policy is issued:

(1) The insured is: (A) A settlor of the trust; or (B) an individual in

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whom a settlor of the trust has, or would have had if living at the time the policy was issued, an insurable interest; and

(2) The life insurance proceeds are primarily for the benefit of one or more trust beneficiaries who have: (A) An insurable interest in the life of the insured; or (B) a substantial interest engendered by love and affection in the continuation of the life of the insured and, if not already included under subdivision (1) of this section, who are: (i) Related within the third degree or closer, as measured by the law of this state for determining degrees of relation, either by blood or law, to the insured; or (ii) stepchildren of the insured.

Sec. 13. (NEW) (*Effective January 1, 2020*) (a) A testamentary trust is subject to continuing judicial supervision.

(b) An inter vivos trust is not subject to continuing judicial supervision.

Sec. 14. (NEW) (*Effective January 1, 2020*) (a) If a trustee accepts trusteeship of a trust having its principal place of administration in this state or moves the principal place of administration to this state, the trustee submits personally to the jurisdiction of the courts of this state regarding any matter involving the trust.

(b) With respect to their interests in the trust, the beneficiaries of a trust having its principal place of administration in this state are subject to the jurisdiction of the courts of this state regarding any matter involving the trust. If a beneficiary accepts a distribution from such a trust, the beneficiary submits personally to the jurisdiction of the courts of this state regarding any matter involving the trust.

(c) This section shall not preclude other methods of obtaining jurisdiction over a trustee, beneficiary or other person receiving property from the trust.

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(d) Notwithstanding the provisions of subsections (a) to (c), inclusive, of this section, the courts of this state have jurisdiction over the trustee of a charitable trust if either the primary charitable beneficiary or the intended charitable benefit is located in this state.

Sec. 15. (NEW) (*Effective January 1, 2020*) (a) Except as provided in subsection (b) of this section, the Probate Courts have sole original jurisdiction relating to testamentary trusts to:

(1) Determine the validity of the will establishing the trust pursuant to subdivision (2) of subsection (a) of section 45a-98 of the general statutes, as amended by this act;

(2) Compel a trustee to account pursuant to subdivision (6) of subsection (a) of section 45a-98 of the general statutes, as amended by this act;

(3) Approve a trustee's account pursuant to sections 45a-175 to 45a-179, inclusive, of the general statutes, as amended by this act, or proposed final distribution pursuant to section 45a-481 of the general statutes;

(4) With respect to an action that could be reported in a subsequent account pursuant to sections 45a-175 to 45a-179, inclusive, of the general statutes, as amended by this act, hear and decide the petition of (A) a trustee to approve a proposed action, ratify a previously taken action or provide instructions to address a specific situation, or (B) a beneficiary to compel or prohibit action by a trustee;

(5) Approve the settlement of a disputed claim pursuant to section 45a-151 of the general statutes;

(6) Approve the sale of personal property pursuant to section 45a-163 of the general statutes;

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(7) Approve the sale or mortgage of real property pursuant to section 45a-164 of the general statutes;

(8) Remove or accept the resignation of a trustee pursuant to section 48 of this act or subsection (b) of section 49 of this act;

(9) Appoint a successor trustee in the event of a vacancy or anticipated vacancy pursuant to section 47 of this act;

(10) Order a trustee to furnish a probate bond pursuant to section 45 of this act;

(11) Assume jurisdiction of a trust pursuant to section 45a-477 of the general statutes, as amended by this act;

(12) Order distribution of a decedent's estate or testamentary trust to the beneficiaries of an inoperative trust pursuant to section 45a-482 of the general statutes, as amended by this act;

(13) Authorize a trustee to disclaim an interest pursuant to section 45a-579 of the general statutes;

(14) Authorize a trustee to combine two or more trusts or divide a trust into two or more separate trusts pursuant to section 38 of this act; and

(15) Terminate a charitable trust pursuant to section 45a-520 of the general statutes, as amended by this act.

(b) The Superior Court and the Probate Courts have concurrent original jurisdiction relating to testamentary trusts to:

(1) Determine title or rights of possession and use in and to any real, tangible or intangible property that constitutes or may constitute property of a trust, including the rights and obligations of a beneficiary of the trust pursuant to subdivision (3) of subsection (a) of section 45a-

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98 of the general statutes, as amended by this act;

(2) Determine the validity and construe the meaning and effect of a trust pursuant to subdivision (4) of subsection (a) of section 45a-98 of the general statutes, as amended by this act;

(3) Apply the doctrine of cy pres or approximation pursuant to subdivision (5) of subsection (a) of section 45a-98 of the general statutes, as amended by this act;

(4) Recover on a probate bond for breach of fiduciary duty pursuant to sections 45a-144 and 45a-145 of the general statutes;

(5) Reform a trust to qualify for the marital deduction pursuant to section 45a-485 of the general statutes, as amended by this act;

(6) Reform a trust to qualify for the charitable deduction pursuant to section 45a-519 of the general statutes, as amended by this act;

(7) Reform a charitable remainder unitrust pursuant to section 45a-521 of the general statutes, as amended by this act;

(8) Authorize transfer of the principal place of administration of a trust to another jurisdiction pursuant to section 8 of this act;

(9) Modify or terminate a noncharitable trust pursuant to sections 31, 32, 35, 36 and 37 of this act; and

(10) Hear and decide a petition for instruction pursuant to subsection (d) of section 88 of this act.

(c) Notwithstanding subsection (a) of this section, the Superior Court has original jurisdiction relating to testamentary trusts with respect to:

(1) A proceeding relating to a testamentary trust that the court

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consolidates with another proceeding involving the same trust over which the Superior Court has original jurisdiction; and

(2) Any matter over which the Superior Court has statutory or common law jurisdiction or has powers or remedies that are not available to the Probate Courts.

(d) The Superior Court has original jurisdiction over all matters relating to inter vivos trusts. The Probate Courts have concurrent original jurisdiction with the Superior Court relating to inter vivos trusts to:

(1) Compel a trustee to account pursuant to subdivision (6) of subsection (a) of section 45a-98 of the general statutes, as amended by this act;

(2) Approve a trustee's account pursuant to section 45a-175 of the general statutes, as amended by this act;

(3) With respect to an action that could be reported in a subsequent account pursuant to section 45a-175 of the general statutes, as amended by this act, hear and decide the petition of a trustee to approve a proposed action, ratify a previously taken action or provide instruction to address a specific situation or the petition of a beneficiary to compel or prohibit an action by a trustee;

(4) Remove a trustee pursuant to subsection (b) of section 49 of this act;

(5) Appoint a successor trustee in the event of a vacancy or anticipated vacancy pursuant to section 47 or 102 of this act and subsection (g) of section 105 of this act;

(6) Recover on a probate bond for breach of fiduciary duty pursuant to sections 45a-144 and 45a-145 of the general statutes;

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(7) Authorize a trustee to disclaim an interest pursuant to section 45a-579 of the general statutes;

(8) Authorize a trustee to combine two or more trusts or divide a trust into two or more separate trusts pursuant to section 38 of this act;

(9) Terminate a charitable trust pursuant to section 45a-520 of the general statutes, as amended by this act;

(10) Determine title or rights of possession and use in and to any real, tangible or intangible property that constitutes or may constitute property of a trust, including the rights and obligations of any beneficiary of the trust pursuant to subdivision (3) of subsection (a) of section 45a-98 of the general statutes, as amended by this act;

(11) Determine the validity and construe the meaning and effect of a trust pursuant to subdivision (4) of subsection (a) of section 45a-98 of the general statutes, as amended by this act;

(12) Apply the doctrine of cy pres or approximation pursuant to subdivision (5) of subsection (a) of section 45a-98 of the general statutes, as amended by this act;

(13) Reform a trust to achieve the settlor's tax objectives pursuant to section 37 of this act;

(14) Authorize transfer of the principal place of administration of a trust to another jurisdiction pursuant to section 8 of this act;

(15) Modify or terminate a noncharitable trust pursuant to sections 31, 32, 35, 36 and 37 of this act; and

(16) Hear and decide a petition for instruction pursuant to subsection (d) of section 88 of this act.

(e) With respect to a matter over which the court has jurisdiction,

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the court may hear and decide a trustee's request for instructions or for approval of action or a party's request to compel or prohibit an action by a trustee.

Sec. 16. (NEW) (*Effective January 1, 2020*) (a) Process for a proceeding in the Superior Court concerning a trust shall be returnable as provided in chapter 890 of the general statutes.

(b) A petition to commence a proceeding in a Probate Court concerning a testamentary trust shall be filed with:

(1) The court that admitted the settlor's will to probate; or

(2) If the trust was established pursuant to a court order, the court that issued the order or the court to which the trust was subsequently transferred pursuant to rules of procedure adopted by the Supreme Court under section 45a-78 of the general statutes.

(c) A petition to commence a proceeding in a Probate Court concerning an inter vivos trust shall be filed with the court for the probate district:

(1) Where the principal place of administration of the trust is located;

(2) Where a trustee or successor trustee resides or has a place of business;

(3) Where a trust asset is maintained or evidence of intangible property held by the trust is situated;

(4) Where the settlor resides;

(5) If the settlor is deceased, where the settlor's will was admitted to probate or that granted administration of the settlor's estate, or where the settlor resided immediately before death; or

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(6) If a trust has no trustee, where a beneficiary resides or, if the beneficiary is not an individual, where the beneficiary has a place of business.

Sec. 17. (NEW) (*Effective January 1, 2020*) (a) Notice to a person who may represent and bind another person under this section and sections 18 to 21, inclusive, of this act has the same effect as if notice were given directly to the other person.

(b) The consent of a person who may represent and bind another person under this section and sections 18 to 21, inclusive, of this act is binding on the person represented unless the person represented objects to the representation before the consent would otherwise have become effective.

(c) Except as provided in section 41 of this act, a person that, pursuant to this section and sections 18 to 21, inclusive, of this act, may represent a settlor who lacks capacity may receive notice and give a binding consent on the settlor's behalf.

(d) A settlor may not represent and bind a beneficiary under this section with respect to the termination or modification of a trust under sections 31 and 32 of this act.

(e) This section and sections 18 to 21, inclusive, of this act, shall apply to all judicial proceedings and all nonjudicial settlements, agreements or actions (1) under sections 1 to 109, inclusive, of this act; and (2) under any other provisions of the general statutes pertaining to trust matters. As used in this subsection, "trust matters" means (A) any property or interest in property held as part of a trust; (B) actions by or against a trust or by or against the trustee of the trust, in its capacity as trustee; (C) proceedings for the interpretation of a document creating a trust or other instrument pursuant to which property is held by a trustee; (D) accountings, whether intermediate or final, of any trustee;

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and (E) any other matter concerning the administration of a trust. Any reference to a trust in this section and sections 45a-487b to 45a-487f, inclusive, of the general statutes includes both testamentary and inter vivos trusts.

(f) As used in this section, "represent" shall not be construed to permit a person who has not been admitted as an attorney pursuant to section 51-80 of the general statutes to serve as legal counsel for any other person in any matter arising under sections 1 to 109, inclusive, of this act.

Sec. 18. (NEW) (*Effective January 1, 2020*) To the extent there is no conflict of interest between the holder of a power of appointment and a person represented with respect to the particular question or dispute: (1) The sole holder or all coholders of a power of appointment, whether or not presently exercisable, represent the potential appointees; and (2) the sole holder or all coholders of a power of revocation or a general power of appointment, including one in the form of a power of amendment, represent the takers in default of the exercise of the power.

Sec. 19. (NEW) (*Effective January 1, 2020*) (a) To the extent there is no conflict of interest between the representative and the person represented or among those being represented with respect to a particular question or dispute: (1) A conservator of the estate may represent and bind the estate that the conservator controls; (2) a conservator of the person or guardian of an adult with intellectual disability may, with court approval, represent and bind the conserved person if a conservator of the estate has not been appointed; (3) an agent having authority to do so may represent and bind the principal; (4) a trustee may represent and bind the beneficiaries of the trust; (5) an executor or administrator of a decedent's estate may represent and bind persons interested in the estate; and (6) if a guardian of the estate has not been appointed, a parent of a minor may represent and bind

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the parent's minor or unborn child.

(b) Unless otherwise represented, a minor, an incapacitated or unborn individual, or a person whose identity or location is unknown and not reasonably ascertainable, may be represented by and bound by another person having a substantially identical interest with respect to the particular question or dispute, but only to the extent there is no conflict of interest between the representative and the person being represented.

Sec. 20. (NEW) (*Effective January 1, 2020*) (a) If the court determines that an interest is not represented pursuant to sections 17 to 21, inclusive, of this act, or that the otherwise available representation may be inadequate, the court may appoint a guardian ad litem to receive notice, give consent, and otherwise represent, bind and act on behalf of a minor, an incapacitated or unborn individual, or a person whose identity or location is unknown. A guardian ad litem may be appointed to represent several persons or interests.

(b) A guardian ad litem may act on behalf of the individual represented with respect to any matter arising under sections 1 to 109, inclusive, of this act, whether or not a judicial proceeding concerning the trust is pending.

(c) In making decisions in any matter, a guardian ad litem may consider the general benefit accruing to the living members of the individual's family.

Sec. 21. (NEW) (*Effective January 1, 2020*) (a) The trust instrument may (1) designate one or more persons other than the settlor to represent and bind a beneficiary that is not a charity and to receive a notice, information, an accounting or a report on behalf of the beneficiary; or (2) authorize a person or persons, other than a trustee of the trust or the settlor, to designate one or more persons to represent

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and bind a beneficiary that is not a charity and receive any notice, information, accounting or report.

(b) Except as otherwise provided in sections 1 to 98, inclusive, of this act, a designated representative may not represent and bind a beneficiary while the person is serving as trustee.

(c) Except as otherwise provided in sections 1 to 98, inclusive, of this act, a designated representative may not represent and bind another beneficiary if the person designated also is a beneficiary, unless:

(1) The person was named by the settlor; or

(2) The person is the beneficiary's spouse or a grandparent or descendant of a grandparent of the beneficiary or the beneficiary's spouse.

(d) A designated representative is not liable to the beneficiary whose interests are represented, or to anyone claiming through that beneficiary, for any actions or omissions to act made in good faith.

Sec. 22. (NEW) (*Effective January 1, 2020*) A trust may be created by: (1) Transfer of property to another person as trustee during the settlor's lifetime, by deed or otherwise, or by will or other disposition taking effect upon the settlor's death; (2) declaration by the owner of property that the owner holds identifiable property as trustee; (3) exercise of a power of appointment or distribution in favor of a trustee; (4) transfer of property pursuant to a statute or judgment that requires property to be administered in the manner of an express trust, including, but not limited to, (A) a trust created by the guardian of the estate of a minor or by the conservator of an estate; or (B) a trust described in 42 USC 1396p(d)(4), as amended from time to time; or (5) court order.

Sec. 23. (NEW) (*Effective January 1, 2020*) (a) A trust is created only if:

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(1) The settlor has capacity to create a trust;

(2) The settlor indicates an intention to create the trust;

(3) The trust has a definite beneficiary or is (A) a charitable trust; (B) a trust for the care of an animal, as provided in section 45a-489a of the general statutes, as amended by this act; or (C) a trust for a noncharitable purpose under section 29 of this act; and

(4) The trustee has duties to perform.

(b) A beneficiary is definite if the beneficiary can be ascertained now or in the future, subject to any applicable rule against perpetuities.

(c) A power in a trustee to select a beneficiary from an indefinite class is valid. If the power is not exercised within a reasonable time, the power fails and the property subject to the power passes to the persons who would have taken the property had the power not been conferred. With respect to a charitable trust, if no default beneficiary is named in the trust instrument, the property subject to the power passes to one or more charitable purposes or beneficiaries that the court selects. The selection shall be consistent with the settlor's intention to the extent it can be ascertained.

(d) The settlor's power to create or contribute to a trust may be exercised by (1) an agent under a power of attorney only to the extent expressly authorized to create or contribute property to a trust; or (2) a conservator of the estate as authorized by the court.

(e) A charitable trust is created if the donor makes a gift with a charitable intent.

Sec. 24. (NEW) (*Effective January 1, 2020*) An inter vivos trust is validly created if its creation complies with (1) the law of the jurisdiction in which the trust instrument was executed; or (2) the law

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of the jurisdiction in which, at the time of creation: (A) The settlor was domiciled, had a place of abode or was a national; (B) a trustee was domiciled or had a place of business; or (C) any trust property was located.

Sec. 25. (NEW) (*Effective January 1, 2020*) A trust may be created only to the extent its purposes are lawful and not contrary to public policy.

Sec. 26. (NEW) (*Effective January 1, 2020*) (a) A charitable trust may be created for the relief of poverty, the advancement of education or religion, the promotion of health, governmental or municipal purposes or other purposes the achievement of which are beneficial to the community consistent with the provisions of sections 45a-514 and 47-2 of the general statutes.

(b) If the terms of a charitable trust do not indicate a particular charitable purpose or beneficiary and if the trustee is not given discretion to select the charitable beneficiaries consistent with the provisions of section 45a-515 of the general statutes, the court may select one or more charitable purposes or beneficiaries. The selection shall be consistent with the settlor's intention to the extent it can be ascertained.

(c) The settlor of a charitable trust, or a person designated by the settlor who would not otherwise have standing, may maintain a proceeding to enforce the trust only to the extent specified in the trust instrument.

(d) If a charitable trust whose purposes are set forth in a trust instrument is converted to a corporation, limited liability company, benefit corporation or other entity, the governing instrument of the new entity shall recite the charitable purposes of the original trust instrument.

Sec. 27. (NEW) (*Effective January 1, 2020*) A trust or a provision of a

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trust is void to the extent its creation was induced by fraud, duress or undue influence.

Sec. 28. (NEW) (*Effective January 1, 2020*) Except as required by any provision of the general statutes other than sections 1 to 109, inclusive, of this act, a trust need not be evidenced by a written trust instrument, but the creation and terms of an oral trust, other than a charitable trust, may be established only by clear and convincing evidence.

Sec. 29. (NEW) (*Effective January 1, 2020*) Except as otherwise provided in the general statutes, the following rules apply to a trust created pursuant to this section:

(1) A trust may be created for a noncharitable purpose without a definite or definitely ascertainable beneficiary or for a noncharitable but otherwise valid purpose to be selected by the trustee. The trust may not be enforced for more than ninety years. The ninety-year period specified in this subdivision applies only to trusts that become irrevocable on or after January 1, 2020.

(2) A trust authorized by this section may be enforced by a person appointed in the terms of the trust or, if no person is appointed, by a person appointed by the court.

(3) Property of a trust authorized by this section may be applied only to its intended use, except to the extent the court determines that the value of the trust property exceeds the amount required for the intended use. Except as otherwise provided in the terms of the trust, property not required for the intended use shall be distributed to (A) the settlor, if then living; or (B) if the settlor is not living, to the settlor's successors in interest.

Sec. 30. (NEW) (*Effective January 1, 2020*) (a) In addition to the methods of termination prescribed by sections 31, 32 and 35 of this act, a noncharitable trust terminates to the extent the trust is revoked or

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expires pursuant to its terms.

(b) A charitable trust may be terminated only in accordance with the provisions of section 33 or 34 of this act or section 45a-520 of the general statutes, as amended by this act.

(c) A proceeding to approve or disapprove a proposed modification or termination of a trust under sections 31 to 37, inclusive, of this act or trust combination or division under section 38 of this act may be commenced by a trustee or beneficiary. The settlor of a charitable trust or a person designated by the settlor who would not otherwise have standing may maintain a proceeding to modify the trust under section 33 or 34 of this act if the trust instrument expressly grants the settlor or the person the right to do so.

(d) The trustee is a necessary party in any proceeding under sections 31 to 38, inclusive, of this act. The trustee may appeal any order, denial or decree under sections 31 to 38, inclusive, of this act.

Sec. 31. (NEW) (*Effective January 1, 2020*) (a) If the court finds that the settlor, the trustee and all beneficiaries consent to the modification or termination of a noncharitable irrevocable trust, the court may approve the modification or termination even if the modification or termination is inconsistent with a material purpose of the trust. A settlor's power to consent to a trust's modification or termination may be exercised by (1) an agent under a power of attorney only to the extent expressly authorized by the power of attorney or the terms of the trust; or (2) the settlor's conservator with the approval of the court supervising the conservatorship. This subsection does not apply to irrevocable trusts created before, or revocable trusts that become irrevocable before, January 1, 2020.

(b) A noncharitable irrevocable trust may be (1) terminated upon consent of all of the beneficiaries if the court concludes that

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continuance of the trust is not necessary to achieve any material purpose of the trust; and (2) modified upon consent of all of the beneficiaries if the court concludes that modification is not inconsistent with a material purpose of the trust.

(c) A spendthrift provision in the terms of the trust is not presumed to constitute a material purpose of the trust.

(d) Upon termination of a trust under subsection (a) or (b) of this section, the trustee shall distribute the trust property as agreed by the beneficiaries and approved by the court.

(e) If not all of the beneficiaries consent to a proposed modification or termination of the trust under subsection (a) or (b) of this section, the modification or termination may be approved by the court if the court is satisfied that:

(1) If all of the beneficiaries had consented, the trust could have been modified or terminated under this section; and

(2) The interests of a beneficiary who does not consent will be adequately protected.

(f) Notwithstanding the provisions of this section, the court may not terminate an irrevocable trust established pursuant to 42 USC 1396p(d)(4)(A) or (C), as amended from time to time. The court may approve a proposed modification of the terms of such trust to ensure compliance with the requirements of federal law or to modify any individual's contingent beneficial interest that is available only after repayment to this state or another state for (1) medical assistance provided; and (2) all claims for which this state would have claims against the estate of the deceased beneficiary that have not previously been paid or reimbursed.

Sec. 32. (NEW) (*Effective January 1, 2020*) (a) The court may modify

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the administrative or dispositive terms of a trust, subject to sections 33 and 34 of this section, or terminate a noncharitable trust if, because of circumstances not anticipated by the settlor, modification or termination will further the purposes of the trust. To the extent practicable, the modification shall be made in accordance with the settlor's probable intention.

(b) The court may modify the administrative terms of a trust if continuation of the trust on its existing terms would be impracticable or wasteful or impair the trust's administration.

(c) Upon termination of a trust under this section, the trustee shall distribute the trust property in a manner consistent with the purposes of the trust as directed by the court.

(d) In this section, "circumstances not anticipated by the settlor" does not include a change in the corporate identity of a trustee.

(e) Notwithstanding the provisions of this section, the court may not terminate an irrevocable trust established pursuant to 42 USC 1396p(d)(4)(A) or (C), as amended from time to time. The court may modify the terms of such a trust to ensure compliance with the requirements of federal law or to modify any individual's contingent beneficial interest that is available only after repayment to this state or another state for (1) medical assistance provided; and (2) all claims for which this state would have claims against the estate of the deceased beneficiary that have not previously been paid or reimbursed.

Sec. 33. (NEW) (*Effective January 1, 2020*) Except as otherwise provided in section 34 of this act, if a particular charitable purpose becomes unlawful, impracticable, impossible to achieve or wasteful: (1) The trust does not fail, in whole or in part; (2) the trust property does not revert to the settlor or the settlor's successors in interest; and (3) the court may apply cy pres to modify or terminate the trust by directing

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that the trust property be applied or distributed, in whole or in part, in a manner consistent with the settlor's charitable purposes.

Sec. 34. (NEW) (*Effective January 1, 2020*) A provision in the terms of a charitable trust that would result in distribution of the trust property to a noncharitable beneficiary prevails over the power of the court under section 33 of this act to apply cy pres to modify or terminate the trust only if, when the provision takes effect: (1) Except as provided in section 45a-505 of the general statutes, the trust property is to revert to the settlor and the settlor is living; or (2) fewer than twenty-one years have elapsed since the date of the trust's creation.

Sec. 35. (NEW) (*Effective January 1, 2020*) (a) After thirty days' notice to the qualified beneficiaries and such other beneficiaries as the trustee deems reasonable, the trustee of a noncharitable inter vivos trust consisting of trust property having a total value less than two hundred thousand dollars may terminate the trust if the trustee concludes that the value of the trust property is insufficient to justify the cost of administration. The provisions of this subsection shall not apply to a trust established pursuant to 42 USC 1396p(d)(4)(A) or (C), as amended from time to time.

(b) The court may modify or terminate a noncharitable testamentary or inter vivos trust or remove the trustee of the trust and appoint a different trustee if it determines that the value of the trust property is insufficient to justify the cost of administration relative to the material purposes of the trust. Notwithstanding the provisions of this subsection, the court may not terminate a testamentary or inter vivos trust established pursuant to 42 USC 1396p(d)(4)(A) or (C), as amended from time to time. The court may only modify a trust established pursuant to 42 USC 1396p(d)(4)(A) or (C), as amended from time to time to ensure compliance with the requirements of federal law or to modify any individual's contingent beneficial interest that is available only after repayment to this state or another state for

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(1) medical assistance provided; and (2) all claims for which this state would have claims against the estate of the deceased beneficiary that have not previously been paid or reimbursed. The provisions of this subsection providing for repayment of medical assistance to the state for trusts established under 42 USC 1396p(d)(4)(A) or (C), as amended from time to time are presumed to be a material purpose of the trust.

(c) Upon termination of a trust under this section, the trustee shall distribute the trust property: (1) In a manner consistent with the purposes of the trust; or (2) if the termination is approved by the court, as directed by the court after considering the material purposes of the trust.

(d) The provisions of this section do not apply to an easement for conservation or preservation.

Sec. 36. (NEW) (*Effective January 1, 2020*) The court may reform the terms of a noncharitable trust, even if unambiguous, to conform the terms to the settlor's intention if it is proved by clear and convincing evidence what the settlor's intention was and that the terms of the trust were affected by a mistake of fact or law, whether in expression or inducement.

Sec. 37. (NEW) (*Effective January 1, 2020*) To achieve the settlor's tax objectives, the court may modify the terms of a trust in a manner that is not contrary to the settlor's probable intention. The court may provide that the modification has retroactive effect.

Sec. 38. (NEW) (*Effective January 1, 2020*) (a) After thirty days' notice to the qualified beneficiaries, the trustee of an inter vivos trust may combine two or more trusts into a single trust or divide a trust into two or more separate trusts, if the result does not impair rights of a beneficiary or adversely affect achievement of the purposes of the trust.

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(b) The trustee of a testamentary trust, with court approval, may combine the trust with another trust or divide the trust into two or more separate trusts if the result does not impair rights of a beneficiary or adversely affect achievement of the purposes of the trust.

Sec. 39. (NEW) (*Effective January 1, 2020*) Trust property is not subject to personal obligations of the trustee, even if the trustee becomes insolvent or bankrupt.

Sec. 40. (NEW) (*Effective January 1, 2020*) (a) For all purposes under this section and section 39 of this act, a creditor of a beneficiary, other than a creditor of the settlor if the settlor is a beneficiary of the trust, may not attach or compel a distribution of property that is subject to:

(1) A power of withdrawal held by the beneficiary if the value of the property subject to the power does not exceed the greater of the amount specified in Section 2041(b)(2) or 2514(e) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, and the regulations thereunder, or Section 2503(b) of said Internal Revenue Code and the regulations thereunder, in each case as in effect on January 1, 2020;

(2) A power, whether mandatory or discretionary, held by the trustee of the trust, including a power held by the beneficiary as the sole trustee or a cotrustee of the trust, to make distributions to or for the benefit of the beneficiary, if the power is exercisable by the trustee only in accordance with an ascertainable standard relating to such beneficiary's individual health, education, support or maintenance within the meaning of Section 2041(b)(1)(A) or 2514(c)(1) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, and the regulations thereunder, as in effect on January 1, 2020; or

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(3) A power, whether mandatory or discretionary, held by the trustee of the trust, including a power held by the beneficiary as the sole trustee or a cotrustee of the trust, to make distributions to or for the benefit of a person who the beneficiary has an obligation to support, if the power is exercisable by the trustee only in accordance with an ascertainable standard relating to such person's individual health, education, support or maintenance within the meaning of Section 2041(b)(1)(A) or 2514(c)(1) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, and the regulations thereunder, as in effect on January 1, 2020.

(b) A beneficiary holding a power set forth in subsection (a) of this section shall not, during the period the power may be exercised or upon the lapse, release or waiver of the power, be treated as a settlor of the trust.

(c) This section and section 39 of this act do not apply to statutory trusts created pursuant to chapter 615 of the general statutes to the extent inconsistent with the terms of said chapter.

Sec. 41. (NEW) (*Effective January 1, 2020*) (a) Unless the terms of a trust expressly provide that the trust is irrevocable, the settlor may revoke or amend the trust. This subsection shall not apply to (1) a trust created under an instrument executed before January 1, 2020; (2) charitable pledges; or (3) other charitable gifts in which the charitable interest has otherwise vested.

(b) If a revocable trust is created or funded by more than one settlor: (1) To the extent the trust consists of community property, the trust may be revoked by either spouse acting alone but may be amended only by joint action of both spouses; and (2) to the extent the trust consists of property other than community property, each settlor may revoke or amend the trust with regard to the part of the trust property

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attributable to the settlor's contribution.

(c) With respect to a revocable trust:

(1) The settlor may revoke or amend the trust by substantial compliance with a method provided in the terms of the trust.

(2) If the terms of the trust do not provide a method to revoke or amend the trust, or the method provided in the terms is not expressly made exclusive, the settlor may revoke or amend the trust by (A) executing a later will or codicil that has been admitted to probate and that expressly refers to the trust or expressly devises specifically identified items of real or personal property that would otherwise have passed according to the terms of the trust; or (B) any other method manifesting clear and convincing evidence of the settlor's intent, provided (i) a written revocable trust may be amended only by a later written instrument; and (ii) a written revocable trust may be revoked only by a later written instrument or by the burning, cancellation, tearing or obliteration of the revocable trust by the settlor or by some person in the settlor's presence and at the settlor's direction.

(d) Upon revocation of a revocable trust, the trustee shall deliver the trust property as the settlor directs.

(e) A settlor's powers with respect to revocation, amendment or distribution of trust property may be exercised by an agent under a power of attorney only to the extent expressly authorized by the terms of the trust and the power of attorney.

(f) Unless expressly prohibited by the terms of the trust, a conservator of the settlor may exercise a settlor's powers with respect to revocation, amendment or distribution of trust property with approval of the trustee and the court supervising the conservatorship.

(g) A trustee who does not know that a trust has been revoked or

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amended is not liable to the settlor or settlor's successors in interest for distributions made and other actions taken on the assumption that the trust had not been amended or revoked.

(h) A trust created pursuant to 42 USC 1396p(d)(4), as amended from time to time, is irrevocable if the terms of the trust prohibit the settlor from revoking it, even if the settlor's estate or the settlor's heirs at law are named as the remainder beneficiary of the trust upon the settlor's death.

Sec. 42. (NEW) (*Effective January 1, 2020*) (a) To the extent a trust is revocable by a settlor, a trustee may follow a direction of the settlor that is contrary to the terms of the trust. To the extent a trust is revocable by a settlor in conjunction with a person other than a trustee or person holding an adverse interest, the trustee may follow a direction from the settlor and the other person holding the power to revoke even if the direction is contrary to the terms of the trust.

(b) To the extent a trust is revocable and the settlor has capacity to revoke the trust, rights of the beneficiaries are subject to the control of, and the duties of the trustee are owed exclusively to, the settlor.

(c) During the period the power may be exercised, the holder of a power of withdrawal has the rights of a settlor of a revocable trust under this section to the extent of the property subject to the power.

Sec. 43. (NEW) (*Effective January 1, 2020*) (a) A person may commence a judicial proceeding to contest the validity of a trust that was revocable at the settlor's death within the earlier of:

(1) One year after the settlor's death; or

(2) One hundred twenty days after the date on which the trustee sent the person a copy of the trust instrument and a notice informing the person of the trust's existence, of the trustee's name and address,

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and of the time allowed for commencing a proceeding. The trustee may provide the documentation and information set forth in this subdivision to (A) all persons who would be entitled to notice of the application for probate of a will or administration of an intestate estate or to notice of the admission of a will to probate or the granting of letters of administration; and (B) the beneficiaries of the trust and all persons whose interests are, in the opinion of the trustee, adversely affected by the trust. The provisions of this subdivision shall not apply to a person if notice is sent to the designated representative for the person but not to the person.

(b) Upon the death of the settlor of a trust that was revocable at the settlor's death, the trustee may proceed to distribute the trust property in accordance with the terms of the trust. The trustee is not subject to liability for doing so unless: (1) The trustee knows of a pending judicial proceeding contesting the validity of the trust; (2) a potential contestant has notified the trustee of a possible judicial proceeding to contest the trust and a judicial proceeding is commenced not later than sixty days after the date on which the contestant sent the notification; or (3) the trustee failed to give notice in accordance with section 63 of this act.

(c) If the court determines that a distribution to a beneficiary of a trust is invalid, the beneficiary is liable to return the distribution received.

Sec. 44. (NEW) (*Effective January 1, 2020*) (a) Except as provided in subsection (c) of this section, a person designated as trustee accepts the trusteeship: (1) By substantially complying with a method of acceptance provided in the terms of the trust; (2) if the terms of the trust do not provide a method or the method provided in the terms is not expressly made exclusive, by accepting delivery of the trust property, exercising powers or performing duties as trustee, or otherwise indicating acceptance of the trusteeship; or (3) in the case of

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a testamentary trust, filing an acceptance of trust in the court with jurisdiction over the trust.

(b) A person designated as trustee who has not yet accepted the trusteeship may reject the trusteeship. A designated trustee who does not accept the trusteeship within a reasonable period after knowing of the designation is deemed to have rejected the trusteeship.

(c) A person designated as trustee, without accepting the trusteeship, may: (1) Act to preserve the trust property if, within a reasonable period after acting, the person sends a rejection of the trusteeship to the settlor or, if the settlor is dead or lacks capacity, to a qualified beneficiary; and (2) inspect or investigate trust property (A) to determine potential liability under state or federal environmental or other law; or (B) for any other purpose.

Sec. 45. (NEW) (*Effective January 1, 2020*) (a) A trustee shall give bond to secure performance of the trustee's duties only if the court finds that a bond (1) is needed to protect the interests of the beneficiaries; or (2) is required by the terms of the trust and, in the case of noncharitable trusts, the court has not dispensed with the requirement of a bond.

(b) The court may specify the amount of a bond, its liabilities and whether sureties are necessary. Except in the case of a charitable trust, the court may modify or terminate a bond at any time.

(c) In addition to the requirements of this section, a testamentary trustee that is a foreign corporation shall comply with section 45a-206 of the general statutes.

Sec. 46. (NEW) (*Effective January 1, 2020*) (a) Cotrustees who are unable to reach a unanimous decision may act by majority decision.

(b) If a vacancy occurs in a cotrusteeship, the remaining cotrustees

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may act for the trust.

(c) Subject to the provisions of section 91 of this act, a cotrustee shall participate in the performance of a trustee's function unless the cotrustee is unavailable to perform the function because of absence, illness, disqualification under other law or other temporary incapacity or the cotrustee has properly delegated the performance of the function to another trustee.

(d) If a cotrustee is unavailable to perform duties because of absence, illness, disqualification under other law or other temporary incapacity, and prompt action is necessary to achieve the purposes of the trust or to avoid injury to the trust property, the remaining cotrustee or a majority of the remaining cotrustees may act for the trust.

(e) A trustee may delegate to a cotrustee the performance of any function other than a function that the terms of the trust expressly require to be performed by the trustees jointly. Unless a delegation was irrevocable, a delegating trustee may revoke a delegation previously made.

(f) Except as provided in subsection (g) of this section, a trustee who does not join in an action of another trustee is not liable for the action.

(g) Subject to the provisions of section 91 of this act, a trustee shall exercise reasonable care to: (1) Prevent a cotrustee from committing a serious breach of trust; and (2) compel a cotrustee to redress a serious breach of trust.

(h) A dissenting trustee who joins in an action at the direction of the majority of the trustees and who notified any cotrustee of the dissent at or before the time of the action is not liable for the action unless the action is a serious breach of trust.

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Sec. 47. (NEW) (*Effective January 1, 2020*) (a) A vacancy in a trusteeship occurs if: (1) A person designated as trustee rejects the trusteeship; (2) a person designated as trustee cannot be identified or does not exist; (3) a trustee resigns; (4) a trustee is disqualified or removed; (5) a trustee dies; or (6) a conservator is appointed for an individual serving as trustee.

(b) If one or more cotrustees remain in office, a vacancy in a trusteeship of a noncharitable trust need not be filled, unless otherwise required by the terms of the trust. A vacancy in a trusteeship shall be filled if the trust has no remaining trustee. A vacancy in a trusteeship of a charitable trust shall be filled, unless otherwise excused by the terms of the trust.

(c) A vacancy in a trusteeship required to be filled shall be filled in the following order of priority: (1) By a person designated in the terms of the trust to act as successor trustee or appointed according to a procedure specified in the terms and, in the case of a testamentary trust, appointed by the Probate Court; (2) in the case of a noncharitable, inter vivos trust, by a person appointed by unanimous agreement of the qualified beneficiaries; or (3) by a person appointed by the court.

(d) Whether or not a vacancy in a trusteeship exists or is required to be filled, the court may appoint an additional trustee or special fiduciary whenever the court considers the appointment necessary for the administration of the trust.

Sec. 48. (NEW) (*Effective January 1, 2020*) (a) A trustee of an inter vivos trust may resign (1) without court approval upon giving not less than thirty days' notice to the qualified beneficiaries, the settlor, if living, and all cotrustees; or (2) with the approval of the court.

(b) A trustee of a testamentary trust may resign with the approval of

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the court.

(c) In approving a resignation pursuant to subsection (b) of this section, the court may issue orders and impose conditions reasonably necessary for the protection of the trust property, the beneficiaries and the other trustees, and may issue such other orders as law and equity may require.

(d) Any liability of a trustee, former trustee or of any sureties on such trustee's bond for acts or omissions of such trustee is not discharged or affected by such trustee's resignation.

Sec. 49. (NEW) (*Effective January 1, 2020*) (a) The settlor of a noncharitable trust, the settlor of a charitable trust who has expressly retained the right to do so, the Attorney General in the case of a charitable trust, a cotrustee, a beneficiary or the surety on the trustee's probate bond, may request the court to remove a trustee, or a trustee may be removed by the court on its own initiative.

(b) Subject to subsection (a) of this section, the court may remove a trustee if:

(1) The trustee becomes incapable of executing or neglects to perform the trustee's duties, wastes the trust assets, fails to furnish an additional or substitute probate bond ordered by the court, or has committed any other serious breach of trust;

(2) Lack of cooperation among cotrustees substantially impairs administration of the trust;

(3) Because of unfitness, unwillingness or persistent failure of the trustee to administer the trust effectively, the court determines that removal of the trustee best serves the interests of the beneficiaries; or

(4) There has been a substantial change of circumstances or removal

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is requested by all of the qualified beneficiaries and the court finds that (A) removal of the trustee best serves the interests of all of the beneficiaries and is not inconsistent with a material purpose of the trust; and (B) a suitable cotrustee or successor trustee is available. The court may not remove a successor corporate fiduciary in a manner that discriminates against state banks or national banking associations. No consolidated state bank or national banking association and no receiving state bank or national banking association may be removed solely because it is a successor fiduciary, as defined in section 45a-245a of the general statutes.

Sec. 50. (NEW) (*Effective January 1, 2020*) (a) Unless a cotrustee remains in office or the court otherwise orders, and until the trust property is delivered to a successor trustee or other person entitled to it, a trustee who has resigned or been removed has the duties of a trustee and the powers necessary to protect the trust property.

(b) A trustee who has resigned or been removed shall proceed expeditiously to deliver the trust property within the trustee's possession to the cotrustee, successor trustee or other person entitled to it.

(c) All suits in favor of or against the original trustee shall survive to and may be prosecuted by or against the person appointed to succeed such trustee.

Sec. 51. (NEW) (*Effective January 1, 2020*) (a) If the terms of a trust do not specify the trustee's compensation, a trustee is entitled to compensation that is reasonable under the circumstances.

(b) If the terms of a trust specify the trustee's compensation, the trustee is entitled to be compensated as specified, but the court may allow more or less compensation if: (1) The duties of the trustee are substantially different from those contemplated when the trust was

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created; or (2) the compensation specified by the terms of the trust would be unreasonably low or high.

Sec. 52. (NEW) (*Effective January 1, 2020*) (a) A trustee is entitled to be reimbursed out of the trust property, with interest as appropriate, for: (1) Expenses that were properly incurred in the defense or administration of the trust, unless the trustee is determined to have committed a breach of trust; and (2) to the extent necessary to prevent unjust enrichment of the trust, expenses that were not properly incurred in the administration of the trust.

(b) If a trustee advances money to protect the trust, the trustee has a lien against the trust property to secure reimbursement of the money with reasonable interest.

Sec. 53. (NEW) (*Effective January 1, 2020*) Upon acceptance of a trusteeship, the trustee shall administer the trust (1) in good faith; (2) in accordance with its terms and purposes, settlor's intent and the interests of the beneficiaries; and (3) in accordance with sections 1 to 109, inclusive, of this act.

Sec. 54. (NEW) (*Effective January 1, 2020*) (a) A trustee shall administer trust assets solely in the interests of the beneficiaries consistent with the settlor's intent.

(b) Subject to the rights of persons dealing with or assisting the trustee as provided in section 77 of this act, a sale, encumbrance or other transaction involving the investment or management of trust property entered into by the trustee for the trustee's own personal account or which is otherwise affected by a conflict between the trustee's fiduciary and personal interests is voidable by a beneficiary affected by the transaction unless: (1) The transaction was authorized by the terms of the trust; (2) the transaction was approved by the court; (3) the beneficiary did not commence a judicial proceeding within the

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time allowed by section 70 of this act; (4) the beneficiary consented to the trustee's conduct, ratified the transaction or released the trustee as provided in section 74 of this act; or (5) the transaction involves a contract entered into or claim acquired by the trustee before the person became or contemplated becoming trustee.

(c) A sale, encumbrance or other transaction involving the investment or management of trust property is presumed to be affected by a conflict between personal and fiduciary interests if it is entered into by the trustee with: (1) The trustee's spouse; (2) the trustee's descendants, sibling, parents or their spouses; (3) an agent or attorney of the trustee; or (4) a corporation or other person or enterprise in which the trustee, or a person that owns a significant interest in an entity that is acting as the trustee, has an interest that may affect the trustee's best judgment.

(d) If a transaction between a trustee and a beneficiary which does not concern trust property but (1) which occurs during the existence of the trust or while the trustee retains significant influence over the beneficiary; and (2) from which the trustee obtains an advantage, the transaction is voidable by the beneficiary unless the trustee establishes that the transaction was fair to the beneficiary.

(e) If a trustee engages in a transaction in the trustee's individual capacity and not concerning trust property and if the transaction concerns an opportunity properly belonging to the trust, the transaction is a conflict between the personal and fiduciary interests of the trustee.

(f) If a transaction and any investment made pursuant to the transaction complies with the Connecticut Uniform Prudent Investor Act, sections 45a-541 to 45a-541l, inclusive, of the general statutes is in the best interests of the beneficiaries and is not prohibited by the governing instrument, the following transactions are not presumed to

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be affected by a conflict of interest between a trustee's personal and fiduciary interests, provided: (1) An investment by a trustee in securities of an investment company or investment trust to which the trustee, or its affiliate, provides services in a capacity other than as trustee; (2) an investment by a trustee in an insurance contract purchased from an insurance agency is owned by, or affiliated with, the trustee or its affiliate; and (3) the placing of securities transactions by a trustee through a securities broker that is a part of the same company as the trustee is owned by the trustee or is affiliated with the trustee.

(g) In voting shares of stock or in exercising powers of control over similar interests in other forms of enterprise, the trustee shall act in the best interests of the beneficiaries consistent with the intentions of the settlor. If the trust is the sole owner of a corporation or other form of enterprise, the trustee shall elect or appoint directors or other managers who will manage the corporation or enterprise in the best interests of the beneficiaries.

(h) The provisions of this section do not preclude the following transactions, if fair to the beneficiaries: (1) An agreement between a trustee and a beneficiary relating to the appointment or compensation of the trustee; (2) payment of reasonable compensation to the trustee; (3) a transaction between a trust and another trust, decedent's estate or conservatorship of which the trustee is a fiduciary or in which a beneficiary has an interest; (4) a deposit of trust money in a regulated financial service institution operated by the trustee; or (5) an advance by the trustee of money for the protection of the trust.

(i) The court may appoint a special fiduciary to make a decision with respect to any proposed transaction that may violate the provisions of this section if entered into by the trustee.

Sec. 55. (NEW) (*Effective January 1, 2020*) If a trust has two or more

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beneficiaries, the trustee shall act impartially in investing, managing and distributing the trust property, giving due regard to the beneficiaries' respective interests.

Sec. 56. (NEW) (*Effective January 1, 2020*) A trustee shall administer the trust as a prudent person would, by considering the purposes, terms, distributional requirements and other circumstances of the trust. In satisfying this standard, the trustee shall exercise reasonable care, skill and caution.

Sec. 57. (NEW) (*Effective January 1, 2020*) (a) A trustee may delegate duties and powers that a prudent trustee of comparable skills could properly delegate to an agent under the circumstances. The trustee shall exercise reasonable care, skill and caution in:

(1) Selecting an agent for the delegation;

(2) Establishing the scope and terms of the delegation, consistent with the purposes and terms of the trust; and

(3) Periodically reviewing the agent's actions to monitor the agent's performance and compliance with the terms of the delegation.

(b) In performing a delegated function, an agent owes a duty to the trust to exercise reasonable care to comply with the terms of the delegation.

(c) A trustee who complies with subsection (a) of this section is not liable to the beneficiaries or to the trust for an action of the agent to whom the function was delegated.

(d) By accepting a delegation of powers or duties from the trustee of a trust that is subject to the law of this state, an agent submits to the jurisdiction of the courts of this state.

Sec. 58. (NEW) (*Effective January 1, 2020*) The settlor of an irrevocable

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trust shall not be deemed to have a beneficial interest in such trust merely because the trustee is authorized under the trust instrument or any other provision of law to (1) pay or reimburse the settlor for any tax on trust income or trust principal that is payable by the settlor under the law imposing such tax; or (2) pay any such tax directly to the taxing authorities. No creditor of the settlor of an irrevocable trust shall be entitled to reach any trust property based on the discretionary powers described in this section.

Sec. 59. (NEW) (*Effective January 1, 2020*) A trustee shall take reasonable steps to take control of and protect the trust property.

Sec. 60. (NEW) (*Effective January 1, 2020*) (a) A trustee shall keep adequate records of the administration of the trust.

(b) A trustee shall keep trust property separate from the trustee's own property.

(c) Except as provided in subsection (d) of this section, a trustee shall cause the trust property to be designated so that the interest of the trust, to the extent feasible, appears in records maintained by a party other than a trustee or beneficiary.

(d) If the trustee maintains records clearly indicating the respective interests, a trustee may invest as a whole the property of two or more separate trusts.

Sec. 61. (NEW) (*Effective January 1, 2020*) A trustee shall take reasonable steps to enforce claims of the trust and to defend claims against the trust.

Sec. 62. (NEW) (*Effective January 1, 2020*) A trustee shall take reasonable steps to compel a former trustee or other person to deliver trust property to the trustee and to redress a breach of trust known to the trustee to have been committed by a former trustee.

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Sec. 63. (NEW) (*Effective January 1, 2020*) (a) A trustee shall keep the qualified beneficiaries of the trust reasonably informed about the administration of the trust and of the material facts necessary for the beneficiaries to protect their interests. A trustee shall promptly respond to a beneficiary's request for information reasonably related to the administration of the trust.

(b) A trustee: (1) Upon request of a beneficiary, shall promptly furnish to the beneficiary a copy of the relevant portions of the trust instrument; (2) within sixty days after accepting a trusteeship, shall notify the qualified beneficiaries of the acceptance and of the trustee's name, address and telephone number; and (3) within sixty days after the date on which the trustee acquires knowledge of the creation of an irrevocable trust, or the date on which the trustee acquires knowledge that a formerly revocable trust has become irrevocable, whether by the death of the settlor or otherwise, shall notify the qualified beneficiaries of the trust's existence, of the identity of the settlor or settlors, of the right to request a copy of the trust instrument, and of the right to a trustee's report as provided in subsection (c) of this section.

(c) A trustee shall send a report to the current beneficiaries, and to other qualified beneficiaries who request it, at least annually and at the termination of the trust. Upon a vacancy in a trusteeship, unless a cotrustee remains in office, the former trustee shall send a report to the current beneficiaries and to other qualified beneficiaries who request it. An executor, administrator or conservator may send the report on behalf of a deceased or incapacitated trustee. The report may be formal or informal, but shall include information relating to the trust property, liabilities, receipts and disbursements, including the amount of the trustee's compensation, a listing of the trust assets and, if feasible, their respective market values.

(d) A beneficiary of a trust may petition the court for an accounting by the trustee. The court may grant the petition of: (1) A qualified

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beneficiary of testamentary trust, if the court finds that an account is necessary to protect the interests of a beneficiary; (2) any other beneficiary of a testamentary trust, if the court finds that the same standard applicable to an inter vivos trust as set forth in subsection (c) of section 45a-175 of the general statutes, as amended by this act, is satisfied; and (3) a beneficiary of an inter vivos trust, if the court finds the standard set forth in subsection (c) of section 45a-175 of the general statutes, as amended by this act, is satisfied.

(e) Nothing in subsection (c) of this section limits the power of the court in an accounting proceeding to determine which beneficiaries are entitled to a copy of the accounting and to receive notice of the proceedings.

(f) Nothing in subsection (c) or (g) of this section limits a trustee's obligations under 45a-177 of the general statutes, as amended by this act.

(g) A beneficiary may waive the right to trustee's reports or other information otherwise required to be furnished under this section. A beneficiary, with respect to future reports and other information, may withdraw a waiver previously given.

(h) The provisions of subsections (b) and (c) of this section do not apply to an irrevocable trust created before January 1, 2020, or to a revocable trust that becomes irrevocable before January 1, 2020.

(i) Judicial approval of a trustee's report forecloses claims as to those given notice of the proceeding as to matters disclosed in the report.

(j) The representation provisions of sections 17 to 21, inclusive, of this act apply with respect to all rights of any beneficiary under this section. Notice or information provided to a designated representative under section 21 of this act shall satisfy the trustee's duty to provide information or notice required under sections 1 to 109, inclusive, of this

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act.

Sec. 64. (NEW) (*Effective January 1, 2020*) (a) Notwithstanding the breadth of discretion granted to a trustee in the terms of the trust, including the use of terms such as "absolute", "sole" or "uncontrolled", the trustee shall exercise a discretionary power in good faith and in accordance with the terms and purposes of the trust, settlor's intent and the interests of the beneficiaries.

(b) Subject to subsection (d) of this section, and unless the terms of the trust expressly indicate that a provision in this subsection does not apply:

(1) A person, other than a settlor, who is a beneficiary and trustee of a trust that confers on the trustee a power to make discretionary distributions to or for the trustee's personal benefit, may exercise the power only in accordance with an ascertainable standard relating to the trustee's individual health, education, support or maintenance within the meaning of Section 2041(b)(1)(A) or 2514(c)(1) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time; and

(2) A trustee may not exercise a power to make discretionary distributions to satisfy a legal obligation of support that the trustee personally owes another person.

(c) A power to make discretionary distributions, the exercise of which is limited or prohibited by subsection (b) of this section, may be exercised by a majority of the remaining trustees whose exercise of such power is not so limited or prohibited. If the exercise of the power by all trustees is so limited or prohibited, the court may appoint a special fiduciary with authority to exercise the power.

(d) Subsection (b) of this section does not apply to: (1) A power held

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by the settlor's spouse who is the trustee of a trust for which a marital deduction, as described in Section 2056(b)(5) or 2523(e) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, was previously allowed; (2) a trust during any period that the trust may be revoked or amended by its settlor; or (3) a trust, if contributions to the trust qualify for the annual exclusion under Section 2503(c) of said Internal Revenue Code.

Sec. 65. (NEW) (*Effective January 1, 2020*) (a) A trustee, without authorization by the court, may exercise: (1) Powers conferred by the terms of the trust; and (2) except as limited by the terms of the trust, (A) all powers over the trust property which an unmarried competent owner has over individually owned property; (B) any other powers appropriate to achieve the proper investment, management and distribution of the trust property; and (C) any other power conferred by sections 1 to 109, inclusive, of this act.

(b) The exercise of a power is subject to the fiduciary duties prescribed by sections 53 to 67, inclusive, of this act.

Sec. 66. (NEW) (*Effective January 1, 2020*) (a) Without limiting the authority conferred by section 65 of this act, and except as otherwise prohibited by law or by the terms of the trust instrument, a trustee may:

(1) Collect trust property and accept or reject additions to the trust property from a settlor or any other person;

(2) Acquire or sell property, for cash or on credit, at public or private sale;

(3) Exchange, partition or otherwise change the character of trust property;

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(4) Deposit trust money in an account in a regulated financial service institution;

(5) Borrow money, with or without security, and mortgage or pledge trust property for a period within or extending beyond the duration of the trust;

(6) With respect to an interest in a proprietorship, partnership, limited liability company, business trust, corporation or other form of business or enterprise, continue the business or other enterprise and take any action that may be taken by shareholders, members or property owners, including merging, dissolving or otherwise changing the form of business organization or contributing additional capital;

(7) With respect to stocks or other securities, exercise the rights of an absolute owner, including the right to (A) vote or give proxies to vote, with or without power of substitution, or enter into or continue a voting trust agreement; (B) hold a security in the name of a nominee or in other form without disclosure of the trust so that title may pass by delivery; (C) pay calls, assessments and other sums chargeable or accruing against the securities, and sell or exercise stock subscription or conversion rights; and (D) deposit the securities with a depository or other regulated financial service institution;

(8) With respect to an interest in real property, construct or make ordinary or extraordinary repairs to, alterations to or improvements in buildings or other structures, demolish improvements, raze existing or erect new party walls or buildings, subdivide or develop land, dedicate land to public use or grant public or private easements, and make or vacate plats and adjust boundaries;

(9) Enter into a lease for any purpose as lessor or lessee, including a lease or other arrangement for exploration and removal of natural resources, with or without the option to purchase or renew, for a

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period within or extending beyond the duration of the trust;

(10) Grant an option involving a sale, lease or other disposition of trust property or acquire an option for the acquisition of property, including an option exercisable beyond the duration of the trust, and exercise an option so acquired;

(11) Insure the property of the trust against damage or loss and insure the trustee, the trustee's agents and beneficiaries against liability arising from the administration of the trust;

(12) Abandon or decline to administer property of no value or of insufficient value to justify its collection or continued administration;

(13) With respect to possible liability for violation of environmental law, (A) inspect or investigate property the trustee holds or has been asked to hold, or property owned or operated by an organization in which the trustee holds or has been asked to hold an interest, for the purpose of determining the application of environmental law with respect to the property; (B) take action to prevent, abate or otherwise remedy any actual or potential violation of any environmental law affecting property held directly or indirectly by the trustee, whether taken before or after the assertion of a claim or the initiation of governmental enforcement; (C) decline to accept property into trust or disclaim any power with respect to property that is or may be burdened with liability for violation of environmental law; (D) compromise claims against the trust which may be asserted for an alleged violation of environmental law; and (E) pay the expense of any inspection, review, abatement or remedial action to comply with environmental law;

(14) Pay or contest a claim, settle a claim by or against the trust, and release, in whole or in part, a claim belonging to the trust;

(15) Pay taxes, assessments, compensation of the trustee and of

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employees and agents of the trust, and other expenses incurred in the administration of the trust;

(16) Exercise elections with respect to federal, state and local taxes;

(17) Select a mode of payment under any employee benefit or retirement plan, annuity or life insurance payable to the trustee, exercise rights thereunder, including exercise of the right to indemnification for expenses and against liabilities, and take appropriate action to collect the proceeds;

(18) Make loans out of trust property, including loans to a beneficiary on terms and conditions the trustee considers to be fair and reasonable under the circumstances, with the trustee having a lien on future distributions for repayment of such loans;

(19) Pledge trust property to guarantee loans made by others to the beneficiary;

(20) Appoint a trustee to act in another jurisdiction with respect to trust property located in the other jurisdiction, confer upon the appointed trustee all of the powers and duties of the appointing trustee, require the appointed trustee to furnish security and remove any trustee so appointed;

(21) Pay an amount distributable to a beneficiary who is under a legal disability or who the trustee reasonably believes is incapacitated, by: (A) Paying it directly to the beneficiary or applying it for the beneficiary's benefit; (B) paying it to the beneficiary's conservator of the estate or guardian of the estate; (C) if the beneficiary does not have a conservator of the estate or guardian of the estate, paying it to an adult relative or other person having legal or physical care or custody of the beneficiary, to be expended on the beneficiary's behalf; or (D) managing it as a separate fund on the beneficiary's behalf, subject to the beneficiary's continuing right to withdraw the distribution;

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(22) On distribution of trust property or the division or termination of a trust, make distributions in divided or undivided interests, allocate particular assets in proportionate or disproportionate shares, value the trust property for such purposes and adjust for resulting differences in valuation;

(23) Resolve a dispute concerning the interpretation of the trust or its administration by mediation, arbitration or other procedure for alternative dispute resolution;

(24) Prosecute or defend an action, claim or judicial proceeding in any jurisdiction to protect trust property and the trustee in the performance of the trustee's duties;

(25) Sign and deliver contracts and other instruments that are useful to achieve or facilitate the exercise of the trustee's powers;

(26) On termination of the trust, exercise the powers appropriate to wind up administration of the trust and distribute the trust property to the persons entitled to it; and

(27) Exercise all powers appropriate to achieve the proper investment, management, preservation and distribution of a digital asset held in the trust estate whether the trustee, the grantor or a third party is the original or a successor user of the digital asset. This subdivision shall be construed in accordance with the Connecticut Revised Uniform Fiduciary Access to Digital Assets Act, as said act is in effect from time to time during the administration of the trust. The custodian of each digital asset held in the trust, whether public or private, shall divulge to the trustee with respect to the asset: (A) Any electronically stored information; (B) the content of all electronic communications sent or received by the original and successor user; and (C) any record or other information stored by the custodian on a remote-computing service.

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(b) The powers in subsection (a) of this section do not apply to a charitable trust to the extent that their exercise would give the trustee the authority to deviate from a stated charitable purpose or violate a restricted gift. A trustee of a charitable trust and a person holding and administering an endowment fund or an institutional fund, both as defined in section 45a-535a of the general statutes, shall not mortgage, hypothecate, pledge, use as collateral or otherwise encumber any of the following assets of such charitable trust, endowment fund or institutional fund, if the source of the asset was a charitable gift: (1) Funds for which expenditures are restricted by the settlor for a purpose other than the general purposes of a charity or institution; and (2) the principal or corpus of a charitable trust or institutional fund for which such principal or corpus is restricted to investment or endowment purposes.

(c) The provisions of this section apply to any trust whether established before, on or after January 1, 2020, except that no power is conferred by this section to any trust established before January 1, 2020, if the trust instrument reflects an intent to disallow the exercise of the power.

Sec. 67. (NEW) (*Effective January 1, 2020*) (a) Upon termination or partial termination of a trust, the trustee may send to the qualified beneficiaries a proposal for distribution. If the proposal informed the beneficiary of the right to object and of the time allowed for objection, the right of any beneficiary, to whom the trustee has sent the proposal, to object to the proposed distribution terminates if the beneficiary does not notify the trustee of an objection not later than thirty days after the date on which the proposal was sent.

(b) Upon the occurrence of an event terminating or partially terminating a trust, the trustee shall proceed expeditiously to distribute the trust property to the persons entitled to it, subject to the right of the trustee to retain a reasonable reserve for the payment of

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debts, expenses and taxes.

(c) A release by a beneficiary of a trustee from liability for breach of trust is invalid to the extent: (1) It was induced by improper conduct of the trustee; or (2) the beneficiary, at the time of the release, did not know of the beneficiary's rights or of the material facts relating to the breach.

(d) The provisions of this section do not apply to testamentary trusts.

Sec. 68. (NEW) (*Effective January 1, 2020*) A violation by a trustee of a duty the trustee owes to a beneficiary is a breach of trust.

Sec. 69. (NEW) (*Effective January 1, 2020*) (a) A trustee is accountable to an affected beneficiary for any profit made by the trustee arising from administration of the trust, even absent a breach of trust.

(b) Absent a breach of trust, a trustee is not liable to a beneficiary for a loss or depreciation in the value of trust property or for not having made a profit.

Sec. 70. (NEW) (*Effective January 1, 2020*) (a) A beneficiary may not commence a proceeding against a trustee for breach of trust more than one year after the date on which the beneficiary or a representative of the beneficiary was sent a report that adequately disclosed the existence of a potential claim for breach of trust and informed the beneficiary of the time allowed for commencing a proceeding.

(b) A report adequately discloses the existence of a potential claim for breach of trust if it provides sufficient information so that the beneficiary or representative knows of the potential claim or should have inquired into its existence.

(c) If subsection (a) of this section does not apply, a judicial

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proceeding by a beneficiary against a trustee for breach of trust shall be commenced not later than three years after the first to occur of: (1) The removal, resignation or death of the trustee; (2) the termination of the beneficiary's interest in the trust; or (3) the termination of the trust.

(d) In a proceeding involving a charitable trust, any notice that is required to be given to the Attorney General shall include a copy of the trust instrument.

(e) The provisions of this section do not apply to testamentary trusts.

Sec. 71. (NEW) (*Effective January 1, 2020*) A trustee who acts in reasonable reliance on the terms of the trust as expressed in the trust instrument is not liable to a beneficiary for a breach of trust to the extent the breach resulted from the reliance.

Sec. 72. (NEW) (*Effective January 1, 2020*) If an event, including marriage, divorce, performance of educational requirements or death affects administration or distribution of a trust, a trustee who has exercised reasonable care to ascertain the happening of the event is not liable for a loss resulting from the trustee's lack of knowledge.

Sec. 73. (NEW) (*Effective January 1, 2020*) (a) A term of a trust relieving a trustee of liability for breach of trust is unenforceable to the extent that it: (1) Relieves the trustee of liability for breach of trust committed in bad faith or with reckless indifference to the purposes of the trust or the interests of the beneficiaries; or (2) was inserted as the result of an abuse by the trustee of a fiduciary or confidential relationship to the settlor.

(b) Except for terms intended to provide protection for carrying out a stated trust purpose, an exculpatory term drafted or caused to be drafted by the trustee is invalid as an abuse of a fiduciary or confidential relationship unless the trustee proves that the exculpatory

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term is fair under the circumstances and that its existence and contents were adequately communicated to the settlor.

Sec. 74. (NEW) (*Effective January 1, 2020*) (a) A trustee is not liable to a beneficiary for breach of trust if the beneficiary consented to the conduct constituting the breach, released the trustee from liability for the breach or ratified the transaction constituting the breach, unless: (1) The consent, release or ratification of the beneficiary was induced by improper conduct of the trustee; or (2) at the time of the consent, release or ratification, the beneficiary did not know of the beneficiary's rights or of the material facts relating to the breach.

(b) The liability of a trustee of a testamentary trust is not governed by the provisions of this section.

Sec. 75. (NEW) (*Effective January 1, 2020*) (a) Except as otherwise provided in the contract, a trustee is not personally liable on a contract properly entered into in the trustee's fiduciary capacity in the course of administering the trust if the trustee in the contract disclosed the fiduciary capacity.

(b) Except as otherwise limited by the general statutes, the trustee is personally liable for torts committed in the course of administering a trust or for obligations arising from ownership or control of trust property, including liability for violation of environmental law, only if the trustee is personally at fault.

(c) A claim may be asserted in a judicial proceeding against the trustee in the trustee's fiduciary capacity, whether or not the trustee is personally liable for the claim, if the claim is based on (1) a contract entered into by a trustee in the trustee's fiduciary capacity, (2) an obligation arising from ownership or control of trust property, or (3) a tort committed in the course of administering a trust.

Sec. 76. (NEW) (*Effective January 1, 2020*) (a) Except as provided in

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subsection (c) of this section or unless personal liability is imposed in the contract, a trustee who holds an interest as a general partner in a general or limited partnership is not personally liable on a contract entered into by the partnership after the trust's acquisition of the interest if the fiduciary capacity was disclosed in the contract or in a statement previously filed pursuant to the Uniform Partnership Act, sections 34-300 to 34-399, inclusive, of the general statutes or the Uniform Limited Partnership Act, sections 34-9 to 34-38u, inclusive, of the general statutes.

(b) Except as otherwise provided in subsection (c) of this section, a trustee who holds an interest as a general partner is not personally liable for torts committed by the partnership or for obligations arising from ownership or control of the interest unless the trustee is personally at fault.

(c) The immunity provided by this section does not apply if an interest in the partnership is held by the trustee in a capacity other than that of trustee or is held by the trustee's spouse or one or more of the trustee's descendants, siblings or parents, or the spouse of any of them.

(d) If the trustee of a revocable trust holds an interest as a general partner, the settlor is personally liable for contracts and other obligations of the partnership as if the settlor were a general partner.

Sec. 77. (NEW) (*Effective January 1, 2020*) (a) A person other than a beneficiary who in good faith assists a trustee, or who in good faith and for value deals with a trustee, without knowledge that the trustee is exceeding or improperly exercising the trustee's powers, is protected from liability as if the trustee properly exercised the power.

(b) A person other than a beneficiary who in good faith deals with a trustee is not required to inquire into the extent of the trustee's powers

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or the propriety of their exercise.

(c) A person who in good faith delivers assets to a trustee need not ensure the proper application of such assets.

(d) A person other than a beneficiary who in good faith assists a former trustee, or who in good faith and for value deals with a former trustee, without knowledge that the trusteeship has terminated, is protected from liability as if the former trustee were still a trustee.

(e) Comparable protective provisions of other laws relating to commercial transactions or transfer of securities by fiduciaries prevail over the protection provided by this section.

Sec. 78. (NEW) (*Effective January 1, 2020*) (a) Instead of furnishing a copy of the trust instrument to a person other than a beneficiary or, in the case of a charitable trust, the Attorney General's office, the trustee may furnish to the person a certification of trust containing the following information: (1) That the trust exists and the date the trust instrument was executed; (2) the identity of the settlor; (3) the identity and address of the currently acting trustee; (4) the powers of the trustee; (5) the revocability or irrevocability of the trust and the identity of any person holding a power to revoke the trust; (6) the authority of cotrustees to sign or otherwise authenticate and whether all or less than all are required in order to exercise powers of the trustee; (7) the trust's taxpayer identification number; and (8) the manner of taking title to trust property.

(b) A certification of trust may be signed or otherwise authenticated by any trustee.

(c) A certification of trust shall state that the trust has not been revoked, modified or amended in any manner that would cause the representations contained in the certification of trust to be incorrect.

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(d) A certification of trust need not contain the dispositive terms of a trust.

(e) A recipient of a certification of trust may require the trustee to furnish copies of those excerpts from the original trust instrument and later amendments which designate the trustee and confer upon the trustee the power to act in the pending transaction.

(f) A person who acts in reliance upon a certification of trust without knowledge that the representations contained in the certification are incorrect is not liable to any person for so acting and may assume without inquiry the existence of the facts contained in the certification. Knowledge of the terms of the trust may not be inferred solely from the fact that a copy of all or part of the trust instrument is held by the person relying upon the certification.

(g) A person who in good faith enters into a transaction in reliance upon a certification of trust may enforce the transaction against the trust property as if the representations contained in the certification were correct.

(h) A person making a demand for the trust instrument in addition to a certification of trust or excerpts is liable for damages, including legal fees and costs, if the court determines that the person did not act in good faith in demanding the trust instrument.

(i) This section does not limit the right of a person to obtain a copy of the trust instrument in a judicial proceeding concerning the trust and does not limit the right of the Attorney General to notice under subsection (d) of section 70 of this act.

Sec. 79. (NEW) (*Effective January 1, 2020*) In applying and construing the uniform provisions of sections 1 to 80, inclusive, of this act, consideration shall be given to the need to promote uniformity of the law with respect to the subject matter among states that enact the

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uniform provisions.

Sec. 80. (NEW) (*Effective January 1, 2020*) If any provision of this section or sections 1 to 79, inclusive, of this act or its application to any person or circumstances is held invalid, the invalidity does not affect other provisions or applications of this section or sections 1 to 79, inclusive, of this act which can be given effect without the invalid provision or application, and to this end the provisions of this section and sections 1 to 79, inclusive, of this act are severable.

Sec. 81. (NEW) (*Effective January 1, 2020*) This section and sections 82 to 98, inclusive, of this act may be cited as the "Connecticut Uniform Directed Trust Act".

Sec. 82. (NEW) (*Effective January 1, 2020*) Sections 81 to 98, inclusive, of this act apply to a trust, whenever created, that has its principal place of administration in this state, subject to the following rules:

(1) If the trust was created before January 1, 2020, sections 81 to 98, inclusive, of this act apply only to a decision or action occurring on or after January 1, 2020.

(2) If the principal place of administration of the trust is changed to this state on or after January 1, 2020, sections 81 to 98, inclusive, of this act apply only to a decision or action occurring on or after the date of the change.

Sec. 83. (NEW) (*Effective January 1, 2020*) The common law and principles of equity supplement sections 81 to 98, inclusive, of this act, except to the extent modified by sections 81 to 98, inclusive, of this act or law of this state other than this act.

Sec. 84. (NEW) (*Effective January 1, 2020*) (a) As used in this section, "power of appointment" means a power that enables a person acting in a nonfiduciary capacity to designate a recipient of an ownership

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interest in or another power of appointment over trust property.

(b) Sections 81 to 98, inclusive, of this act do not apply to a:

(1) Power of appointment;

(2) Power to appoint or remove a trustee or trust director;

(3) Power of a settlor over a trust to the extent the settlor has a power to revoke the trust;

(4) Power of a beneficiary over a trust to the extent the exercise or nonexercise of the power affects the beneficial interest of:

(A) The beneficiary; or

(B) Another beneficiary represented by the beneficiary under sections 17 to 21, inclusive, of this act with respect to the exercise or nonexercise of the power; or

(5) Power over a trust if:

(A) The terms of the trust provide that the power is held in a nonfiduciary capacity; and

(B) The power is held in a nonfiduciary capacity to achieve the settlor's tax objectives under the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time.

(c) Unless the terms of a trust provide otherwise, a power granted to a person to designate a recipient of an ownership interest in or power of appointment over trust property which is exercisable while the person is not serving as a trustee is a power of appointment and not a power of direction.

Sec. 85. (NEW) (*Effective January 1, 2020*) (a) Subject to section 86 of

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this act, the terms of a trust may grant a power of direction to a trust director.

(b) Unless the terms of a trust provide otherwise: (1) A trust director may exercise any further power appropriate to the exercise or nonexercise of a power of direction granted to the director under subsection (a) of this section; and (2) trust directors with joint powers shall act by majority decision.

Sec. 86. (NEW) (*Effective January 1, 2020*) A trust director is subject to the same rules as a trustee in a like position and under similar circumstances in the exercise or nonexercise of a power of direction or further power under subdivision (1) of subsection (b) of section 85 of this act regarding:

(1) A payback provision in the terms of a trust necessary to comply with the reimbursement requirements of 42 USC 1396p(d)(4)(A), as amended from time to time; and

(2) A charitable interest in the trust, including notice regarding the interest to the Attorney General.

Sec. 87. (NEW) (*Effective January 1, 2020*) (a) Subject to the provisions of subsection (b) of this section, with respect to a power of direction or further power under subdivision (1) of subsection (b) of section 85 of this act:

(1) A trust director has the same fiduciary duty and liability in the exercise or nonexercise of the power:

(A) If the power is held individually, as a sole trustee in a like position and under similar circumstances; or

(B) If the power is held jointly with a trustee or another trust director, as a cotrustee in a like position and under similar

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circumstances; and

(2) The terms of the trust may vary the director's duty or liability to the same extent the terms of the trust could vary the duty or liability of a trustee in a like position and under similar circumstances.

(b) Unless the terms of a trust provide otherwise, if a trust director is licensed, certified, or otherwise authorized or permitted by law other than sections 81 to 98, inclusive, of this act to provide health care in the ordinary course of the director's business or practice of a profession, to the extent the director acts in that capacity, the director has no duty or liability under sections 81 to 98, inclusive, of this act.

(c) The terms of a trust may impose a duty or liability on a trust director in addition to the duties and liabilities under this section.

Sec. 88. (NEW) (*Effective January 1, 2020*) (a) Subject to the provisions of subsection (b) of this section, a directed trustee shall take reasonable action to comply with a trust director's exercise or nonexercise of a power of direction or further power under subdivision (1) of subsection (b) of section 85 of this act and the trustee is not liable for the action.

(b) A directed trustee shall not comply with a trust director's exercise or nonexercise of a power of direction or further power under subdivision (1) of subsection (b) of section 85 of this act to the extent that by complying the trustee would engage in wilful misconduct.

(c) An exercise of a power of direction under which a trust director may release a trustee or another trust director from liability for breach of trust is not effective if: (1) The breach involved the trustee's or other director's wilful misconduct; (2) the release was induced by improper conduct of the trustee or other director in procuring the release; or (3) at the time of the release, the director did not know the material facts relating to the breach.

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(d) A directed trustee that has reasonable doubt about its duty under this section may petition the court for instructions and the court shall have jurisdiction to provide such instructions.

(e) The terms of a trust may impose a duty or liability on a directed trustee in addition to the duties and liabilities under this section.

Sec. 89. (NEW) (*Effective January 1, 2020*) (a) Subject to the provisions of section 90 of this act, a trustee shall provide information to a trust director to the extent the information is reasonably related to: (1) The powers or duties of the trustee; and (2) the powers or duties of the director.

(b) Subject to the provisions of section 90 of this act, a trust director shall provide information to a trustee or another trust director to the extent the information is reasonably related to: (1) The powers or duties of the director; and (2) the powers or duties of the trustee or other director.

(c) A trustee that acts in reliance on information provided by a trust director is not liable for a breach of trust to the extent the breach resulted from the reliance, unless by so acting the trustee engages in wilful misconduct.

(d) A trust director that acts in reliance on information provided by a trustee or another trust director is not liable for a breach of trust to the extent the breach resulted from the reliance, unless by so acting the trust director engages in wilful misconduct.

Sec. 90. (NEW) (*Effective January 1, 2020*) (a) Unless the terms of a trust provide otherwise: (1) A trustee does not have a duty to: (A) Monitor a trust director; or (B) inform or give advice to a settlor, beneficiary, trustee or trust director concerning an instance in which the trustee might have acted differently than the director; and (2) by taking an action described in subdivision (1) of this subsection, a

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trustee does not assume the duty excluded in said subdivision.

(b) Unless the terms of a trust provide otherwise: (1) A trust director does not have a duty to: (A) Monitor a trustee or another trust director; or (B) inform or give advice to a settlor, beneficiary, trustee or another trust director concerning an instance in which the director might have acted differently than a trustee or another trust director; and (2) by taking an action described in subdivision (1) of this subsection, a trust director does not assume the duty excluded by said subdivision.

Sec. 91. (NEW) (*Effective January 1, 2020*) The terms of a trust may relieve a cotrustee from duty and liability with respect to another cotrustee's exercise or nonexercise of a power of the other cotrustee to the same extent that, in a directed trust, a directed trustee is relieved from duty and liability with respect to a trust director's power of direction under sections 88 to 90, inclusive, of this act.

Sec. 92. (NEW) (*Effective January 1, 2020*) (a) An action against a trust director for breach of trust must be commenced within the same limitation period as under section 70 of this act for an action for breach of trust against a trustee in a like position and under similar circumstances.

(b) A financial report or accounting has the same effect on the limitation period for an action against a trust director for breach of trust that the financial report or accounting would have under section 70 of this act in an action for breach of trust against a trustee in a like position and under similar circumstances.

Sec. 93. (NEW) (*Effective January 1, 2020*) In an action against a trust director for breach of trust, the director may assert the same defenses a trustee in a like position and under similar circumstances could assert in an action for breach of trust against the trustee.

Sec. 94. (NEW) (*Effective January 1, 2020*) (a) By accepting

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appointment as a trust director of a trust subject to sections 81 to 98, inclusive, of this act, the director submits to personal jurisdiction of the courts of this state regarding any matter related to a power or duty of the director.

(b) This section does not preclude other methods of obtaining jurisdiction over a trust director.

Sec. 95. (NEW) (*Effective January 1, 2020*) Unless the terms of a trust provide otherwise, the rules applicable to a trustee apply to a trust director regarding the following matters:

- (1) Acceptance under section 44 of this act;
- (2) Giving of bond to secure performance under section 45 of this act;
- (3) Reasonable compensation under section 51 of this act;
- (4) Resignation under section 48 of this act;
- (5) Removal under section 49 of this act; and
- (6) Vacancy and appointment of successor under section 47 of this act.

Sec. 96. (NEW) (*Effective January 1, 2020*) In applying and construing the uniform provisions of sections 81 to 98, inclusive, of this act, consideration shall be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

Sec. 97. (NEW) (*Effective January 1, 2020*) Sections 81 to 98, inclusive, of this act modify, limit and supersede the Electronic Signatures in Global and National Commerce Act, 15 USC 7001 et seq., but do not modify, limit or supersede Section 101(c) of said act, 15 USC 7001(c), or authorize electronic delivery of any of the notices described in Section

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103(b) of said act, 15 USC 7003(b).

Sec. 98. (NEW) (*Effective January 1, 2020*) The provisions of this section and sections 81 to 97, inclusive, of this act governing the legal effect, validity or enforceability of electronic records or electronic signatures, and of contracts formed or performed with the use of the records or signatures, conform to the requirements of Section 102 of the Electronic Signatures in Global and National Commerce Act, 15 USC 7002 and supersede, modify and limit the requirements of that act.

Sec. 99. (NEW) (*Effective January 1, 2020*) This section and sections 100 to 108, inclusive, of this act may be cited as the "Connecticut Qualified Dispositions in Trust Act".

Sec. 100. (NEW) (*Effective January 1, 2020*) As used in this section and sections 101 to 108, inclusive, of this act:

(1) "Claim" means a right to payment, whether or not the right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured or unsecured.

(2) "Creditor" means, with respect to a transferor, a person who has a claim.

(3) "Debt" means liability on a claim.

(4) "Disposition" means a transfer, conveyance or assignment of property, including a change in the legal ownership of property occurring upon the substitution of one trustee for another or the addition of one or more new trustees, or the exercise of a power so as to cause a transfer of property, to a trustee or trustees. "Disposition" does not include the release or relinquishment of an interest that was the subject of a qualified disposition.

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(5) "Property" includes real property, tangible and intangible personal property, and interests in real or personal property, tangible and intangible.

(6) "Qualified disposition" means a disposition by or from a transferor to a trustee, with or without consideration, by means of a trust instrument. "Qualified disposition" does not include a disposition: (A) In derogation of any state or federal agency claim or right of recovery under 42 USC Chapter 7, Subchapter XIX against a trust established by a transferor or such transferor's spouse, or (B) in respect to a state or federal agency treatment of the trust instrument in a determination of a transferor's eligibility under a state plan under 42 USC Chapter 7, Subchapter XIX.

(7) "Spouse" and "former spouse" means only persons to whom the transferor was married at, or before, the time the qualified disposition is made.

(8) "Transferor" means an individual who, or entity which, as an owner of property or as a holder of a general power of appointment, which authorizes the holder to appoint in favor of the holder, the holder's creditors, the holder's estate or the creditors of the holder's estate, or as a trustee, directly or indirectly, makes a disposition or causes a disposition to be made.

(9) "Qualified trustee" means:

(A) Any person, other than the transferor, who in the case of an individual, is a resident of this state or who, in all other cases, is a state or federally chartered bank or trust company having a place of business in this state, is authorized to engage in a trust business in this state, and maintains or arranges for custody in this state of some or all of the property that is the subject of the qualified disposition, maintains records in this state for the trust on an exclusive or

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nonexclusive basis, prepares or arranges for the preparation in this state of fiduciary income tax returns for the trust, or otherwise materially participates in this state in the administration of the trust.

(B) "Qualified trustee" does not include (i) the transferor, (ii) any other individual who is a nonresident of this state, or (iii) an entity that is not authorized by the laws of this state to act as a trustee or whose activities are not subject to supervision as provided in subparagraph (A) of this subdivision.

(10) "Trust instrument" means an instrument, in writing, appointing at least one qualified trustee for the property that is the subject of a disposition, which instrument:

(A) Expressly provides that the laws of this state govern the validity, construction and administration of the trust;

(B) Is irrevocable; and

(C) Provides that the interest of the transferor or other beneficiary in the trust property or the income from the trust property may not be transferred, assigned, pledged or mortgaged, whether voluntarily or involuntarily, before the qualified trustee or qualified trustees actually distribute the property or income from the trust property to the beneficiary, and the provision of the trust instrument shall be deemed to be a restriction on the transfer of the transferor's beneficial interest in the trust that is enforceable under applicable nonbankruptcy law within the meaning of 11 USC 541(c)(2), as amended from time to time.

Sec. 101. (NEW) (*Effective January 1, 2020*) (a) Nothing in sections 99 to 108, inclusive, of this act shall be construed to preclude a transferor from appointing one or more trust directors, including, but not limited to:

(1) Trust directors who have authority under the terms of the trust

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instrument to remove and appoint qualified trustees or trust directors;
and

(2) Trust directors who have authority under the terms of the trust instrument to direct, consent to or disapprove distributions from the trust.

(b) A transferor may serve as trust director, but the power of a trust director, who is the transferor shall be limited to the retention of the veto right permitted by subdivision (1) of section 103 of this act.

(c) For purposes of this section, "trust director" includes a trust director, as defined in section 3 of this act, a trust protector, a trust advisor or any other person who, in addition to a qualified trustee, holds one or more trust powers.

Sec. 102. (NEW) (*Effective January 1, 2020*) (a) If a qualified trustee of a trust ceases to meet the requirements of subparagraph (A) of subdivision (9) of section 100 of this act and no remaining trustee meets the requirements of said subparagraph, the qualified trustee shall be deemed to have resigned at the time of the cessation and the successor qualified trustee provided for in the trust instrument shall become a qualified trustee of the trust. In the absence of any successor qualified trustee provided for in the trust agreement, the court may, upon application of any interested party, appoint a successor qualified trustee.

(b) In the case of a disposition to more than one trustee, at least one of whom is a qualified trustee, a disposition that is otherwise a qualified disposition shall not be treated as other than a qualified disposition solely because not all of the trustees are qualified trustees.

(c) A trustee of a trust who is not a qualified trustee may transfer the assets of a trust to a qualified trustee. Notwithstanding the provisions of subparagraph (A) of subdivision (9) of section 100 of this act, a

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disposition by a trustee who is not a qualified trustee to a trustee who is a qualified trustee will not fail to qualify as a qualified disposition solely because the trust instrument does not contain an express provision that the laws of this state govern the validity, construction and administration of the trust.

Sec. 103. (NEW) (*Effective January 1, 2020*) For purposes of subparagraph (B) of subdivision (10) of section 100 of this act, a trust instrument is irrevocable regardless of whether the transferor retained any of the following rights, powers and interests:

(1) A transferor's power to veto a distribution from the trust;

(2) A power of appointment, other than a power to appoint to the transferor, the transferor's creditors, the transferor's estate or the creditors of the transferor's estate, exercisable by will or other written instrument of the transferor and effective only upon the transferor's death;

(3) The transferor's potential or actual receipt of income, including rights to such income retained in the trust instrument;

(4) The transferor's potential or actual receipt of income or principal from a charitable remainder unitrust or charitable remainder annuity trust, as such terms are defined in 26 USC 664, as amended from time to time; and the transferor's right, at any time and from time to time by written instrument delivered to the trustee, to release such transferor's retained interest in the trust, in whole or in part, in favor of a charitable organization that has or charitable organizations that have a succeeding beneficial interest in the trust;

(5) The transferor's receipt each year of a percentage, not to exceed five per cent, specified in the trust instrument of the initial value of the trust assets on their value determined from time to time pursuant to the trust instrument or of a fixed amount that, on an annual basis, does

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not exceed five per cent of the initial value of the trust assets;

(6) The transferor's potential or actual receipt or use of principal if the potential or actual receipt or use of principal would be the result of a qualified trustee acting:

(A) In the discretion of the qualified trustee;

(B) Pursuant to a standard that governs the distribution of principal and does not confer upon the transferor a substantially unfettered right to the receipt or use of the principal; or

(C) At the direction of a trust director described in section 101 of this act who is acting in the director's discretion, or pursuant to a standard that governs the distribution of principal and does not confer upon the transferor a substantially unfettered right to the receipt of or use of principal. For purposes of this subparagraph, a qualified trustee is presumed to have discretion with respect to the distribution of principal unless such discretion is expressly denied to the trustee by the terms of the trust instrument;

(7) The transferor's right to remove a trustee or director and to appoint a new trustee or director, other than a person who is a related or subordinate party with respect to the transferor within the meaning of 26 USC 672(c), as amended from time to time;

(8) The transferor's potential or actual use of real property held under a qualified personal residence trust within the meaning of the term as described in 26 USC 2702(c), as amended from time to time, or the transferor's possession and enjoyment of a qualified annuity interest within the meaning of the term as described in 26 CFR 25.2702-5(c)(8), as amended from time to time; and

(9) The transferor's potential or actual receipt of income or principal to pay, in whole or in part, income taxes due on income of the trust if

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the potential or actual receipt of income or principal is pursuant to a provision in the trust instrument that expressly provides for the payment of the taxes and if such potential or actual receipt of income or principal would be the result of a qualified trustee acting:

(A) In the qualified trustee's discretion; or

(B) At the direction of a trust director described in section 101 of this act who is acting in the director's discretion.

Sec. 104. (NEW) (*Effective January 1, 2020*) A qualified disposition shall be subject to sections 99 to 108, inclusive, of this act notwithstanding a transferor's retention of any of the powers and rights described in section 103 of this act and the transferor's service as investment director or advisor pursuant to section 101 of this act. The transferor shall have only such powers and rights as are conferred by the trust instrument. Except as provided in the trust instrument, and permitted by section 101 of this act and in section 103 of this act, a transferor has no rights or authority with respect to the property that is the subject of a qualified disposition or the income therefrom, and any agreement or understanding purporting to grant or permit the retention of any greater rights or authority is void.

Sec. 105. (NEW) (*Effective January 1, 2020*) (a) Notwithstanding any provision of the general statutes, no action of any kind, including, without limitation, an action to enforce a judgment entered by a court or other body having adjudicative authority, shall be brought at law or in equity for an attachment or other provisional remedy against property that is the subject of a qualified disposition or for avoidance of a qualified disposition, unless the action is brought pursuant to section 52-552h of the general statutes. In any such action, the creditor has the burden to prove each element by clear and convincing evidence.

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(b) Notwithstanding the provisions of section 52-552j of the general statutes, a creditor may not bring an action under subsection (a) of this section if:

(1) The creditor's claim against the transferor arose before the qualified disposition was made, unless the action is brought within four years after the qualified disposition is made or, if later, within one year after the qualified disposition was or could reasonably have been discovered by the creditor; or

(2) The creditor's claim against the transferor arose subsequent to the qualified disposition, unless the action is brought within four years after the qualified disposition is made.

(c) For the purposes of sections 99 to 108, inclusive, of this act, a qualified disposition that is made by means of a disposition by a transferor who is a trustee shall be deemed to have been made as of the time the property that is the subject of the qualified disposition was originally transferred to the transferor, or any predecessor trustee, making the qualified disposition in a form that conforms with the requirements set forth in subdivision (10) of section 100 of this act. If a trustee of an existing trust proposes to make a qualified disposition pursuant to this subsection, but the trust would not conform to the requirements of subdivision (10) of section 100 of this act as a result of the original transferor's nonconforming powers of appointment, upon the trustee's delivery to the qualified trustee of an irrevocable written election to have this subsection apply to the trust, the nonconforming powers of appointment shall be deemed modified to the extent necessary to conform with the requirements of subdivision (10) of section 100 of this act. For purposes of sections 99 to 108, inclusive, of this act, an irrevocable written election includes a description of the original transferor's powers of appointment as modified together with the original transferor's written consent to the election but no such consent of the original transferor shall be considered a disposition

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within the meaning of subdivision (4) of section 100 of this act.

(d) Notwithstanding any provision of the general statutes, a creditor, including a creditor whose claim arose before or after a qualified disposition, or any other person shall have only such rights with respect to a qualified disposition as are provided in this section and sections 106 and 107 of this act, and no such creditor nor any other person shall have any claim or cause of action against the trustee, or trust director, as described in section 101 of this act, of a trust that is the subject of a qualified disposition, or against any person involved in the counseling, drafting, preparation, execution or funding of a trust that is the subject of a qualified disposition.

(e) Notwithstanding any other provision of the general statutes, no action of any kind, including, without limitation, an action to enforce a judgment by a court or other body having adjudicative authority, shall be brought at law or in equity against the trustee, or trust director, as described in section 101 of this act, of a trust that is the subject of the qualified disposition, or against any person involved in the counseling, drafting, preparation, execution or funding of a trust that is the subject of a qualified disposition, if, as of the date the action is brought, an action by a creditor with respect to the qualified disposition would be barred under this section.

(f) If more than one qualified disposition is made by means of the same trust instrument:

(1) The making of a subsequent qualified disposition shall be disregarded in determining whether a creditor's claim with respect to a prior qualified disposition is extinguished as provided in subsection (b) of this section; and

(2) Any distribution to a beneficiary shall be deemed to have been made from the latest such qualified disposition.

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(g) If, in any action brought against a trustee of a trust that is funded, in whole or in part, by a qualified disposition, a court takes any action whereby the court declines to apply the law of this state in determining the validity, construction or administration of the trust, or the effect of a spendthrift provision of the trust, the trustee shall immediately, upon the court's action and without the further order of any court, cease in all respects to be a trustee of the trust and (1) a successor trustee shall thereupon succeed as trustee in accordance with the terms of the trust instrument; or (2) if the trust instrument does not provide for a successor trustee and the trust would otherwise be without a trustee, the court having jurisdiction pursuant to sections 15 and 16 of this act, upon the application of any beneficiary of the trust, shall appoint a successor trustee upon such terms and conditions as it determines to be consistent with the purposes of the trust and the provisions of this section. The court shall have no continuing jurisdiction over the trust or trustee merely by reason of appointing the trustee. Upon the trustee's ceasing to be trustee, the trustee shall have no power or authority other than to convey the trust property to the successor trustee named in the trust instrument or appointed by the court having jurisdiction in accordance with the provisions of this section.

Sec. 106. (NEW) (*Effective January 1, 2020*) Notwithstanding the provisions of section 105 of this act, sections 99 to 108, inclusive, of this act, shall not apply to defeat a claim brought by:

(1) A person to whom the transferor is indebted on or before the date of a qualified disposition on account of an agreement or order of court for payment of support or alimony in favor of the transferor's spouse, former spouse or children, or for a division or distribution of property in favor of the transferor's spouse or former spouse, but only to the extent of the debt; or

(2) To any person who suffers death, personal injury or property

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damage on or before the date of a qualified disposition by a transferor, which death, personal injury or property damage is at any time determined to have been caused, in whole or in part, by the tortious act or omission of the transferor or by another person for whom the transferor is or was vicariously liable, but only to the extent of the claim against the transferor or other person for whom the transferor is or was vicariously liable.

Sec. 107. (NEW) (*Effective January 1, 2020*) (a) A qualified disposition shall be avoided only to the extent necessary to satisfy the transferor's debt to the creditor at whose instance the disposition had been avoided, together with any costs, including attorney's fees, that the court may allow.

(b) If any qualified disposition is avoided pursuant to subsection (a) of this section, the following rules apply:

(1) If the court is satisfied that the trustee has not acted in bad faith in accepting or administering the property that is the subject of the qualified disposition:

(A) The trustee has a first and paramount lien against the property that is the subject of the qualified disposition in an amount equal to the entire cost, including attorney's fees, properly incurred by the trustee in the defense of the action or proceedings to avoid the qualified disposition;

(B) The qualified disposition shall be avoided subject to the proper fees, costs, preexisting rights, claims and interest of the trustee and of any predecessor trustee that has not acted in bad faith; and

(C) For purposes of this subdivision, it shall be presumed that the trustee did not act in bad faith merely by accepting the property.

(2) If the court is satisfied that a beneficiary of a trust has not acted

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in bad faith, the avoidance of the qualified disposition shall be subject to the right of the beneficiary to retain any distribution made upon the exercise of a trust power or discretion vested in the trustee of the trust, which power or discretion was properly exercised prior to the creditor's commencement of an action to avoid the qualified disposition. For purposes of this subdivision, it shall be presumed that the beneficiary, including a beneficiary who is also a transferor of the trust, did not act in bad faith merely by creating the trust or by accepting a distribution made in accordance with the terms of the trust.

(c) A creditor has the burden of proving by clear and convincing evidence that a trustee or beneficiary acted in bad faith as set forth in subsection (b) of this section, except, in the case of a beneficiary who is also the transferor, the burden on the creditor is to prove by a preponderance of the evidence that the transferor-beneficiary acted in bad faith. The provisions of this subsection shall be construed to provide substantive nonprocedural rights under state law.

(d) For purposes of sections 99 to 107, inclusive, of this act, attachment, garnishment, sequestration or other legal or equitable processes shall be permitted only in circumstances permitted by the express terms of said sections of this act.

(e) For purposes of this section, "court" means the Superior Court.

Sec. 108. (NEW) (*Effective January 1, 2020*) The provisions of this section and sections 100 to 107, inclusive, of this act, apply to qualified dispositions made on or after January 1, 2020.

Sec. 109. (NEW) (*Effective January 1, 2020*) (a) Except as otherwise provided in sections 1 to 108, inclusive, of this act, on January 1, 2020, the following rules apply:

(1) Sections 1 to 108, inclusive, of this act apply to all trusts created

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before, on or after January 1, 2020.

(2) Sections 1 to 108, inclusive, of this act apply to all judicial proceedings concerning trusts commenced on or after January 1, 2020.

(3) Sections 1 to 108, inclusive, of this act apply to judicial proceedings concerning trusts commenced before January 1, 2020, unless the court in which the judicial proceeding is pending finds that application of a particular provision of sections 1 to 108, inclusive, of this act would substantially interfere with the effective conduct of the judicial proceedings or prejudice the rights of the parties. If the court finds substantial interference or prejudice, the particular provision of sections 1 to 108, inclusive, of this act do not apply and the superseded law applies.

(4) Any rule of construction or presumption provided in sections 1 to 108, inclusive, of this act applies to trust instruments executed before January 1, 2020, unless there is a clear indication of a contrary intent in the terms of the trust.

(5) An act done before January 1, 2020, is not affected by sections 1 to 108, inclusive, of this act.

(b) If a right is acquired, extinguished or barred upon the expiration of a prescribed period that has commenced to run under any provision of the general statutes, other than sections 1 to 108, inclusive, of this act before January 1, 2020, the provision of the general statutes continues to apply to the right even if the provision has been repealed or superseded.

Sec. 110. Section 45a-98 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) Probate Courts in their respective districts shall have the power to (1) grant administration of intestate estates of persons who have

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died domiciled in their districts and of intestate estates of persons not domiciled in this state which may be granted as provided by section 45a-303; (2) admit wills to probate of persons who have died domiciled in their districts or of nondomiciliaries whose wills may be proved in their districts as provided in section 45a-287; (3) except as provided in section 45a-98a or as limited by an applicable statute of limitations, determine title or rights of possession and use in and to any real, tangible or intangible property that constitutes, or may constitute, all or part of any trust, any decedent's estate, or any estate under control of a guardian or conservator, [which trust or estate is otherwise subject to the jurisdiction of the Probate Court,] including the rights and obligations of any beneficiary of the trust or estate and including the rights and obligations of any joint tenant with respect to survivorship property; (4) except as provided in section 45a-98a, determine the validity or construe the meaning and effect of (A) any will or trust agreement if a construction is required in connection with the administration or distribution of a trust or estate; [otherwise subject to the jurisdiction of the Probate Court; (B) an inter vivos trust upon a petition that meets the requirements for a petition for an accounting pursuant to subsection (b) or (c) of section 45a-175, provided such an accounting need not be required; or (C)] or (B) a power of attorney pursuant to section 1-350o; (5) except as provided in section 45a-98a, apply the doctrine of cy pres or approximation; (6) to the extent provided for in section 45a-175, as amended by this act, call executors, administrators, trustees, guardians, conservators, and agents acting under powers of attorney created in accordance with sections 1-350 to 1-353b, inclusive, to account concerning the estates entrusted to their charge or for other relief as provided in sections 1-350 to 1-353b, inclusive; and (7) make any lawful orders or decrees to carry into effect the power and jurisdiction conferred upon [them] the Probate Courts by the laws of this state.

(b) The jurisdiction of Probate Courts to determine title or rights or

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to construe instruments or to apply the doctrine of cy pres or approximation pursuant to subsection (a) of this section is concurrent with the jurisdiction of the Superior Court and does not affect the power of the Superior Court as a court of general jurisdiction.

Sec. 111. Section 45a-175 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) Probate Courts shall have jurisdiction of the interim and final accounts of testamentary trustees, trustees appointed by the Probate Courts, conservators, guardians, executors and administrators, and, to the extent provided for in this section, shall have jurisdiction of accounts of the actions of trustees of inter vivos trusts and agents acting under powers of attorney.

(b) A trustee or settlor of an inter vivos trust or the successor of the trustee, settlor or his or her legal representative may petition [to the Probate Court for the district where the trustee, or any one of them, has any place of business or to the Probate Court for the district where the trustee or any one of them or the settlor resides or, in the case of a deceased settlor, to the Probate Court having jurisdiction over the estate of the settlor or for the district in which the settlor resided immediately prior to death] a Probate Court specified in section 16 of this act for submission to the jurisdiction of the court of an account for allowance of the trustee's actions under such trust.

(c) (1) Any beneficiary of an inter vivos trust may petition a Probate Court [having jurisdiction under this section] specified in section 16 of this act for an accounting by the trustee or trustees. The court may, after hearing with notice to all interested parties, grant the petition and require an accounting for such periods of time as it determines are reasonable and necessary on finding that: (A) The beneficiary has an interest in the trust sufficient to entitle [him or her] the beneficiary to an accounting, (B) cause has been shown that an accounting is

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necessary, and (C) the petition is not for the purpose of harassment.

[(2) A Probate Court shall have jurisdiction to require an accounting under subdivision (1) of this subsection if (A) a trustee of the trust resides in its district, (B) in the case of a corporate trustee, the trustee has any place of business in the district, (C) any of the trust assets are maintained or evidences of intangible property of the trust are situated in the district, or (D) the settlor resides in the district or, in the case of a deceased settlor, resided in the district immediately prior to death.]

[(3)] (2) As used in subdivision (1) of this subsection, "beneficiary" [means any person currently receiving payments of income or principal from the trust, or who may be entitled to receive income or principal or both from the trust at some future date, or the legal representative of such person] has the same meaning as provided in section 3 of this act.

(d) Any of the persons specified in section 1-350o may petition the Probate Court for the district where the agent has any place of business or to the Probate Court for the district where the agent or the principal resides or, in the case of a deceased principal, to the Probate Court having jurisdiction over the estate of the principal or for the district in which the principal resided immediately prior to death, for an accounting or other relief as provided in section 1-350o. The court shall grant the petition if filed by the principal, agent, guardian, conservator or other fiduciary acting for the principal. The court may grant a petition filed by any other person specified in section 1-350o if it finds that (1) the petitioner has an interest sufficient to entitle [him] the petitioner to the relief requested, (2) cause has been shown that such relief is necessary, and (3) the petition is not for the purpose of harassment.

(e) The action to submit an accounting to the court, whether by an inter vivos trustee or agent acting under a power of attorney or

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whether pursuant to petition of another party, [shall] does not subject the trust or the power of attorney to the continuing jurisdiction of the Probate Court.

(f) If the court finds such appointment [to be] is necessary and in the best interests of the estate, the court upon its own motion may appoint an auditor to be selected from a list provided by the Probate Court Administrator, to examine accounts over which the court has jurisdiction under this section, except those accounts on matters in which the fiduciary or cofiduciary is a corporation having trust powers. The list of auditors compiled by the Probate Court Administrator shall be comprised of individuals who hold a license from the State Board of Accountancy as a certified public accountant or public accountant. The Probate Court Administrator may from time to time establish hourly rates and allowable expenses for the compensation of auditors under this section. Costs of the audit may be charged to the fiduciary, any party in interest and the estate, in such proportion as the court shall direct if the court finds [such] the charge to be equitable. Any such share may be paid from the fund established under section 45a-82, subject to the approval of the Probate Court Administrator, if it is determined that the person obligated to pay [such] the share is unable to pay or to charge such amount to the estate would cause undue hardship.

(g) Upon the allowance of any such account, the court shall determine the rights of the fiduciaries or the agent under a power of attorney rendering the account and of the parties interested in the account, including the relief authorized under section 1-350p, subject to appeal as in other cases. The court shall cause notice of the hearing on the account to be given in such manner and to such parties as it directs.

(h) In any action under this section, the Probate Court shall have, in addition to powers pursuant to this section, all the powers available to

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a judge of the Superior Court at law and in equity pertaining to matters under this section.

Sec. 112. Section 45a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) All conservators, guardians and trustees [, including (1) those entrusted with] of testamentary trusts, unless excused by the will creating the trust, [(2) conservators of the person authorized under subsection (a) of section 45a-656 to manage the finances of a conserved person, and (3) guardians of adults with intellectual disability authorized under section 45a-677a to manage the finances of a protected person,] shall render periodic accounts of their trusts signed under penalty of false statement to the Probate Court having jurisdiction for allowance, at least once during each three-year period and more frequently if required by the court or by the will or trust instrument creating the trust. [At the end of each three-year period from the date of the last allowance of a periodic account, or upon the earlier receipt of a final account, there shall be a hearing on all periodic accounts not previously allowed, and the final account, if any, in accordance with sections 45a-178 and 45a-179.] Except as otherwise provided in rules of procedure adopted and promulgated by the judges of the Supreme Court, under section 45a-78, the provisions of a will excusing the trustee from rendering of periodic accounts does not excuse the trustee from the rendering a final account upon termination of the trust as required by section 45a-481.

(b) If the estate held by any person in any such fiduciary capacity is less than two thousand dollars, or, in the case of a corporate fiduciary under the supervision of the Banking Commissioner or any other fiduciary bonded by a surety company authorized to do business in this state, ten thousand dollars, such fiduciary shall not be required to render such account unless so ordered by the court.

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Sec. 113. Section 45a-242 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) The Probate Court having jurisdiction may, upon its own motion or upon the petition of any person interested or of the surety upon the fiduciary's probate bond, after notice and hearing, remove any fiduciary if: (1) The fiduciary becomes incapable of executing such fiduciary's trust, neglects to perform the duties of such fiduciary's trust, wastes the estate in such fiduciary's charge, or fails to furnish any additional or substitute probate bond ordered by the court, (2) lack of cooperation among cofiduciaries substantially impairs the administration of the estate, (3) because of unfitness, unwillingness or persistent failure of the fiduciary to administer the estate effectively, the court determines that removal of the fiduciary best serves the interests of the beneficiaries, or (4) there has been a substantial change of circumstances or removal is requested by all of the beneficiaries, the court finds that removal of the fiduciary best serves the interests of all the beneficiaries and is not inconsistent with a material purpose of the governing instrument and a suitable cofiduciary or successor fiduciary is available. A successor corporate fiduciary shall not be removed in such a manner as to discriminate against state banks or national banking associations, nor shall any consolidated state bank or national banking association or any receiving state bank or national banking association be removed solely because it is a successor fiduciary, as defined in section 45a-245a.

(b) The Probate Court, after notice and hearing, may accept or reject the written resignation of any fiduciary, but such resignation shall not relieve such fiduciary from the obligation to fully and finally account to the court for the administration of such fiduciary's trust. The fiduciary shall submit a final account to the court within sixty days of the acceptance of his or her resignation.

(c) [Trustees appointed by a testator to execute a trust created by

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will and testamentary guardians] A guardian appointed by a testator in a will may resign or be removed, and the [vacancies] vacancy filled by the court having jurisdiction in the manner provided under this section, unless otherwise provided by the will.

(d) Except as otherwise provided in subsection (c) of this section, upon the death, removal or acceptance of the resignation of any fiduciary before the completion of such fiduciary's duties, the Probate Court may appoint a suitable person to fill the resultant vacancy and such successor fiduciary shall give a probate bond, unless such bond is excused by the will or otherwise by law.

(e) All suits in favor of or against the original fiduciary shall survive to and may be prosecuted by or against the person appointed to succeed such fiduciary.

(f) For purposes of this section, "fiduciary" includes executors, administrators, conservators and guardians, but does not include trustees.

Sec. 114. Section 45a-474 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

When a will, trust agreement or other instrument establishing a trust fails to provide for the contingency of the trustee's refusal to accept the trust or the trustee's resignation, death or incapacity, the Probate Court [for the district within which the estate is situated, or, when the trust has been created by will, in the district having jurisdiction of such will,] specified in section 16 of this act may, on the happening of any such contingency, appoint some suitable person to fill such vacancy, taking from [him] such suitable person a probate bond, unless in the case of a will it is otherwise provided therein. [in which case the provisions of section 45a-473 shall apply.] The court may appoint a successor trustee of an inter vivos trust before such

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contingency has occurred if the court finds that a vacancy in the office of trustee is likely to occur. The court shall specify the conditions that the successor trustee of such inter vivos trust must satisfy before becoming trustee. In the event of a vacancy in the office of trustee of such inter vivos trust, the successor trustee may assume the office immediately upon satisfying the conditions set forth in the court's order without further court action.

Sec. 115. Section 45a-477 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

[(a) When any person not a resident of this state is the owner of a life estate or income during life in any personal property or real property in this state that may thereafter be converted into money, and the child or children of such life tenant or person entitled to such life use or income, residing in the same state as such life tenant or person entitled to such life use or income, are entitled to the remainder upon the termination of such life estate, life use or income, such life tenant having procured the appointment of a trustee or other legal custodian of the property in which he has such interest under the laws of the place of his residence, such custodian may apply in writing to the court of probate in this state which has jurisdiction of the administration of such trust estate for the possession and removal of such property. In such application the trustee or custodian shall allege that he has been legally appointed such custodian in the jurisdiction in which such life tenant resides, and that he has therein given a probate bond valid according to the requirements of such jurisdiction, and security thereon, or an increase in an existing bond and security, in an amount equal to the value of all such estate of such person to be removed from this state. Such bond and the decree of the court appointing such custodian shall provide that if the child or children of such life tenant are for any reason unable to take or receive the property upon the termination of the life estate or estate aforesaid, it is

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to be held and paid over by such custodian to such persons as the court of probate in this state ordering such removal directs. Upon such custodian filing for record in the Court of Probate an exemplified copy of the record of the court by which he was appointed, it shall, after a hearing upon such notice as the court orders to the person having such estate in custody and after proof that all known debts against it in this state have been paid or satisfied, appoint the applicant to be guardian, conservator or trustee without further bonds, and authorize the person having such estate in his custody to deliver it to the applicant, who may demand, sue for and recover it and remove it from this state.]

[(b)] Any one or more of the [vested beneficial owners of interests established by a testamentary transfer of real property situated in this state or personal property wherever situated, in trust or under custodianship established and] beneficiaries of a trust that is administered outside of this state [,] who are residents of this state may petition [the court of probate in any district in which any such real property or tangible personal property is situated or in which any of such beneficial owners reside] the Probate Court specified in section 16 of this act to assume jurisdiction of such trust. [or custodianship] In the petition, [such beneficial owner or owners] the beneficiaries shall allege that it would be in the best interest of some or all of [such beneficial owners] the beneficiaries and not adverse to any of [such owners for the trust or custodianship] the other beneficiaries to be administered in a [court of probate] Probate Court in this state or that all such beneficial owners consent to the administration of the trust or custodianship in a [court of probate] Probate Court in this state. The [Court of] Probate Court, after hearing with notice as it directs, including notice to any court having jurisdiction over the trust [or custodianship,] upon written consent of all such [beneficial owners] beneficiaries or satisfaction that the allegations in the petition are true and upon proof that such transfer is not prohibited by law, may assume jurisdiction. If a probate bond is required under the laws of the

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state in which the transferring court is located or this state, such bond shall be given to the Probate Court prior to the assumption of jurisdiction by such court. Upon transfer and assumption of jurisdiction and administration of such trust [or custodianship] to this state, the record shall be established in the [Court of] Probate Court as if the [estate] trust were being originally established for administration in this state and the provisions of the general statutes shall govern the trust [or custodianship] and its administration.

Sec. 116. Section 45a-482 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

When the facts at the time of distribution from an estate to a trust or from a testamentary trust to a successive trust are such that no trust would be operative under the terms of the instrument creating such trust or successive trust because of the death of the life tenant, or because the beneficiary has reached a stipulated age, or if such trust would qualify for termination under section [45a-484] 35 of this act, or for any other reason, the fiduciary of such estate or prior trust may distribute, with the approval of the court of probate having jurisdiction, directly from the estate or prior trust to the remaindermen of such trust, the corpus of such trust and any income earned during the period of estate administration or administration of the prior trust and distributable to such remaindermen, without the interposition of the establishment of such trust or successive trust. If distribution is based on the fact that the trust would qualify for termination under section [45a-484] 35 of this act, reasonable notice shall be provided to all beneficiaries who are known and in being and who have vested or contingent interests in the trust.

Sec. 117. Section 45a-485 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) If any marital deduction would not be allowed by reason of

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Section 2056(d)(1) of the Internal Revenue Code of 1986 with respect to any interest in property passing under any will, trust agreement or other governing instrument because such interest fails to comply with the requirements of Sections 2056(d)(2)(A) and 2056A(a) of said code, the Superior Court, or [the] a Probate Court [if the trust or estate is otherwise subject to the jurisdiction of the Probate Court, or with respect to an inter vivos trust, if that trust is or could be subject to the jurisdiction of the court for an accounting pursuant to section 45a-175, provided such an accounting need not be required] specified in section 16 of this act, shall have jurisdiction over any action brought to reform such will, trust agreement or other governing instrument to comply with those requirements so as to allow a marital deduction under Section 2056(a) of said code. All references contained in this section to any section of the Internal Revenue Code of 1986 [shall] mean that section of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended.

(b) The Superior Court or the Probate Court [shall be] are empowered to reform any such will, trust agreement or other governing instrument described in subsection (a) of this section to the extent necessary to ensure the allowance of the marital deduction described in said subsection. [(a) of this section.]

(c) Any reformation of any will, trust agreement or other governing instrument in accordance with the provisions of this section shall be effective whether or not a disclaimer has been filed within the period [of time] specified in sections 45a-578 to 45a-585, inclusive.

(d) This section shall be applicable to any action commenced to reform any such will, trust agreement or other governing instrument created by a decedent dying on or after November 10, 1988.

Sec. 118. Section 45a-489a of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) A testamentary or inter vivos trust may be created to provide for the care of an animal or animals alive during the settlor's or testator's lifetime. The trust shall terminate upon the death of the last surviving animal. A trust created pursuant to this section shall designate a trust protector in the trust instrument whose sole duty shall be to act on behalf of the animal or animals provided for in the trust instrument. A trust protector shall be replaced in the same manner as a trustee under section 45a-474, as amended by this act.

(b) Except as otherwise provided in this section, the provisions of the laws of this state that govern the creation and administration of trusts shall apply to a trust created to provide for the care of an animal or animals pursuant to this section.

(c) [(1)] The Superior Court, or a [probate court described in subdivision (2) of this subsection] Probate Court specified in section 16 of this act, shall have jurisdiction over any trust created pursuant to this section.

[(2) A probate court shall have jurisdiction over any trust created pursuant to this section if the trustee of the trust is otherwise subject to the jurisdiction of such probate court, or the trust is an inter vivos trust and the trust is or could be subject to the jurisdiction of such probate court for an accounting pursuant to section 45a-175.]

(d) The trustee of a trust created pursuant to this section shall annually render an account for the trust, signed under penalty of false statement, to the trust protector.

(e) Any individual identified as a trust protector pursuant to this section may file a petition in the Superior Court or [a probate court having jurisdiction pursuant to subsection (c) of this section] the Probate Court to enforce the provisions of the trust, remove or replace

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any trustee of the trust, or require a trustee to render an account as required under subsection (d) of this section. The court may award costs and attorney's fees to the trust protector, from the trust property, if the trust protector prevails on a petition filed under this subsection and the court finds that the filing of the petition was necessary to fulfill the trust protector's duty to act on behalf of the animal or animals provided for in the trust instrument.

(f) If the trust protector determines that the trustee has used trust property for personal use or has otherwise committed fraud with respect to the trust, the trust protector may request the Attorney General to file a petition in the Superior Court or [a probate court having jurisdiction pursuant to subsection (c) of this section] the Probate Court to enforce the provisions of the trust, remove or replace any trustee of the trust or seek restitution from the trustee with respect to [such] the trust property. The Attorney General may file such petition if the Attorney General determines that the circumstances warrant such filing.

(g) Trust property may be applied only to its intended use, subject to proper trust expenses including trustee fees, except to the extent the Superior Court or [a probate court having jurisdiction pursuant to subsection (c) of this section] the Probate Court, upon application by the trustee or trust protector, determines that the value of the trust property exceeds the amount required for its intended use. Trust property not required for its intended use, including trust property remaining upon termination of the trust, shall be distributed in the following order of priority:

- (1) As directed by the terms of the trust instrument;
- (2) To the remainder beneficiaries identified in the trust instrument, under the same terms provided in the trust for the remainder interest;

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(3) To the settlor, if then living;

(4) Pursuant to the residuary clause of the settlor's or testator's will;
or

(5) To the settlor's or testator's heirs in accordance with the laws of this state governing descent and distribution.

Sec. 119. Section 45a-491 of the general statutes is amended by adding subsection (f) as follows (*Effective January 1, 2020*):

(NEW) (f) With respect to any trust created on or after January 1, 2020, this section and sections 45a-492 to 45a-495, inclusive, as amended by this act, shall apply to a nonvested property interest or power of appointment contained in a trust by substituting "eight hundred years" in place of "ninety years" in each place such term appears in sections 45a-492 to 45a-495, inclusive, as amended by this act, unless the terms of the trust expressly require that all beneficial interests in the trust vest or terminate within a lesser period.

Sec. 120. Section 45a-519 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) If any deduction under Section 170, Section 2055 or Section 2522 of the Internal Revenue Code of 1986 is not allowable with respect to any interest in property passing under any will, trust agreement or other governing instrument to a person, or for a use, described in Section 170(c), Section 2055(a) or Section 2522(a) and (b) of said code because such interest [shall fail] fails to comply with the requirements of Section 170(f)(2), Section 2055(e)(2) or Section 2522(c)(2) of said code, the Superior Court, [or the Probate Court if the trust or estate is otherwise subject to the jurisdiction of the Probate Court, or with respect to an inter vivos trust, if that trust is or could be subject to the jurisdiction of the court for an accounting pursuant to section 45a-175, provided such an accounting need not be required] or a Probate Court

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specified in section 16 of this act, shall have jurisdiction over any action brought to reform such will, trust agreement or other governing instrument in accordance with the provisions of Section 170(f)(7), Section 2055(e)(3) or Section 2522(c)(4) of said code so that such deduction may be allowed under the applicable provisions of said code. All references contained in this section to any section of the Internal Revenue Code of 1986 [shall] mean that section of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended.

(b) The Superior Court or the Probate Court [shall be] are empowered to reform any such will, trust agreement or other governing instrument only to the extent necessary in order to ensure the allowance of any deduction described in subsection (a) of this section, and only to the extent the court finds that such reformation is consistent with the original intent of the testator or donor.

(c) This section shall not be construed to effect a change in any dispositive provisions of the governing instrument as provided in section 45a-514.

(d) Any reformation of any will, trust agreement or other governing instrument in accordance with the provisions of this section shall be effective whether or not a disclaimer has been filed within the period [of time] specified in sections 45a-578 to 45a-585, inclusive.

(e) This section shall be applicable to any action commenced on or after July 18, 1984.

Sec. 121. Subsection (b) of section 45a-520 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(b) In any case where the current market value of the assets of a testamentary or inter vivos charitable trust is less than one hundred

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fifty thousand dollars, any trustee thereof, any charitable beneficiary specifically designated in the governing instrument or the Attorney General may petition a [court of probate] Probate Court specified in section 16 of this act for an order terminating the trust. [If such a trust has been under the jurisdiction of a court of probate prior to any such petition, the petition shall be brought to the court of probate for the district which has had jurisdiction over the trust. If such a trust has not been under the jurisdiction of a court of probate prior to any such petition, the petition shall be brought to the court of probate for any district in which any such trustee resides or has a place of business. If such a trust has not been under the jurisdiction of a court of probate prior to any such petition and if there is no trustee thereof residing or having a place of business in Connecticut, the petition shall be brought to the court of probate for any district in which any charitable beneficiary of the trust has its principal office.] Upon receipt of such a petition, the court shall order a hearing and cause notice thereof to be given to the Attorney General, the trustees, the grantor of the trust, if living, and any charitable beneficiary of the trust specifically designated in the governing instrument. If at such a hearing the court determines that continuation of the trust is uneconomic when the costs of operating the trust, probable income and other relevant factors are considered or not in the best interest of the beneficiaries, the court may order termination of the trust and distribution of the trust assets to any charitable beneficiary specifically designated in the governing instrument or, [in the event] if no such beneficiary exists, to such other charitable trusts or charitable entities, including any community trust or foundation, as the court may determine will fulfill the charitable purposes of the trust being so terminated.

Sec. 122. Section 45a-521 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) Upon a petition filed within the period specified in [the Code of

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Federal Regulations, Title 26, Section 1.664-3(a)(1)(i)(f)(3)] 26 CFR 1.664-3, by a trustee of a charitable remainder unitrust, the Superior Court, or [the] a Probate Court [if the trustee is otherwise subject to the jurisdiction of the Probate Court, or with respect to an inter vivos trust, if such trust is or could be subject to the jurisdiction of the Probate Court for an accounting pursuant to section 45a-175, provided such an accounting need not be required,] specified in section 16 of this act shall have jurisdiction to reform such charitable remainder unitrust for the sole purpose of substituting a provision allowing payment of the unitrust amount under [the Code of Federal Regulations, Title 26, Section 1.664-3(a)(1)(i)(c)] 26 CFR 1.664-3 for an existing provision providing for payment of the unitrust amount under [Title 26, Section 1.664-3(a)(1)(i)(b) of the Code of Federal Regulations] 26 CFR 1.664-3.

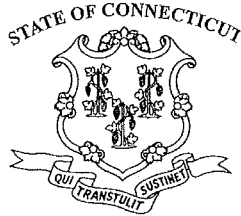
(b) The Superior Court or the Probate Court [shall be] are empowered to reform such trust only to the extent the court finds that such reformation is consistent with the original intent of the testator or donor.

(c) This section shall not be construed to effect a change in any dispositive provision of the trust as provided in section 45a-514.

Sec. 123. Sections 45a-473, 45a-484, 45a-487 to 45a-487f, inclusive, and 45a-488 of the general statutes are repealed. (*Effective January 1, 2020*)

Approved July 12, 2019

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Substitute Senate Bill No. 807

Public Act No. 19-56

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR REVISIONS TO THE PUBLIC HEALTH STATUTES, DENTAL ASSISTANTS AND DENTAL THERAPY.

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

Section 1. Subsection (b) of section 10a-109gg of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The proceeds of the sale of the bond issuance described in subsection (a) of this section shall be used by the Office of Policy and Management, in consultation with the chairperson of the Board of Trustees of the university, for the purpose of the UConn health network initiatives in the following manner: (1) Five million dollars of such proceeds shall be used by Hartford Hospital to develop a simulation and conference center on the Hartford Hospital campus to be run exclusively by Hartford Hospital; [] (2) five million dollars of such proceeds shall be used to fulfill the initiative for a primary care institute on the Saint Francis Hospital and Medical Center campus; [] (3) five million dollars of such proceeds shall be used to fulfill the initiatives for a comprehensive cancer center and The University of Connecticut-sponsored health disparities institute; (4) five million dollars of such proceeds shall be used to fulfill the initiatives for the

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planning, design, land acquisition, development and construction of (A) a cancer treatment center to be constructed by, or in partnership with, The Hospital of Central Connecticut, provided such cancer treatment center is located entirely within the legal boundaries of the city of New Britain, (B) renovations and upgrades to the oncology unit at The Hospital of Central Connecticut, and (C) if certificate of need approval is received, a Permanent Regional Phase One Clinical Trials Unit located at The Hospital of Central Connecticut in New Britain; and (5) two million dollars of such proceeds shall be used to fulfill the initiatives for patient room renovations at Bristol Hospital. In the event that the cancer treatment center authorized pursuant to subdivision (4) of this subsection is built in whole or in part outside the legal boundaries of the city of New Britain, The Hospital of Central Connecticut shall repay the entire amount of the proceeds used to fulfill the initiatives for the planning, design, development and construction of such center.

Sec. 2. Subsection (a) of section 17a-217a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There shall be a Camp Harkness Advisory Committee to advise the Commissioner of Developmental Services with respect to issues concerning the health and safety of persons who attend and utilize the facilities at Camp Harkness. The advisory committee shall be composed of twelve members as follows: (1) Six members appointed by the Governor, one of whom shall be the director of Camp Harkness, who shall serve ex officio, one of whom shall represent the Southeastern Connecticut Association for Developmental Disabilities, one of whom shall represent the Southbury Training School, one of whom shall represent the Arc of New London County, one of whom [who is] shall be a person who uses the camp on a residential basis and one of whom [is] shall be a relative or guardian of a person who uses

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of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(j) (1) A prescribing practitioner, as defined in section 20-14c, shall not, except in an emergency, prescribe, dispense or administer controlled substances in schedules II to IV, inclusive, to [a member of] his or her immediate family member. For purposes of this section, "immediate family member" means a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-sibling or other relative residing in the same residence as the prescribing practitioner and shall not include an animal in the residence. In an emergency, a prescribing practitioner may prescribe, dispense or administer not more than a seventy-two-hour supply of such controlled substances to an immediate family member only when there is no other qualified prescribing practitioner available.

(2) A prescribing practitioner who prescribes, dispenses or administers any controlled substance to [a member of] his or her immediate family member pursuant to subdivision (1) of this subsection shall perform an assessment for the care and treatment of the patient, medically evaluate the patient's need for such controlled substance and document such assessment and need in the normal course of his or her business. The prescribing practitioner shall document the emergency that gave rise to the prescription, dispensing or administering of such controlled substance to the immediate family member.

Sec. 12. Section 1 of special act 18-2 is amended to read as follows (*Effective from passage*):

(a) There is established a task force to study (1) the short-term and long-term needs of adults with intellectual disability, including, but not limited to, such adults with significant behavioral health issues or

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significant issues related to aging, including Alzheimer's disease, dementia and related disorders, and (2) ways in which the services and support such adults need may be provided.

(b) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom has expertise in the diagnosis, care and treatment of persons with intellectual disability and one of whom has expertise in the provision of residential services to persons with intellectual disability;

(2) Two appointed by the president pro tempore of the Senate, one of whom has expertise in the provision of day services for persons with intellectual disability and one of whom has expertise in the provision of program support services to persons with intellectual disability;

(3) One appointed by the majority leader of the House of Representatives, who is the parent, guardian or relative of a person with intellectual disability who has high-level needs;

(4) One appointed by the majority leader of the Senate, who is the parent, guardian or relative of a person with intellectual disability;

(5) One appointed by the minority leader of the House of Representatives, who is the parent, guardian or relative of a person with intellectual disability;

(6) One appointed by the minority leader of the Senate, who is the parent, guardian or relative of a person with intellectual disability who has high-level needs;

(7) The chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters

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relating to public health, or their designees;

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

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

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a member of the General Assembly.

(d) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall serve as administrative staff of the task force.

(g) Not later than January 1, [2019] 2020, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, [2019] 2020, whichever is later.

Sec. 13. Subsections (c) and (d) of section 20-112a of the general statutes are repealed and the following is substituted in lieu thereof

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(Effective July 1, 2019):

(c) (1) A licensed dentist may delegate to dental assistants such dental procedures as the dentist may deem advisable, including: (A) The taking of dental x-rays if the dental assistant can demonstrate successful completion of the dental radiation health and safety examination administered by the Dental Assisting National Board; (B) the taking of impressions of teeth for study models; and (C) the provision of fluoride varnish treatments. Such procedures shall be performed under the direct supervision of a licensed dentist and the dentist providing direct supervision shall assume responsibility for such procedures.

(2) A licensed dentist may delegate to an expanded function dental assistant such dental procedures as the dentist may deem advisable, including: (A) The placing, finishing and adjustment of temporary restorations and long-term individual fillings, capping materials and cement bases; (B) oral health education for patients; (C) dental sealants; [and] (D) coronal polishing, provided the procedure is not represented or billed as prophylaxis; (E) administration of topical anesthetic under the direct supervision of the dentist prior to the administration of local anesthetic by a dentist or dental hygienist; and (F) taking alginate impressions of teeth, under the direct supervision of the dentist, for use in study models, orthodontic appliances, whitening trays, mouth guards or fabrication of temporary crowns. Such procedures shall be performed under [the] either direct or indirect supervision, except as specifically provided in this subdivision, and the dentist providing such supervision shall assume responsibility for such procedures.

(3) [On or after July 1, 2018, (A) no] (A) No licensed dentist may delegate dental procedures to a dental assistant or expanded function dental assistant unless the dental assistant or expanded function dental assistant provides records demonstrating successful completion of the Dental Assisting National Board's infection control examination or an

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infection control competency assessment administered by a dental education program in the state that is accredited by the American Dental Association's Commission on Dental Accreditation, except as provided in subdivision (2) of this subsection, (B) a dental assistant may receive not more than [nine] fifteen months of on-the-job training by a licensed dentist for purposes of preparing the dental assistant for the [Dental Assisting National Board's] infection control examination or infection control competency assessment, and (C) any licensed dentist who delegates dental procedures to a dental assistant shall retain and make such records available for inspection upon request of the Department of Public Health.

(4) On and after January 1, 2018, upon successful completion of the Dental Assisting National Board's infection control examination or an infection control competency assessment administered by a dental education program in the state that is accredited by the American Dental Association's Commission on Dental Accreditation, each dental assistant or expanded function dental assistant shall complete not less than one hour of training or education in infection control in a dental setting every two years, including, but not limited to, courses, including online courses, offered or approved by a dental school or another institution of higher education that is accredited or recognized by the Commission on Dental Accreditation, a regional accrediting organization, the American Dental Association or a state, district or local dental association or society affiliated with the American Dental Association or the American Dental Assistants Association.

(d) [Under] Except as provided in subsection (c) of this section, under no circumstances may a dental assistant or expanded function dental assistant engage in: (1) Diagnosis for dental procedures or dental treatment; (2) the cutting or removal of any hard or soft tissue or suturing; (3) the prescribing of drugs or medications that require the written or oral order of a licensed dentist or physician; (4) the

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administration of local, parenteral, inhalation or general anesthetic agents in connection with any dental operative procedure; (5) the taking of any final impression of the teeth or jaws or the relationship of the teeth or jaws for the purpose of fabricating any appliance or prosthesis; or (6) the practice of dental hygiene as defined in section 20-126*l*.

Sec. 14. (NEW) (*Effective January 1, 2020*) (a) As used in this section:

(1) "Practice of dental therapy" means the performance of educational, preventive and therapeutic services through any one or more of the following practices and procedures: (A) Identification of oral and systemic conditions requiring evaluation or treatment by dentists, physicians or other health care providers, and management of referrals to dentists, physicians and other health care providers; (B) diagnosis and treatment of oral diseases and conditions that are within the dental therapist scope of practice; (C) comprehensive charting of the oral cavity; (D) oral health instruction and disease prevention education, including nutritional counseling and dietary analysis; (E) dispensing and administering of nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a licensed health care provider, except schedule II, III or IV controlled substances; (F) applying topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents and pit and fissure sealants; (G) pulp vitality testing; (H) applying desensitizing medication or resin in the oral cavity; (I) interim therapeutic restorations; (J) fabricating athletic mouth guards; (K) changing periodontal dressings; (L) administering local anesthetics in the oral cavity under the general supervision of a dentist; (M) simple extraction of erupted primary teeth; (N) nonsurgical extraction of periodontally diseased permanent teeth with tooth mobility of three or greater, except a tooth that is unerupted, impacted, fractured or needs to be sectioned for removal; (O) emergency palliative treatment of dental pain; (P) preparation and

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placement of direct restoration in primary and permanent teeth that does not require the fabrication of crowns, bridges, veneers or dentures; (Q) fabrication and placement of single-tooth temporary crowns; (R) preparation and placement of preformed crowns on primary teeth; (S) indirect and direct pulp capping on permanent teeth; (T) indirect pulp capping on primary teeth; (U) dental suture removal; (V) minor adjustments and repairs on removable prostheses; (W) placement and removal of space maintainers; and (X) recementing permanent crowns;

(2) "Collaborative agreement" means a written agreement between a dental therapist and a dentist licensed pursuant to chapter 379 of the general statutes, that defines the working relationship between the dental therapist and the dentist and the parameters of the practice of dental therapy;

(3) "Dental therapist" means a licensed dental hygienist authorized to engage in the practice of dental therapy under a collaborative agreement; and

(4) "Public health facility" has the same meaning as provided in section 20-126*l* of the general statutes.

(b) No person shall engage in the practice of dental therapy unless such person (1) is a dental hygienist licensed pursuant to chapter 379a of the general statutes; (2) has obtained a dental therapist certification that is (A) in writing, on a form issued by an institution of higher education accredited by the Commission on Dental Accreditation after successful completion of a dental therapy program that includes, in accordance with the Commission on Dental Accreditation's standards for dental therapy education programs, full-time instruction or its equivalent at the postsecondary college level and incorporates all dental therapy practice competencies, (B) signed by the dental therapist and the director of the dental therapy education program,

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and (C) made available to the Department of Public Health upon request; (3) has successfully completed a comprehensive examination prescribed by the Commission on Dental Competency Assessments, or its equivalent, and administered independently of any institution of higher education that offers a program in dental therapy; (4) prior to entering the first collaborative agreement, (A) has received a certificate of completion, signed by a dentist licensed pursuant to chapter 379 of the general statutes, that verifies completion of one thousand hours of clinical training under the direct supervision of such dentist, and (B) has successfully completed six hours of continuing education related to dental therapy; and (5) has entered into a collaborative agreement with a dentist.

(c) A dental therapist shall practice in a public health facility under the general supervision of a dentist licensed pursuant to chapter 379 of the general statutes in accordance with a collaborative agreement.

(d) No provision of this section shall be construed to prohibit a dental hygienist enrolled in a dental therapy program, as described in subdivision (2) of subsection (b) of this section, from performing dental therapy work as a required component of his or her course of study in such program, provided such dental hygienist (1) performs such work under the direct supervision of a dentist licensed pursuant to chapter 379 of the general statutes, (2) shall not hold himself or herself out as a certified dental therapist, and (3) shall not receive compensation for such work.

(e) (1) A collaborative agreement entered into pursuant to subsection (b) of this section shall include: (A) Identification of public health facilities where services may be provided and the populations to be served; (B) any limitations on the services that may be provided by the dental therapist; (C) age and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency; (D) a procedure for creating and maintaining

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dental records for the patients that are treated by the dental therapist; (E) a plan to manage medical emergencies in each public health facility where the dental therapist provides care; (F) a quality assurance plan for monitoring care provided by the dental therapist, including patient care review, referral follow-up and a quality assurance chart review; (G) protocols for dispensing and administering medications, including the specific conditions and circumstances under which these medications may be dispensed and administered; (H) criteria relating to the provision of care to patients with specific medical conditions or complex medication histories, including requirements for consultation prior to the initiation of care; (I) criteria for the supervision of dental assistants, expanded function dental assistants, as defined in section 20-112a of the general statutes, as amended by this act, and dental hygienists in accordance with subsection (g) of this section; and (J) a plan for the provision of referrals in situations that are beyond the capabilities or the scope of practice of the dental therapist.

(2) A collaborative agreement shall be (A) signed and maintained by the supervising dentist and the dental therapist and kept on file at the locations where such dental therapist is employed; (B) reviewed by the dentist and dental therapist on an annual basis and revised as needed; and (C) available for inspection upon the request of the Department of Public Health.

(f) A dentist who enters into a collaborative agreement with a dental therapist (1) shall be professionally responsible and legally liable for all services authorized and performed by the dental therapist pursuant to a collaborative agreement, and (2) may not enter into a collaborative agreement with more than two dental therapists at any one time. Nothing in this section shall be construed to require a dentist to enter into a collaborative agreement with a dental therapist.

(g) A dental therapist may directly supervise not more than two dental assistants or expanded function dental assistants, as defined in

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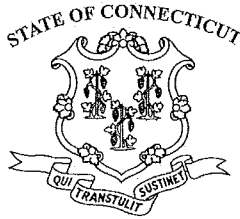
section 20-112a of the general statutes, as amended by this act, or dental hygienists licensed pursuant to chapter 379a of the general statutes to the extent permitted in the collaborative agreement.

(h) (1) Each dental therapist shall complete, in addition to the continuing education requirements of subsection (g) of section 20-126l of the general statutes, six hours of continuing education in dental therapy within the twelve-month period after such dental therapist enters into a collaborative agreement with a dentist and within each subsequent twenty-four-month period thereafter.

(2) Each dental therapist applying for a renewal of a dental hygiene license pursuant to chapter 379a of the general statutes and in accordance with section 19a-88 of the general statutes shall sign a statement attesting that he or she has satisfied the continuing education requirements described in subdivision (1) of this subsection on a form prescribed by the Department of Public Health. Each dental therapist shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements described in subdivision (1) of this subsection for not less than three years following the date on which the continuing education was completed or the license was renewed. Each dental therapist shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. A dental therapist who fails to comply with the provisions of this section may be subject to disciplinary action pursuant to section 20-126o of the general statutes.

Approved June 28, 2019

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Public Act No. 19-98

***AN ACT CONCERNING THE SCOPE OF PRACTICE OF
ADVANCED PRACTICE REGISTERED NURSES.***

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

Section 1. Subsection (a) of section 17a-81 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Parental consent shall be necessary for treatment. In the event such consent is withheld or immediately unavailable and the physician or advanced practice registered nurse certified as a psychiatric mental health provider by the American Nurses Credentialing Center concludes that treatment is necessary to prevent serious harm to the child, such emergency treatment may be administered pending receipt of parental consent.

Sec. 2. Subparagraph (B) of subdivision (16) of section 31-275 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(B) "Personal injury" or "injury" shall not be construed to include:

(i) An injury to an employee that results from the employee's voluntary participation in any activity the major purpose of which is

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social or recreational, including, but not limited to, athletic events, parties and picnics, whether or not the employer pays some or all of the cost of such activity;

(ii) A mental or emotional impairment, unless such impairment (I) arises from a physical injury or occupational disease, (II) in the case of a police officer, arises from such police officer's use of deadly force or subsection to deadly force in the line of duty, regardless of whether such police officer is physically injured, provided such police officer is the subject of an attempt by another person to cause such police officer serious physical injury or death through the use of deadly force, and such police officer reasonably believes such police officer to be the subject of such an attempt, or (III) in the case of a firefighter, is diagnosed as post-traumatic stress disorder by a licensed and board certified mental health professional or a licensed advanced practice registered nurse who is certified as a psychiatric mental health provider by the American Nurses Credentialing Center, determined by such professional or advanced practice registered nurse to be originating from the firefighter witnessing the death of another firefighter while engaged in the line of duty and not subject to any other exclusion in this section. As used in this clause, "police officer" means a member of the Division of State Police within the Department of Emergency Services and Public Protection, an organized local police department or a municipal constabulary, "firefighter" means a uniformed member of a municipal paid or volunteer fire department, and "in the line of duty" means any action that a police officer or firefighter is obligated or authorized by law, rule, regulation or written condition of employment service to perform, or for which the police officer or firefighter is compensated by the public entity such officer serves;

(iii) A mental or emotional impairment that results from a personnel action, including, but not limited to, a transfer, promotion, demotion

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or termination; or

(iv) Notwithstanding the provisions of subparagraph (B)(i) of this subdivision, "personal injury" or "injury" includes injuries to employees of local or regional boards of education resulting from participation in a school-sponsored activity but does not include any injury incurred while going to or from such activity. As used in this clause, "school-sponsored activity" means any activity sponsored, recognized or authorized by a board of education and includes activities conducted on or off school property and "participation" means acting as a chaperone, advisor, supervisor or instructor at the request of an administrator with supervisory authority over the employee.

Sec. 3. Subsections (a) to (c), inclusive, of section 31-294d of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) (1) The employer, as soon as the employer has knowledge of an injury, shall provide a competent physician, [or] surgeon or advanced practice registered nurse to attend the injured employee and, in addition, shall furnish any medical and surgical aid or hospital and nursing service, including medical rehabilitation services and prescription drugs, as the physician, [or] or advanced practice registered nurse surgeon deems reasonable or necessary. The employer, any insurer acting on behalf of the employer, or any other entity acting on behalf of the employer or insurer shall be responsible for paying the cost of such prescription drugs directly to the provider. If the employer utilizes an approved providers list, when an employee reports a work-related injury or condition to the employer the employer shall provide the employee with such approved providers list within two business days of such reporting.

(2) If the injured employee is a local or state police officer, state

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marshal, judicial marshal, correction officer, emergency medical technician, paramedic, ambulance driver, firefighter, or active member of a volunteer fire company or fire department engaged in volunteer duties, who has been exposed in the line of duty to blood or bodily fluids that may carry blood-borne disease, the medical and surgical aid or hospital and nursing service provided by the employer shall include any relevant diagnostic and prophylactic procedure for and treatment of any blood-borne disease.

(b) The employee shall select the physician, [or] surgeon or advanced practice registered nurse from an approved list of physicians, [and] surgeons and advanced practice registered nurses prepared by the chairman of the Workers' Compensation Commission. If the employee is unable to make the selection, the employer shall do so, subject to ratification by the employee or his next of kin. If the employer has a full-time staff physician or advanced practice registered nurse or if a physician or advanced practice registered nurse is available on call, the initial treatment required immediately following the injury may be rendered by that physician or advanced practice registered nurse, but the employee may thereafter select his own physician or advanced practice registered nurse as provided by this chapter for any further treatment without prior approval of the commissioner.

(c) The commissioner may, without hearing, at the request of the employer or the injured employee, when good reason exists, or on his own motion, authorize or direct a change of physician, [or] surgeon or advanced practice registered nurse or hospital or nursing service provided pursuant to subsection (a) of this section.

Sec. 4. Subsection (f) of section 31-294d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

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(f) If the employer fails to promptly provide a physician, [or] surgeon or advanced practice registered nurse or any medical and surgical aid or hospital and nursing service as required by this section, the injured employee may obtain a physician, [or] surgeon or advanced practice registered nurse, selected from the approved list prepared by the chairman, or such medical and surgical aid or hospital and nursing service at the expense of the employer.

Sec. 5. Section 31-294i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

For the purpose of adjudication of claims for payment of benefits under the provisions of this chapter to a uniformed member of a paid municipal fire department or a regular member of a paid municipal police department or constable who began such employment on or after July 1, 1996, any condition or impairment of health caused by a cardiac emergency occurring to such member on or after July 1, 2009, while such member is in training for or engaged in fire duty at the site of an accident or fire, or other public safety operation within the scope of such member's employment for such member's municipal employer that results in death or temporary or permanent total or partial disability, shall be presumed to have been suffered in the line of duty and within the scope of such member's employment, unless the contrary is shown by a preponderance of the evidence, provided such member successfully passed a physical examination on entry into service conducted by a licensed physician or advanced practice registered nurse designated by such department which examination failed to reveal any evidence of such condition. For the purposes of this section, "cardiac emergency" means cardiac arrest or myocardial infarction, and "constable" means any municipal law enforcement officer who is authorized to make arrests and has completed Police Officer Standards and Training Council certification pursuant to section 7-294a.

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Sec. 6. Subsection (c) of section 31-296 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) The employer's or insurer's notice of intention to discontinue or reduce payments shall (1) identify the claimant, the claimant's attorney or other representative, the employer, the insurer, and the injury, including the date of the injury, the city or town in which the injury occurred and the nature of the injury, (2) include medical documentation that (A) establishes the basis for the discontinuance or reduction of payments, and (B) identifies the claimant's attending physician or advanced practice registered nurse, and (3) be in substantially the following form:

IMPORTANT

STATE OF CONNECTICUT WORKERS' COMPENSATION
COMMISSION

YOU ARE HEREBY NOTIFIED THAT THE EMPLOYER OR INSURER INTENDS TO REDUCE OR DISCONTINUE YOUR COMPENSATION PAYMENTS ON (date) FOR THE FOLLOWING REASONS:

If you object to the reduction or discontinuance of benefits as stated in this notice, YOU MUST REQUEST A HEARING NOT LATER THAN 15 DAYS after your receipt of this notice, or this notice will automatically be approved.

To request an Informal Hearing, call the Workers' Compensation Commission District Office in which your case is pending.

Be prepared to provide medical and other documentation to support your objection. For your protection, note the date when you received this notice.

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Sec. 7. Section 38a-472a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

No contract between a managed care company, other organization or insurer authorized to do business in this state and a medical provider practicing in this state for the provision of services may require that the medical provider indemnify the managed care company, other organization or insurer for any expenses and liabilities including, without limitation, judgments, settlements, attorneys' fees, court costs and any associated charges incurred in connection with any claim or action brought against a managed care company, other organization or insurer on the basis of its determination of medical necessity or appropriateness of health care services if the information provided by such medical provider used in making the determination was accurate and appropriate at the time it was given. As used in this section and section 38a-472b, "medical provider" means any person licensed pursuant to chapters 370 to 373, inclusive, or chapter 375, 378, 379, 380 or 383.

Sec. 8. Subsections (d) to (h), inclusive, of section 38a-488a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(d) In the case of benefits payable for the services of a licensed physician, such benefits shall be payable for the same services when such services are lawfully rendered by a psychologist licensed under the provisions of chapter 383 or by such a licensed psychologist in a licensed hospital or clinic or an advanced practice registered nurse licensed under the provisions of chapter 378.

(e) In the case of benefits payable for the services of a licensed physician or psychologist, such benefits shall be payable for the same services when such services are rendered by:

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(1) A clinical social worker who is licensed under the provisions of chapter 383b and who has passed the clinical examination of the American Association of State Social Work Boards and has completed at least two thousand hours of post-master's social work experience in a nonprofit agency qualifying as a tax-exempt organization under Section 501(c) of the Internal Revenue Code of 1986 or any subsequent corresponding internal revenue code of the United States, as from time to time amended, in a municipal, state or federal agency or in an institution licensed by the Department of Public Health under section 19a-490;

(2) A social worker who was certified as an independent social worker under the provisions of chapter 383b prior to October 1, 1990;

(3) A licensed marital and family therapist who has completed at least two thousand hours of post-master's marriage and family therapy work experience in a nonprofit agency qualifying as a tax-exempt organization under Section 501(c) of the Internal Revenue Code of 1986 or any subsequent corresponding internal revenue code of the United States, as from time to time amended, in a municipal, state or federal agency or in an institution licensed by the Department of Public Health under section 19a-490;

(4) A marital and family therapist who was certified under the provisions of chapter 383a prior to October 1, 1992;

(5) A licensed alcohol and drug counselor, as defined in section 20-74s, or a certified alcohol and drug counselor, as defined in section 20-74s;

(6) A licensed professional counselor; or

(7) An advanced practice registered nurse licensed under the provisions of chapter 378.

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(f) (1) In the case of benefits payable for the services of a licensed physician, such benefits shall be payable for (A) services rendered in a child guidance clinic or residential treatment facility by a person with a master's degree in social work or by a person with a master's degree in marriage and family therapy under the supervision of a psychiatrist, physician, licensed marital and family therapist, or licensed clinical social worker who is eligible for reimbursement under subdivisions (1) to (4), inclusive, of subsection (e) of this section; (B) services rendered in a residential treatment facility by a licensed or certified alcohol and drug counselor who is eligible for reimbursement under subdivision (5) of subsection (e) of this section; [or] (C) services rendered in a residential treatment facility by a licensed professional counselor who is eligible for reimbursement under subdivision (6) of subsection (e) of this section; or (D) services rendered in a residential treatment facility by a licensed advanced practice registered nurse who is eligible for reimbursement under subdivision (7) of subsection (e) of this section.

(2) In the case of benefits payable for the services of a licensed psychologist under subsection (e) of this section, such benefits shall be payable for (A) services rendered in a child guidance clinic or residential treatment facility by a person with a master's degree in social work or by a person with a master's degree in marriage and family therapy under the supervision of such licensed psychologist, licensed marital and family therapist, or licensed clinical social worker who is eligible for reimbursement under subdivisions (1) to (4), inclusive, of subsection (e) of this section; (B) services rendered in a residential treatment facility by a licensed or certified alcohol and drug counselor who is eligible for reimbursement under subdivision (5) of subsection (e) of this section; [or] (C) services rendered in a residential treatment facility by a licensed professional counselor who is eligible for reimbursement under subdivision (6) of subsection (e) of this section; or (D) services rendered in a residential treatment facility by a licensed advanced practice registered nurse who is eligible for

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reimbursement under subdivision (7) of subsection (e) of this section.

(g) In the case of benefits payable for the service of a licensed physician practicing as a psychiatrist or a licensed psychologist, under subsection (e) of this section, such benefits shall be payable for outpatient services rendered (1) in a nonprofit community mental health center, as defined by the Department of Mental Health and Addiction Services, in a nonprofit licensed adult psychiatric clinic operated by an accredited hospital or in a residential treatment facility; (2) under the supervision of a licensed physician practicing as a psychiatrist, a licensed psychologist, a licensed marital and family therapist, a licensed clinical social worker, a licensed or certified alcohol and drug counselor, [or] a licensed professional counselor or a licensed advanced practice registered nurse who is eligible for reimbursement under subdivisions (1) to [(6)] (7), inclusive, of subsection (e) of this section; and (3) within the scope of the license issued to the center or clinic by the Department of Public Health or to the residential treatment facility by the Department of Children and Families.

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

Sec. 9. Subsection (b) of section 38a-492e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) Benefits shall cover: (1) Initial training visits provided to an individual after the individual is initially diagnosed with diabetes that is medically necessary for the care and management of diabetes,

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including, but not limited to, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, totaling a maximum of ten hours; (2) training and education that is medically necessary as a result of a subsequent diagnosis by a physician or an advanced practice registered nurse of a significant change in the individual's symptoms or condition which requires modification of the individual's program of self-management of diabetes, totaling a maximum of four hours; and (3) training and education that is medically necessary because of the development of new techniques and treatment for diabetes totaling a maximum of four hours.

Sec. 10. Section 38a-499 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) For the purposes of this section:

(1) ["Certified nurse practitioner"] "Advanced practice registered nurse" means any advanced practice registered nurse licensed under the provisions of chapter 378; [who has completed a formal educational nurse practitioner program and is certified by the American Nurses' Association, the National Board of Pediatric Nurse Practitioners and Associates or the Nurses' Association of the American College of Obstetricians and Gynecologists;]

(2) ["Certified psychiatric-mental health clinical nurse specialist"] "Certified psychiatric-mental health advanced practice registered nurse" means any advanced practice registered nurse licensed under chapter 378 who [has completed a formal educational program as a psychiatric-mental health clinical nurse specialist and is certified by the American Nurses' Association] is board certified as a psychiatric-mental health provider by the American Nurses Credentialing Center;

(3) "Certified nurse-midwife" means any individual certified as nurse-midwife pursuant to sections 20-86a to 20-86e, inclusive;

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(4) "Physician assistant" means an individual licensed pursuant to section 20-12b.

(b) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for the services of physician assistants, [certified nurse practitioners] advanced practice registered nurses, certified psychiatric-mental health [clinical nurse specialists] advanced practice registered nurses and certified nurse-midwives if such services are within the individual's area of professional competence as established by education and licensure or certification and are currently reimbursed when rendered by any other licensed health care provider. Subject to the provisions of chapter 378 and sections 20-86a to 20-86e, inclusive, no insurer, hospital service corporation, medical service corporation or health care center may require signature, referral or employment by any other health care provider as a condition of reimbursement, provided no insurer, hospital service corporation, medical service corporation or health care center may be required to pay for duplicative services actually rendered by both a physician assistant or [a certified registered nurse] an advanced practice registered nurse and any other health care provider. The payment of such benefits shall be subject to any policy provisions which apply to other licensed health practitioners providing the same services. Nothing in this section may be construed as permitting (1) any registered nurse to perform or provide services beyond the scope of practice permitted in chapter 378 and sections 20-86a to 20-86e, inclusive, or (2) any physician assistant to perform or provide services beyond the scope of practice permitted in chapter 370.

Sec. 11. Subsection (d) of section 38a-503 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

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October 1, 2019):

(d) Each mammography report provided to a patient shall include information about breast density, based on the Breast Imaging Reporting and Data System established by the American College of Radiology. Where applicable, such report shall include the following notice: "If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's or advanced practice registered nurse's office and you should contact your physician or advanced practice registered nurse if you have any questions or concerns about this report."

Sec. 14. Section 4-105 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

If any patient who has received treatment in any such hospital, after [his] discharge from such hospital, has made written application to such hospital, hospital society or corporation for permission to examine his or her record as such patient in such hospital and has been refused permission to examine or copy the same, such patient may file a written motion addressed to any judge of the Superior Court, praying for a disclosure of the contents of such hospital record relating to such patient and for a production of the same before such judge. Upon such application being filed, the judge to whom the same has been presented shall cause reasonable notice to be given to such hospital, hospital society or corporation of the time when and place where such petition will be heard, and such judge, after due hearing and notice, may order the officer authorized to act in the capacity of manager of such hospital to produce before [him] the court and deliver into [his] the custody of the court the history, bedside notes, charts,

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pictures and plates of such patient for the purpose of being examined or copied by such patient [] or his or her physician, advanced practice registered nurse or authorized attorney. Each officer of any hospital having custody of the history, bedside notes, charts, pictures or plates of any patient therein, who refuses to produce such record before such [judge] court, pursuant to the provisions of this section, shall be fined not more than one hundred dollars or imprisoned not more than six months or both.

Sec. 15. Subsection (c) of section 7-51a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) For deaths occurring on or after July 1, 1997, the Social Security number of the deceased person shall be recorded in the "administrative purposes" section of the death certificate. Such administrative purposes section, and the Social Security number contained therein, shall be restricted and disclosed only to the following eligible parties: (1) All parties specified on the death certificate, including the informant, licensed funeral director, licensed embalmer, conservator, surviving spouse, physician or advanced practice registered nurse and town clerk, for the purpose of processing the certificate, (2) the surviving spouse, (3) the next of kin, or (4) any state and federal agencies authorized by federal law. The department shall provide any other individual, researcher or state or federal agency requesting a certified or uncertified death certificate, or the information contained within such certificate, for a death occurring on or after July 1, 1997, such certificate or information. The decedent's Social Security number shall be removed or redacted from such certificate or information or the administrative purposes section shall be omitted from such certificate.

Sec. 16. Section 17b-233 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

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Newington Children's Hospital may admit any child who is handicapped or afflicted with any pediatric illness upon application of the selectmen of any town, or the guardian or any relative of such child, or any public health agency, [or] physician or advanced practice registered nurse, provided, no person shall be admitted primarily for the treatment of any drug-related condition. Said hospital shall admit such child to said hospital if such child is pronounced by [the physicians] a physician or advanced practice registered nurse on the staff of said hospital, after examination, to be suitable for admission, and said hospital shall keep and support such child for such length of time as it deems proper. Said hospital shall not be required to admit any such child unless it can conveniently receive and care for such child at the time application is made and said hospital may return to the town in which such child resides any child so taken who is pronounced by [the physicians] a physician or advanced practice registered nurse on the staff of said hospital, after examination, to be unsuitable for retention or who, by reason of improvement in his condition or completion of his treatment or training, ought not to be further retained. The hospital may refuse to admit any child pronounced by [the physicians] a physician or advanced practice registered nurse on the staff of said hospital, after examination, to be unsuitable for admission and may refuse to admit any such child when the facilities at the hospital will not, in the judgment of said [physicians] physician or advanced practice registered nurse, permit the hospital to care for such child adequately and properly.

Sec. 17. Section 17b-236 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

When there is found in any town in this state any child of sound mind who is physically disabled or who is afflicted with poliomyelitis or rheumatic fever, or any uncontagious disabling disease, and who is unable to pay and whose relatives who are legally liable for his

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support are unable to pay the full cost of treating such disease, if such child and one of such relatives reside in this state, the selectmen of such town, or the guardian or any relative of such child, or any public health agency, [or] physician or advanced practice registered nurse in this state, may make application to The Children's Center, located at Hamden, for the admission of such child to said center. Said center shall admit such child if such child is pronounced by [the physicians] a physician or advanced practice registered nurse on the staff of said center, after examination, to be fit for admission, and said center shall keep and support such child for such length of time as it deems proper. Said center shall not be required to admit any such child unless it can conveniently receive and care for him at the time such application is made, and said center may return to the town in which such child resides any child so taken who is pronounced by [the physicians] a physician or advanced practice registered nurse on the staff of said center, after examination, to be unfit for retention, or who, by reason of improvement in his condition or completion of his treatment or training, ought not to be further retained. The center may refuse to admit any child who is pronounced by [the physicians] a physician or advanced practice registered nurse on the staff of said center, after examination, to be unfit for admission, and may refuse to admit any such child when the facilities at the center will not, in the judgment of said [physicians] physician or advanced practice registered nurse, permit the center to care for such child adequately and properly.

Sec. 18. Section 17b-278d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of Social Services, to the extent permitted by federal law, shall take such action as may be necessary to amend the Medicaid state plan and the state children's health insurance plan to provide coverage without prior authorization for each child diagnosed

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with cancer on or after January 1, 2000, who is covered under the HUSKY Health program, for neuropsychological testing ordered by a licensed physician or licensed advanced practice registered nurse, to assess the extent of any cognitive or developmental delays in such child due to chemotherapy or radiation treatment.

Sec. 19. Section 19a-2a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of Public Health shall employ the most efficient and practical means for the prevention and suppression of disease and shall administer all laws under the jurisdiction of the Department of Public Health and the Public Health Code. The commissioner shall have responsibility for the overall operation and administration of the Department of Public Health. The commissioner shall have the power and duty to: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce regulations, in accordance with chapter 54, as are necessary to carry out the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services to achieve the purposes of the department as established by statute; (5) enter into a contract, including, but not limited to, a contract with another state, for facilities, services and programs to implement the purposes of the department as established by statute; (6) designate a deputy commissioner or other employee of the department to sign any license, certificate or permit issued by said department; (7) conduct a hearing, issue subpoenas, administer oaths, compel testimony and render a final decision in any case when a hearing is required or authorized under the provisions of any statute dealing with the Department of Public Health; (8) with the health authorities of this and other states, secure information and data concerning the prevention and control of epidemics and conditions affecting or endangering the public health, and compile such

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information and statistics and shall disseminate among health authorities and the people of the state such information as may be of value to them; (9) annually issue a list of reportable diseases, emergency illnesses and health conditions and a list of reportable laboratory findings and amend such lists as the commissioner deems necessary and distribute such lists as well as any necessary forms to each licensed physician, licensed advanced practice registered nurse and clinical laboratory in this state. The commissioner shall prepare printed forms for reports and returns, with such instructions as may be necessary, for the use of directors of health, boards of health and registrars of vital statistics; and (10) specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, frequency of admission and readmission, and frequency and duration of treatment. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder. The commissioner may designate any person to perform any of the duties listed in subdivision (7) of this section. The commissioner shall have authority over directors of health and may, for cause, remove any such director; but any person claiming to be aggrieved by such removal may appeal to the Superior Court which may affirm or reverse the action of the commissioner as the public interest requires. The commissioner shall assist and advise local directors of health and district directors of health in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health. In the event the commissioner reasonably suspects impropriety on the part of a local director of health or district director of health, or employee of such director, in the performance of his or her duties, the commissioner shall provide notification and any evidence of such impropriety to the appropriate governing authority of the municipal health authority, established pursuant to section 19a-

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200, or the district department of health, established pursuant to section 19a-244, for purposes of reviewing and assessing a director's or an employee's compliance with such duties. Such governing authority shall provide a written report of its findings from the review and assessment to the commissioner not later than ninety days after such review and assessment. When requested by local directors of health or district directors of health, the commissioner shall consult with them and investigate and advise concerning any condition affecting public health within their jurisdiction. The commissioner shall investigate nuisances and conditions affecting, or that he or she has reason to suspect may affect, the security of life and health in any locality and, for that purpose, the commissioner, or any person authorized by the commissioner, may enter and examine any ground, vehicle, apartment, building or place, and any person designated by the commissioner shall have the authority conferred by law upon constables. Whenever the commissioner determines that any provision of the general statutes or regulation of the Public Health Code is not being enforced effectively by a local health department or health district, he or she shall forthwith take such measures, including the performance of any act required of the local health department or health district, to ensure enforcement of such statute or regulation and shall inform the local health department or health district of such measures. In September of each year the commissioner shall certify to the Secretary of the Office of Policy and Management the population of each municipality. The commissioner may solicit and accept for use any gift of money or property made by will or otherwise, and any grant of or contract for money, services or property from the federal government, the state, any political subdivision thereof, any other state or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant or contract. The commissioner may establish state-wide and regional advisory councils. For purposes of this section, "employee of such director" means an employee of, a consultant employed or retained by

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or an independent contractor retained by a local director of health, a district director of health, a local health department or a health district.

Sec. 20. Subsection (a) of section 19a-26 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Department of Public Health may establish, maintain and control state laboratories to perform examinations of supposed morbid tissues, other laboratory tests for the diagnosis and control of preventable diseases, and laboratory work in the field of sanitation, environmental and occupational testing and research studies for the protection and preservation of the public health. Such laboratory services shall be performed upon the application of licensed physicians, other laboratories, licensed dentists, licensed podiatrists, licensed advanced practice registered nurses, local directors of health, public utilities or state departments or institutions, subject to regulations prescribed by the Commissioner of Public Health, and upon payment of any applicable fee as provided in this subsection. For such purposes the department may provide necessary buildings and apparatus, employ, subject to the provisions of chapter 67, administrative and scientific personnel and assistants and do all things necessary for the conduct of such laboratories. The Commissioner of Public Health may establish a schedule of fees, provided the commissioner waives the fees for local directors of health and local law enforcement agencies. If the commissioner establishes a schedule of fees, the commissioner may waive (1) the fees, in full or in part, for others if the commissioner determines that the public health requires a waiver, and (2) fees for chlamydia and gonorrhea testing for nonprofit organizations and institutions of higher education if the organization or institution provides combination chlamydia and gonorrhea test kits. The commissioner shall also establish a fair handling fee which a client of a state laboratory may charge a person or third party payer for

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arranging for the services of the laboratory. Such client shall not charge an amount in excess of such handling fee.

Sec. 21. Subsection (a) of section 19a-490b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Upon the written request of a patient or the patient's attorney or authorized representative, or pursuant to a written authorization, an institution licensed pursuant to this chapter shall furnish to the person making such request a copy of the patient's health record, including but not limited to, copies of bills, laboratory reports, prescriptions and other technical information used in assessing the patient's health condition. In addition, an institution shall provide the patient or the patient's designated health care provider with a reasonable opportunity to examine retained tissue slides and retained pathology tissue blocks. Upon the written request of the patient, the patient's attorney or the patient's designated health care provider, an institution shall send the original retained tissue slide or original retained tissue block directly to the patient's designated licensed institution, laboratory or physician. If the original slide or block is not available or if a new section cut of the original slide or block is a fair representation of the original slide or block, then the institution may send the new section cut, which is clearly labeled as a new section cut, to the patient's designated health care provider. Any patient or the patient's attorney or authorized representative who is provided with an original retained slide, tissue block or a new section under the provisions of this subsection shall be solely responsible for safeguarding and returning the slide, block or new section to the institution. Any institution or laboratory that has released an original slide, an original tissue block or new section pursuant to the provisions of this subsection shall not be subject to any liability arising out of releasing or not retaining the slide, block or new section and no cause of action

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for damages shall arise against any such institution for releasing or not retaining the slide, block or new section. No such institution shall charge more than sixty-five cents per page, including any research fees, clerical fees, handling fees or related costs, and the cost of first class postage, if applicable, for furnishing or providing access to a health record pursuant to this subsection, except such an institution may charge the amount necessary to cover its cost of materials for furnishing a copy of an x-ray or for furnishing an original retained slide, an original tissue block or a new section cut from a retained pathology tissue block. For purposes of this subsection, "health care provider" means an institution or laboratory licensed under this chapter or licensed in the state where located, [or] a physician licensed under chapter 370 or licensed in the state where located or an advanced practice registered nurse licensed under chapter 378 or licensed in the state where located.

Sec. 22. Subsections (a) and (b) of section 20-631 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Except as provided in section 20-631b, one or more pharmacists licensed under this chapter who are determined competent in accordance with regulations adopted pursuant to subsection (d) of this section may enter into a written protocol-based collaborative drug therapy management agreement with one or more physicians licensed under chapter 370 or advanced practice registered nurses licensed under chapter 378 to manage the drug therapy of individual patients. In order to enter into a written protocol-based collaborative drug therapy management agreement, such physician or advanced practice registered nurse shall have established a [physician-patient] provider-patient relationship with the patient who will receive collaborative drug therapy. Each patient's collaborative drug therapy management shall be governed by a written protocol specific to that patient

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established by the treating physician or advanced practice registered nurse in consultation with the pharmacist. For purposes of this subsection, a ["physician-patient relationship"] "provider-patient relationship" is a relationship based on (1) the patient making a medical complaint, (2) the patient providing a medical history, (3) the patient receiving a physical examination, and (4) a logical connection existing between the medical complaint, the medical history, the physical examination and any drug prescribed for the patient.

(b) A collaborative drug therapy management agreement may authorize a pharmacist to implement, modify or discontinue a drug therapy that has been prescribed for a patient, order associated laboratory tests and administer drugs, all in accordance with a patient-specific written protocol. In instances where drug therapy is discontinued, the pharmacist shall notify the treating physician or advanced practice registered nurse of such discontinuance no later than twenty-four hours from the time of such discontinuance. Each protocol developed, pursuant to the collaborative drug therapy management agreement, shall contain detailed direction concerning the actions that the pharmacist may perform for that patient. The protocol shall include, but need not be limited to, (1) the specific drug or drugs to be managed by the pharmacist, (2) the terms and conditions under which drug therapy may be implemented, modified or discontinued, (3) the conditions and events upon which the pharmacist is required to notify the physician or advanced practice registered nurse, and (4) the laboratory tests that may be ordered. All activities performed by the pharmacist in conjunction with the protocol shall be documented in the patient's medical record. The pharmacist shall report at least every thirty days to the physician or advanced practice registered nurse regarding the patient's drug therapy management. The collaborative drug therapy management agreement and protocols shall be available for inspection by the Departments of Public Health and Consumer Protection. A copy of the

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protocol shall be filed in the patient's medical record.

Sec. 23. Subsections (a) and (b) of section 20-631a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Not later than January 1, 2006, the Commissioner of Consumer Protection, in consultation with the Commission of Pharmacy, shall establish and operate a two-year pilot program to allow not more than ten pharmacists licensed under this chapter who are determined eligible in accordance with subsection (c) of this section and employed by or under contract with a licensed community pharmacy, to enter into a written protocol-based collaborative drug therapy management agreement with one or more physicians licensed under chapter 370 or advanced practice registered nurses licensed under chapter 378, to manage the drug therapy of individual patients receiving drug therapy for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart failure or smoking cessation, including patients who qualify as targeted beneficiaries under the provisions of Section 1860D-4(c)(2)(A)(ii) of the federal Social Security Act, in accordance with subsections (b) to (d), inclusive, of this section and subject to the approval of the licensed community pharmacy. Each patient's collaborative drug therapy management shall be governed by a written protocol specific to that patient established by the treating physician or advanced practice registered nurse in consultation with the pharmacist.

(b) A collaborative drug therapy management agreement may authorize a pharmacist to implement, modify or discontinue a drug therapy that has been prescribed for a patient, order associated laboratory tests and administer drugs, all in accordance with a patient-specific written protocol. Each protocol developed, pursuant to the collaborative drug therapy management agreement, shall contain detailed direction concerning the actions that the pharmacist may

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perform for that patient. The protocol shall include, but need not be limited to, (1) the specific drug or drugs to be managed by the pharmacist, (2) the terms and conditions under which drug therapy may be implemented, modified or discontinued, (3) the conditions and events upon which the pharmacist is required to notify the physician or advanced practice registered nurse, and (4) the laboratory tests that may be ordered. All activities performed by the pharmacist in conjunction with the protocol shall be documented in the patient's medical record. The pharmacist shall report to the physician or advanced practice registered nurse through oral, written or electronic manner regarding the implementation, administration, modification or discontinuation of a drug therapy that has been prescribed for a patient not later than twenty-four hours after such implementation, administration, modification or discontinuation. The collaborative drug therapy management agreement and protocols shall be available for inspection by the Departments of Public Health and Consumer Protection. A copy of the protocol shall be filed in the patient's medical record.

Sec. 24. Section 52-146d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

As used in sections 52-146d to 52-146i, inclusive:

(1) "Authorized representative" means (A) a person empowered by a patient to assert the confidentiality of communications or records which are privileged under sections 52-146c to 52-146i, inclusive, or (B) if a patient is deceased, his or her personal representative or next of kin, or (C) if a patient is incompetent to assert or waive his privileges hereunder, (i) a guardian or conservator who has been or is appointed to act for the patient, or (ii) for the purpose of maintaining confidentiality until a guardian or conservator is appointed, the patient's nearest relative;

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(2) "Communications and records" means all oral and written communications and records thereof relating to diagnosis or treatment of a patient's mental condition between the patient and a [psychiatrist] psychiatric mental health provider, or between a member of the patient's family and a [psychiatrist] psychiatric mental health provider, or between any of such persons and a person participating under the supervision of a [psychiatrist] psychiatric mental health provider in the accomplishment of the objectives of diagnosis and treatment, wherever made, including communications and records which occur in or are prepared at a mental health facility;

(3) "Consent" means consent given in writing by the patient or his authorized representative;

(4) "Identifiable" and "identify a patient" refer to communications and records which contain (A) names or other descriptive data from which a person acquainted with the patient might reasonably recognize the patient as the person referred to, or (B) codes or numbers which are in general use outside of the mental health facility which prepared the communications and records;

(5) "Mental health facility" includes any hospital, clinic, ward, [psychiatrist's] psychiatric mental health provider's office or other facility, public or private, which provides inpatient or outpatient service, in whole or in part, relating to the diagnosis or treatment of a patient's mental condition;

(6) "Patient" means a person who communicates with or is treated by a [psychiatrist] psychiatric mental health provider in diagnosis or treatment;

(7) ["Psychiatrist"] "Psychiatric mental health provider" means a physician specializing in psychiatry and licensed under the provisions of sections 20-9 to 20-12, inclusive, an advanced practice registered

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nurse licensed under chapter 378 who is board certified as a psychiatric mental health provider by the American Nurses Credentialing Center, a person licensed to practice medicine who devotes a substantial portion of his or her time to the practice of psychiatry [] or a person reasonably believed by the patient to be so qualified.

Sec. 25. Subdivisions (1) to (5), inclusive, of section 52-146f of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(1) Communications or records may be disclosed to other persons engaged in the diagnosis or treatment of the patient or may be transmitted to another mental health facility to which the patient is admitted for diagnosis or treatment if the [psychiatrist] psychiatric mental health provider in possession of the communications or records determines that the disclosure or transmission is needed to accomplish the objectives of diagnosis or treatment. The patient shall be informed that the communications or records will be so disclosed or transmitted. For purposes of this subsection, persons in professional training are to be considered as engaged in the diagnosis or treatment of the patients.

(2) Communications or records may be disclosed when the [psychiatrist] psychiatric mental health provider determines that there is substantial risk of imminent physical injury by the patient to himself or others or when a [psychiatrist] psychiatric mental health provider, in the course of diagnosis or treatment of the patient, finds it necessary to disclose the communications or records for the purpose of placing the patient in a mental health facility, by certification, commitment or otherwise, provided the provisions of sections 52-146d to 52-146j, inclusive, as amended by this act, shall continue in effect after the patient is in the facility.

(3) Except as provided in section 17b-225, the name, address and

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fees for psychiatric services to a patient may be disclosed to individuals or agencies involved in the collection of fees for such services. In cases where a dispute arises over the fees or claims or where additional information is needed to substantiate the fee or claim, the disclosure of further information shall be limited to the following: (A) That the person was in fact a patient; (B) the diagnosis; (C) the dates and duration of treatment; and (D) a general description of the treatment, which shall include evidence that a treatment plan exists and has been carried out and evidence to substantiate the necessity for admission and length of stay in a health care institution or facility. If further information is required, the party seeking the information shall proceed in the same manner provided for hospital patients in section 4-105, as amended by this act.

(4) Communications made to or records made by a [psychiatrist] psychiatric mental health provider in the course of a psychiatric examination ordered by a court or made in connection with the application for the appointment of a conservator by the Probate Court for good cause shown may be disclosed at judicial or administrative proceedings in which the patient is a party, or in which the question of his incompetence because of mental illness is an issue, or in appropriate pretrial proceedings, provided the court finds that the patient has been informed before making the communications that any communications will not be confidential and provided the communications shall be admissible only on issues involving the patient's mental condition.

(5) Communications or records may be disclosed in a civil proceeding in which the patient introduces his mental condition as an element of his claim or defense, or, after the patient's death, when his condition is introduced by a party claiming or defending through or as a beneficiary of the patient and the court or judge finds that it is more important to the interests of justice that the communications be

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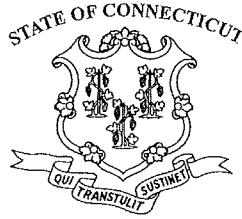
disclosed than that the relationship between patient and [psychiatrist]
psychiatric mental health provider be protected.

Sec. 26. Section 52-584 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

No action to recover damages for injury to the person, or to real or personal property, caused by negligence, or by reckless or wanton misconduct, or by malpractice of a physician, surgeon, dentist, podiatrist, chiropractor, advanced practice registered nurse, hospital or sanatorium, shall be brought but within two years from the date when the injury is first sustained or discovered or in the exercise of reasonable care should have been discovered, and except that no such action may be brought more than three years from the date of the act or omission complained of, except that a counterclaim may be interposed in any such action any time before the pleadings in such action are finally closed.

Approved July 1, 2019

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Senate Bill No. 795

Public Act No. 19-113

***AN ACT CONCERNING THE USE OF AUTOMATIC EXTERNAL
DEFIBRILLATORS.***

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

Section 1. Subsection (a) of section 52-557b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) (1) A person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, a person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, a medical technician or any person operating a cardiopulmonary resuscitator or a person trained in cardiopulmonary resuscitation in accordance with the guidelines set forth by the American Red Cross or American Heart Association, or a person operating an automatic external defibrillator, who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care,

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which may constitute ordinary negligence. A person or entity that provides or maintains an automatic external defibrillator shall not be liable for the acts or omissions of the person or entity in providing or maintaining the automatic external defibrillator, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence. With respect to the use of an automatic external defibrillator, the immunity provided in this subsection shall only apply to acts or omissions involving the use of an automatic external defibrillator in the rendering of emergency care. Nothing in this subsection shall be construed to exempt paid or volunteer firefighters, police officers or emergency medical services personnel from completing training in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the guidelines set forth by the American Red Cross or American Heart Association. For the purposes of this subsection, "automatic external defibrillator" means a device that: [(1)] (A) Is used to administer an electric shock through the chest wall to the heart; [(2)] (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; [(3)] (C) guides the user through the process of using the device by audible or visual prompts; and [(4)] (D) does not require the user to employ any discretion or judgment in its use.

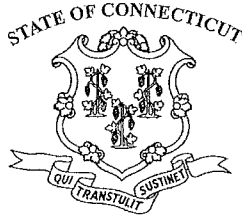
(2) Notwithstanding the provisions of subdivision (1) of this subsection, a person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, or a person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, who operates an automatic external defibrillator to render emergency medical or professional assistance to a person in need thereof shall not be liable to

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such person assisted for civil damages for any personal injuries which result from the malfunctioning of the automatic external defibrillator, which malfunctioning was not a result of such health care provider's negligence.

Approved July 1, 2019

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Substitute House Bill No. 6942

Public Act No. 19-144

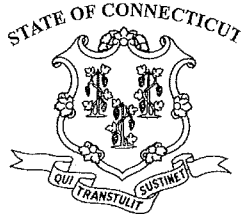
***AN ACT CONCERNING A COLLABORATIVE RELATIONSHIP
BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS.***

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

Section 1. Subdivision (5) of section 20-12a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(5) "Physician assistant" means an individual who: (A) Functions in a [dependent] collaborative relationship with a physician licensed pursuant to this chapter; and (B) is licensed pursuant to section 20-12b to provide patient services under the supervision, control, responsibility and direction of said physician.

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Substitute House Bill No. 7122

Public Act No. 19-149

AN ACT CONCERNING MOBILE DENTAL CLINICS.

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

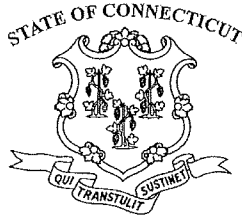
Section 1. (NEW) (*Effective from passage*) (a) For purposes of this section, (1) "mobile dental clinic" means preventative or restorative dental services offered by a licensed dentist or dental hygienist from a van or through the use of portable equipment at various locations, and (2) "fixed location" means the permanent office of an associated dentist licensed pursuant to chapter 379 of the general statutes, who contracts with a mobile dental clinic and (A) is enrolled as a Medicaid provider; (B) maintains the diagnostic imaging, tests and charts of patients treated by the mobile dental clinic; (C) accepts and treats patients from the mobile dental clinic; and (D) provides a continuum of dental care.

(b) A mobile dental clinic may submit claims for Medicaid reimbursement to the Department of Social Services for dental treatment of Medicaid beneficiaries that occurred not more than thirty miles from the associated dentist's fixed location, except that a mobile dental clinic located in the counties of New London, Litchfield and Windham may submit claims for Medicaid reimbursement to the Department of Social Services for dental treatment of Medicaid beneficiaries that occurred not more than fifty miles from the dentist's fixed location.

Substitute House Bill No. 7122

(c) The Commissioner of Social Services shall adopt regulations in accordance with the provisions of chapter 54 of the general statutes to implement the provisions of this section. The commissioner may adopt policies and procedures to implement the provisions of this section while in the process of adopting regulations, provided such policies and procedures are published on the eRegulations System before such policies and procedures are implemented.

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Senate Bill No. 848

Public Act No. 19-57

AN ACT CONCERNING FUNERAL SERVICE CONTRACTS AND CEMETERIES.

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

Section 1. Section 42-207 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

An irrevocable funeral service contract may be entered into in which the amount held in escrow or a death benefit payable under an individual or group life insurance policy may be disbursed only upon the death of the beneficiary, provided such a contract does not exceed [eight] ten thousand dollars and all interest, growth or dividends accumulates to the escrow account or insurance policy and are inaccessible to the beneficiary. Such irrevocable funeral service contract may be transferred from one funeral service establishment to another upon request of the beneficiary or a legal representative of the beneficiary. The purchase of an irrevocable funeral service contract shall not preclude an individual from purchasing other funeral service contracts that are revocable, provided any such revocable funeral service contract purchased by a Medicaid beneficiary may be revoked only upon written notice by the Medicaid beneficiary to the Commissioner of Social Services. An irrevocable funeral service contract shall provide that, upon the death of the beneficiary, the state

Senate Bill No. 848

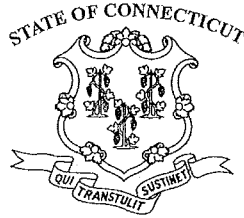
of Connecticut shall receive any amounts remaining after performance of the contract, up to (1) the total amount of medical assistance paid by the state of Connecticut on behalf of the beneficiary that is recoverable under 42 USC 1396p, and (2) the total amount of all other forms of public assistance paid by the state of Connecticut on behalf of the beneficiary or his or her dependent child. The funeral service establishment providing services under such a contract shall make payment of such remaining funds to the Commissioner of Social Services not later than sixty days after all services have been performed under such contract. If a funeral service establishment pays such remaining amount to any person other than the Commissioner of Social Services, the funeral service establishment shall be liable to said commissioner for repayment of such amount.

Sec. 2. Section 19a-312 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

[(a) No crypt or room in any mausoleum not privately owned, or niche in a columbarium not so owned, shall be sold or offered for sale, until such structure is entirely completed.]

[(b)] (a) There shall be established and maintained a fund for the perpetual care and maintenance of each [such] mausoleum and columbarium, by applying in the case of a mausoleum not less than the sum of one hundred dollars from the proceeds received from the sale of each crypt and ten per cent of the proceeds received from the sale of each room; and in case of niches in a mausoleum or columbarium, used as a repository for the remains of deceased persons after cremation, a sum which shall be equivalent to ten per cent of the sale price of each niche. If sales of crypts or rooms in any such mausoleum, or sales of niches in any such mausoleum or columbarium, are made upon a partial payment plan, there shall be set apart and applied to said maintenance fund from each such payment such proportion thereof as the number of partial payments bears to the total amount of

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Substitute Senate Bill No. 945

Public Act No. 19-127

***AN ACT CONCERNING THE INNOVATION INCENTIVE PROGRAM
FOR NONPROFIT PROVIDERS OF HUMAN SERVICES.***

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

Section 1. Subsection (c) of section 4-216 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

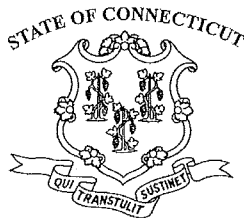
(c) The secretary [may] shall establish [an] a pilot incentive program for nonprofit providers of human services [whose contracts with the state do not exceed one million dollars and who provide direct services to not more than one hundred fifty persons enrolled in state-funded assistance programs in specific geographical regions of the state. The incentive program may] that shall (1) allow providers who otherwise meet contractual requirements to retain a percentage of any savings realized by the providers from the contracted cost for services, [(2) require that at least fifty per cent of savings retained by the providers be used to expand such services, and (3)] and (2) provide that future contracted amounts from the state for the same types of services are not reduced solely to reflect savings achieved in previous contracts by such providers. The pilot incentive program shall include eight nonprofit providers of human services with state contracts of the following amounts: (A) Two with contracts of at least fifty million

Substitute Senate Bill No. 945

dollars, (B) two with contracts of at least twenty million dollars but less than fifty million dollars, (C) two with contracts of at least five million dollars but less than twenty million dollars, and (D) two with contracts of less than five million dollars. For purposes of this subsection, ["state-funded assistance programs"] "nonprofit providers of human services" includes, but is not limited to, nonprofit providers of services [provided] to persons with intellectual, physical or mental disabilities or autism spectrum disorder.

Approved July 1, 2019

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Substitute House Bill No. 7163

Public Act No. 19-157

***AN ACT CONCERNING THE DEPARTMENT ON AGING AND
DISABILITY SERVICES AND MEALS ON WHEELS.***

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

Section 1. Subsection (c) of section 3-123aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) There is established an advisory committee to the Connecticut Homecare Option Program for the Elderly, which shall consist of the State Treasurer, the State Comptroller, the Commissioner of Social Services, the Commissioner of [Rehabilitation] Aging and Disability Services, the director of the long-term care partnership policy program within the Office of Policy and Management, and the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and finance, revenue and bonding, or their designees. The Governor shall appoint one provider of home care services for the elderly and a physician specializing in geriatric care. The advisory committee shall meet at least annually. The State Comptroller shall convene the meetings of the committee.

Sec. 2. Section 4-5 of the general statutes, as amended by section 3 of

Substitute House Bill No. 7163

public act 18-91, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

As used in sections 4-6, 4-7 and 4-8, the term "department head" means Secretary of the Office of Policy and Management, Commissioner of Administrative Services, [Commissioner on Aging,] Commissioner of Revenue Services, Banking Commissioner, Commissioner of Children and Families, Commissioner of Consumer Protection, Commissioner of Correction, Commissioner of Economic and Community Development, State Board of Education, Commissioner of Emergency Services and Public Protection, Commissioner of Energy and Environmental Protection, Commissioner of Agriculture, Commissioner of Public Health, Insurance Commissioner, Labor Commissioner, Commissioner of Mental Health and Addiction Services, Commissioner of Social Services, Commissioner of Developmental Services, Commissioner of Motor Vehicles, Commissioner of Transportation, Commissioner of Veterans Affairs, Commissioner of Housing, Commissioner of [Rehabilitation] Aging and Disability Services, the Commissioner of Early Childhood, the executive director of the Office of Military Affairs, and the executive director of the Office of Health Strategy. As used in sections 4-6 and 4-7, "department head" also means the Commissioner of Education.

Sec. 3. Section 4-5 of the general statutes, as amended by section 6 of public act 17-237, section 279 of public act 17-2 of the June special session and section 20 of public act 18-182, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):

As used in sections 4-6, 4-7 and 4-8, the term "department head" means Secretary of the Office of Policy and Management, Commissioner of Administrative Services, Commissioner of Revenue Services, Banking Commissioner, Commissioner of Children and Families, Commissioner of Consumer Protection, Commissioner of

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Correction, Commissioner of Economic and Community Development, State Board of Education, Commissioner of Emergency Services and Public Protection, Commissioner of Energy and Environmental Protection, Commissioner of Agriculture, Commissioner of Public Health, Insurance Commissioner, Labor Commissioner, Commissioner of Mental Health and Addiction Services, Commissioner of Social Services, Commissioner of Developmental Services, Commissioner of Motor Vehicles, Commissioner of Transportation, Commissioner of Veterans Affairs, Commissioner of Housing, Commissioner of [Rehabilitation] Aging and Disability Services, the Commissioner of Early Childhood, the executive director of the Office of Military Affairs and the executive director of the Technical Education and Career System. As used in sections 4-6 and 4-7, "department head" also means the Commissioner of Education.

Sec. 4. Section 4-38c of the general statutes, as amended by section 13 of public act 18-169, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

There shall be within the executive branch of state government the following departments: Office of Policy and Management, Department of Administrative Services, [Department on Aging,] Department of Revenue Services, Department of Banking, Department of Agriculture, Department of Children and Families, Department of Consumer Protection, Department of Correction, Department of Economic and Community Development, State Board of Education, Department of Emergency Services and Public Protection, Department of Energy and Environmental Protection, Department of Public Health, Board of Regents for Higher Education, Insurance Department, Labor Department, Department of Mental Health and Addiction Services, Department of Developmental Services, Department of Social Services, Department of [Rehabilitation] Aging and Disability Services, Department of Transportation, Department of Motor Vehicles and

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Department of Veterans Affairs.

Sec. 5. Section 4-38c of the general statutes, as amended by section 7 of public act 17-237, section 287 of public act 17-2 of the June special session and section 21 of public act 18-182, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):

There shall be within the executive branch of state government the following departments: Office of Policy and Management, Department of Administrative Services, Department of Aging and Disability Services, Department of Revenue Services, Department of Banking, Department of Agriculture, Department of Children and Families, Department of Consumer Protection, Department of Correction, Department of Economic and Community Development, State Board of Education, Department of Emergency Services and Public Protection, Department of Energy and Environmental Protection, Department of Public Health, Board of Regents for Higher Education, Insurance Department, Labor Department, Department of Mental Health and Addiction Services, Department of Developmental Services, Department of Social Services, Department of Transportation, Department of Motor Vehicles, Department of Veterans Affairs and the Technical Education and Career System.

Sec. 6. Subsection (a) of section 4-61aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) For purposes of this section, "state Americans with Disabilities Act coordinator" means the person appointed by the Governor to coordinate state compliance with the federal Americans with Disabilities Act of 1990. There is established a committee to advise the state Americans with Disabilities Act coordinator. The state Americans with Disabilities Act coordinator shall appoint the members of the committee, which shall be chaired by said coordinator, or his designee,

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and include at least one representative of each of the following:

- (1) The Board of Education and Services to the Blind;
- (2) The Advisory Board for Persons Who are Deaf or Hard of Hearing;
- (3) The Department of [Rehabilitation] Aging and Disability Services;
- (4) The Department of Mental Health and Addiction Services;
- (5) The Department of Developmental Services;
- (6) The Labor Department;
- (7) The Department of Administrative Services; and
- (8) The Commission on Human Rights and Opportunities.

Sec. 7. Subsection (g) of section 4-89 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(g) The provisions of this section shall not apply to appropriations to the Department of [Rehabilitation] Aging and Disability Services in an amount not greater than the amount of reimbursements of prior year expenditures for the services of interpreters received by the department during the fiscal year pursuant to section 46a-33b, as amended by this act, and such appropriations shall not lapse until the end of the fiscal year succeeding the fiscal year of the appropriation.

Sec. 8. Subdivision (7) of section 4-274 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

- (7) "State-administered health or human services program" means

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programs administered by any of the following: The Department of Children and Families, the Department of Developmental Services, the Department of Mental Health and Addiction Services, the Department of Public Health, the Department of [Rehabilitation] Aging and Disability Services, the Department of Social Services, the Office of Early Childhood, and the Office of the State Comptroller, for the State Employee and Retiree Health programs, as well as other health care programs administered by the Office of the State Comptroller, and the Department of Administrative Services, for Workers' Compensation medical claims, including such programs reimbursed in whole or in part by the federal government.

Sec. 9. Subdivision (1) of subsection (a) of section 4a-82 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(1) "Person with a disability" means any individual with a disability, excluding blindness, as such term is applied by the Department of Mental Health and Addiction Services, the Department of Developmental Services, the Department of [Rehabilitation] Aging and Disability Services or the United States Department of Veterans Affairs and who is certified by the Department of [Rehabilitation] Aging and Disability Services as qualified to participate in a qualified partnership, as described in subsections (e) to (l), inclusive, of this section;

Sec. 10. Subsections (h) to (k), inclusive, of section 4a-82 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(h) The Connecticut Community Providers Association shall develop an application process and submit a list of employees who have applied to participate in a partnership to the Department of [Rehabilitation] Aging and Disability Services for certification. Such association shall maintain a list of certified employees who are persons

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with disabilities and community rehabilitation programs.

(i) Any qualified partnership awarded a janitorial or service contract pursuant to the provisions of subsections (b) to (d), inclusive, of this section shall provide to the Connecticut Community Providers Association, not later than six months after the commencement date of such contract and annually thereafter, a list of the persons with disabilities and persons with a disadvantage employed by such contractor that includes the date of hire and employment location for each such person. Such association shall certify annually to the Department of Administrative Services, the Judicial Branch or the Board of Regents for Higher Education, as applicable, in such manner and form as prescribed by the Commissioner of Administrative Services, Chief Court Administrator or the president of the Board of Regents for Higher Education, that the requisite number of persons with disabilities for such contract continue to be employed by such contractor in positions equivalent to those created under such contract and have been integrated into the general workforce of such contractor.

(j) Notwithstanding any other provision of the general statutes, the responsibilities of the Department of [Rehabilitation] Aging and Disability Services, as established in subsections (e) to (l), inclusive, of this section, may not be delegated to an outside vendor.

(k) The Commissioner of [Rehabilitation] Aging and Disability Services may adopt regulations, in accordance with the provisions of chapter 54, to undertake the certification requirements established pursuant to subsections (e) to (l), inclusive, of this section.

Sec. 11. Subsection (a) of section 5-175a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

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(a) Vending stand operators, operating stands under permits held by the Department of [Rehabilitation] Aging and Disability Services pursuant to section 10-303, as amended by this act, shall be members of the state employees retirement system, part A, exclusive of the Social Security option and benefits in the state employees' retirement system dependent thereon. Each such person shall annually, on or before June thirtieth, pay five per cent of his adjusted gross income, arising out of the operation of such stand, as determined under the Internal Revenue Code, during the calendar year preceding to the Department of [Rehabilitation] Aging and Disability Services which shall, as the state administering agency for such persons, certify such payment and pay it over to the State Retirement Commission, provided membership of such persons in said system shall be exclusive of disability retirement upon the grounds of defects of vision.

Sec. 12. Subdivision (22) of section 5-198 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(22) Professional employees in the education professions bargaining unit of the Department of [Rehabilitation] Aging and Disability Services;

Sec. 13. Subsection (e) of section 5-259 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(e) Notwithstanding the provisions of subsection (a) of this section, vending stand operators eligible for membership in the state employees retirement system pursuant to section 5-175a, as amended by this act, shall be eligible for coverage under the group hospitalization and medical and surgical insurance plans procured under this section, provided the cost for such operators' insurance coverage shall be paid by the Department of [Rehabilitation] Aging

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and Disability Services from vending machine income pursuant to section 10-303, as amended by this act.

Sec. 14. Section 7-127b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The chief elected official or the chief executive officer if by ordinance of each municipality shall appoint a municipal agent for elderly persons. Such agent shall be a member of an agency that serves elderly persons in the municipality or a responsible resident of the municipality who has demonstrated an interest in the elderly or has been involved in programs in the field of aging.

(b) The duties of the municipal agent may include, but shall not be limited to, (1) disseminating information to elderly persons, assisting such persons in learning about the community resources available to them and publicizing such resources and benefits; (2) assisting elderly persons to apply for federal and other benefits available to such persons; and (3) reporting to the chief elected official or chief executive officer of the municipality and the Department of [Rehabilitation] Aging and Disability Services any needs and problems of the elderly and any recommendations for action to improve services to the elderly.

(c) Each municipal agent shall serve for a term of two or four years, at the discretion of the appointing authority of each municipality, and may be reappointed. If more than one agent is necessary to carry out the purposes of this section, the appointing authority, in its discretion, may appoint one or more assistant agents. The town clerk in each municipality shall notify the Department of [Rehabilitation] Aging and Disability Services immediately of the appointment of a new municipal agent. Each municipality may provide to its municipal agent resources sufficient for such agent to perform the duties of the office.

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(d) The Department of [Rehabilitation] Aging and Disability Services shall adopt and disseminate to municipalities guidelines as to the role and duties of municipal agents and such informational and technical materials as may assist such agents in performance of their duties. The department, in cooperation with the area agencies on aging, may provide training for municipal agents within the available resources of the department and of the agencies on aging.

Sec. 15. Section 8-119f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of Housing shall design, implement, operate and monitor a program of congregate housing. For the purpose of this program, the Commissioner of Housing shall consult with the Commissioner of [Rehabilitation] Aging and Disability Services for the provision of services for persons with physical disabilities in order to comply with the requirements of section 29-271.

Sec. 16. Subsection (c) of section 9-20 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) The application for admission as an elector shall include a statement that (1) specifies each eligibility requirement, (2) contains an attestation that the applicant meets each such requirement, and (3) requires the signature of the applicant under penalty of perjury. Each registrar of voters and town clerk shall maintain a copy of such statement in braille, large print and audio form. The Department of [Rehabilitation] Aging and Disability Services shall produce a videotape presenting such statement in voice and sign language and provide the videotape to the Secretary of the State who shall make copies of the videotape and provide a copy to the registrars of voters of any municipality, upon request and at a cost equal to the cost of making the copy. If a person applies for admission as an elector in

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person to an admitting official, such admitting official shall, upon the request of the applicant, administer the elector's oath.

Sec. 17. Subsection (a) of section 10-76i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) There shall be an Advisory Council for Special Education which shall advise the General Assembly, State Board of Education and the Commissioner of Education, and which shall engage in such other activities as described in this section. On and after July 1, 2012, the advisory council shall consist of the following members: (1) Nine appointed by the Commissioner of Education, (A) six of whom shall be (i) the parents of children with disabilities, provided such children are under the age of twenty-seven, or (ii) individuals with disabilities, (B) one of whom shall be an official of the Department of Education, (C) one of whom shall be a state or local official responsible for carrying out activities under Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act, 42 USC 11431 et seq., as amended from time to time, and (D) one of whom shall be a representative of an institution of higher education in the state that prepares teacher and related services personnel; (2) one appointed by the Commissioner of Developmental Services who shall be an official of the department; (3) one appointed by the Commissioner of Children and Families who shall be an official of the department; (4) one appointed by the Commissioner of Correction who shall be an official of the department; (5) one appointed by the director of the Parent Leadership Training Institute within the Commission on Women, Children and Seniors who shall be (A) the parent of a child with a disability, provided such child is under the age of twenty-seven, or (B) an individual with a disability; (6) a representative from the parent training and information center for Connecticut established pursuant to the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as

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amended from time to time; (7) the Commissioner of [Rehabilitation] Aging and Disability Services, or the commissioner's designee; (8) five who are members of the General Assembly who shall serve as nonvoting members of the advisory council, one appointed by the speaker of the House of Representatives, one appointed by the majority leader of the House of Representatives, one appointed by the minority leader of the House of Representatives, one appointed by the president pro tempore of the Senate and one appointed by the minority leader of the Senate; (9) one appointed by the president pro tempore of the Senate who shall be a member of the Connecticut Speech-Language-Hearing Association; (10) one appointed by the majority leader of the Senate who shall be a public school teacher; (11) one appointed by the minority leader of the Senate who shall be a representative of a vocational, community or business organization concerned with the provision of transitional services to children with disabilities; (12) one appointed by the speaker of the House of Representatives who shall be a member of the Connecticut Council of Special Education Administrators and who is a local education official; (13) one appointed by the majority leader of the House of Representatives who shall be a representative of charter schools; (14) one appointed by the minority leader of the House of Representatives who shall be a member of the Connecticut Association of Private Special Education Facilities; (15) one appointed by the Chief Court Administrator of the Judicial Department who shall be an official of such department responsible for the provision of services to adjudicated children and youth; (16) seven appointed by the Governor, all of whom shall be (A) the parents of children with disabilities, provided such children are under the age of twenty-seven, or (B) individuals with disabilities; (17) the executive director of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system, or the executive director's designee; and (18) such other members as required by the Individuals with Disabilities Education

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Act, 20 USC 1400 et seq., as amended from time to time, appointed by the Commissioner of Education. Appointments made pursuant to the provisions of this section shall be representative of the ethnic and racial diversity of, and the types of disabilities found in, the state population. The terms of the members of the council serving on June 8, 2010, shall expire on June 30, 2010. Appointments shall be made to the council by July 1, 2010. Members shall serve two-year terms, except that members appointed pursuant to subdivisions (1) to (3), inclusive, of this subsection whose terms commenced July 1, 2010, shall serve three-year terms and the successors to such members appointed pursuant to subdivisions (1) to (3), inclusive, of this subsection shall serve two-year terms.

Sec. 18. Subsection (a) of section 10-76y of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Notwithstanding any provision of the general statutes, school districts, regional educational service centers, the Department of [Rehabilitation] Aging and Disability Services, and all other state and local governmental agencies concerned with education may loan, lease or transfer an assistive device for the use and benefit of a student with a disability to such student or the parent or guardian of such student or to any other public or private nonprofit agency providing services to or on behalf of individuals with disabilities including, but not limited to, an agency providing educational, health or rehabilitative services. Such device may be sold or transferred pursuant to this section regardless of whether the device was declared surplus. The sale or transfer shall be recorded in an agreement between the parties and based upon the depreciated value of the device. For the purposes of this section, "assistive device" means any item, piece of equipment or product system, whether acquired commercially off-the-shelf, modified or customized, that is used to increase, maintain or improve

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the functional capabilities of individuals with disabilities.

Sec. 19. Subdivision (1) of subsection (b) of section 10-293 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) (1) The Advisory Board for Persons Who are Blind or Visually Impaired shall consist of members appointed as follows: Six appointed by the Governor, one appointed by the president pro tempore of the Senate, one appointed by the speaker of the House of Representatives, one appointed by the majority leader of the Senate, one appointed by the minority leader of the Senate, one appointed by the majority leader of the House of Representatives and one appointed by the minority leader of the House of Representatives and all shall be residents of the state. The Commissioner of Social Services shall be an ex-officio member. One of the members appointed by the Governor shall be the parent of a child who receives services provided by the Department of [Rehabilitation] Aging and Disability Services, and not less than two of the members appointed by the Governor shall be persons who are blind.

Sec. 20. Section 10-295 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) All residents of this state, regardless of age, who, because of blindness or impaired vision, require specialized vision-related educational programs, goods and services, on the signed recommendation of the Commissioner of [Rehabilitation] Aging and Disability Services, shall be entitled to receive such instruction, programs, goods and services for such length of time as is deemed expedient by said commissioner. Upon the petition of any parent or guardian of a child who is blind or visually impaired, a local board of education may provide such instruction within the town or it may provide for such instruction by agreement with other towns as

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provided in subsection (d) of section 10-76d. All educational privileges prescribed in part V of chapter 164, not inconsistent with the provisions of this chapter, shall apply to the pupils covered by this subsection.

(b) The Commissioner of [Rehabilitation] Aging and Disability Services shall expend funds for the services made available pursuant to subsection (a) of this section from the educational aid for children who are blind or visually impaired account in accordance with the provisions of this subsection. The Commissioner of [Rehabilitation] Aging and Disability Services may adopt, in accordance with the provisions of chapter 54, such regulations as the commissioner deems necessary to carry out the purpose and intent of this subsection.

(1) The Commissioner of [Rehabilitation] Aging and Disability Services shall provide, upon written request from any interested school district, the services of teachers who instruct students who are visually impaired, based on the levels established in the individualized education or service plan. The Commissioner of [Rehabilitation] Aging and Disability Services shall also make available resources, including, but not limited to, the braille and large print library, to all teachers of public and nonpublic school children. The commissioner may also provide vision-related professional development and training to all school districts and cover the actual cost for paraprofessionals from school districts to participate in agency-sponsored braille training programs. The commissioner shall utilize education consultant positions, funded by moneys appropriated from the General Fund, to supplement new staffing that will be made available through the educational aid for children who are blind or visually impaired account, which shall be governed by formal written policies established by the commissioner.

(2) The Commissioner of [Rehabilitation] Aging and Disability Services may use funds appropriated to said account to provide

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specialized books, materials, equipment, supplies, adaptive technology services and devices, specialist examinations and aids, preschool programs and vision-related independent living services, excluding primary educational placement, for eligible children.

(3) The Commissioner of [Rehabilitation] Aging and Disability Services may, within available appropriations, employ certified teachers who instruct students who are visually impaired in sufficient numbers to meet the requests for services received from school districts. In responding to such requests, the commissioner shall utilize a formula for determining the number of teachers needed to serve the school districts, crediting six points for each child learning braille and one point for each other child, with one full-time certified teacher who instructs students who are visually impaired assigned for every twenty-five points credited. The commissioner shall exercise due diligence to employ the needed number of certified teachers who instruct students who are visually impaired, but shall not be liable for lack of resources. Funds appropriated to said account may also be utilized to employ additional staff in numbers sufficient to provide compensatory skills, evaluations and training to children who are blind or visually impaired, special assistants and other support staff necessary to ensure the efficient operation of service delivery. Not later than October first of each year, the Commissioner of [Rehabilitation] Aging and Disability Services shall determine the number of teachers needed based on the formula provided in this subdivision. Based on such determination, the Commissioner of [Rehabilitation] Aging and Disability Services shall estimate the funding needed to pay such teachers' salaries and related expenses.

(4) In any fiscal year, when funds appropriated to cover the combined costs associated with providing the services set forth in subdivisions (2) and (3) of this subsection are projected to be insufficient, the Commissioner of [Rehabilitation] Aging and Disability

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Services may collect revenue from all school districts that have requested such services on a per student pro rata basis, in the sums necessary to cover the projected portion of these services for which there are insufficient appropriations.

(c) The Commissioner of [Rehabilitation] Aging and Disability Services may provide for the instruction of adults who are blind in their homes, expending annually for this purpose such sums as the General Assembly may appropriate.

(d) The Commissioner of [Rehabilitation] Aging and Disability Services may expend up to ten thousand dollars per fiscal year per person twenty-one years of age or older who is both blind or visually impaired and deaf, in addition to any other expenditures for such person, for the purpose of providing community inclusion services through specialized public and private entities from which such person can benefit. The commissioner may determine the criteria by which a person is eligible to receive specialized services and may adopt regulations necessary to carry out the provisions of this subsection. For purposes of this subsection, "community inclusion services" means the assistance provided to persons with disabilities to enable them to connect with their peers without disabilities and with the community at large.

(e) The Commissioner of [Rehabilitation] Aging and Disability Services may, within available appropriations, purchase adaptive equipment for persons receiving services pursuant to this chapter.

Sec. 21. Section 10-296 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of [Rehabilitation] Aging and Disability Services may, within available appropriations, contract with public or private entities, individuals or private enterprises for the instruction of

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persons who are blind.

Sec. 22. Section 10-297 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of [Rehabilitation] Aging and Disability Services is authorized to aid in securing employment for persons who are legally blind. Said commissioner may aid persons who are legally blind in such way as said commissioner deems expedient, expending for such purpose such sum as the General Assembly appropriates.

Sec. 23. Section 10-297a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of [Rehabilitation] Aging and Disability Services may make grants, within available appropriations, to the Connecticut Radio Information Service, Inc., for the purchase of receivers and for costs related to the operation of said service.

Sec. 24. Section 10-298 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Commissioner of [Rehabilitation] Aging and Disability Services shall prepare and maintain a register of persons who are blind in this state which shall describe their condition, cause of blindness and capacity for education and rehabilitative training. The commissioner may register cases of persons who are liable to become visually impaired or blind, and may take such measures in cooperation with other authorities as the commissioner deems advisable for the prevention of blindness or conservation of eyesight and, in appropriate cases, for the education of children and for the vocational guidance of adults whose eyesight approaches visual impairment or blindness. The commissioner shall establish criteria for low vision care and maintain a list of ophthalmologists and optometrists that are exclusively authorized to receive agency funds through established and existing

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state fee schedules for the delivery of specifically defined low vision services that increase the capacity of eligible recipients of such services to maximize the use of their remaining vision.

(b) The Commissioner of [Rehabilitation] Aging and Disability Services may accept and receive any bequest or gift of money or personal property and, subject to the consent of the Governor and Attorney General as provided in section 4b-22, any devise or gift of real property made to the Commissioner of [Rehabilitation] Aging and Disability Services, and may hold and use such money or property for the purposes, if any, specified in connection with such bequest, devise or gift.

(c) The Commissioner of [Rehabilitation] Aging and Disability Services shall provide the Department of Motor Vehicles with the names of all individuals sixteen years of age or older who, on or after October 1, 2005, have been determined to be blind by a physician, an advanced practice registered nurse or an optometrist, as provided in section 10-305, as amended by this act. The Commissioner of [Rehabilitation] Aging and Disability Services shall provide simultaneous written notification to any individual whose name is being transmitted by the Commissioner of [Rehabilitation] Aging and Disability Services to the Department of Motor Vehicles. The Commissioner of [Rehabilitation] Aging and Disability Services shall update the list of names provided to the Department of Motor Vehicles on a quarterly basis. The list shall also contain the address and date of birth for each individual reported, as shown on the records of the Department of [Rehabilitation] Aging and Disability Services. The Department of Motor Vehicles shall maintain such list on a confidential basis, in accordance with the provisions of section 14-46d. The Commissioner of [Rehabilitation] Aging and Disability Services shall enter into a memorandum of understanding with the Commissioner of Motor Vehicles to effectuate the purposes of this

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subsection.

Sec. 25. Section 10-303 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The authority in charge of any building or property owned, operated or leased by the state or any municipality therein shall grant to the Department of [Rehabilitation] Aging and Disability Services a permit to operate in such building or on such property a food service facility, a vending machine or a stand for the vending of newspapers, periodicals, confections, tobacco products, food and such other articles as such authority approves when, in the opinion of such authority, such facility, machine or stand is desirable in such location. Any person operating such a stand in any such location on October 1, 1945, shall be permitted to continue such operation, but upon such person's ceasing such operation such authority shall grant a permit for continued operation to the Department of [Rehabilitation] Aging and Disability Services. The department may establish a training facility at any such location.

(b) Pursuant to the Randolph-Sheppard Vending Stand Act, 49 Stat. 1559 (1936), 20 USC 107, as amended from time to time, the Department of [Rehabilitation] Aging and Disability Services is authorized to maintain a nonlapsing account and to accrue interest thereon for federal vending machine income which, in accordance with federal regulations, shall be used for the payment of fringe benefits to the vending facility operators by the Department of [Rehabilitation] Aging and Disability Services.

(c) The Department of [Rehabilitation] Aging and Disability Services may maintain a nonlapsing account and accrue interest thereon for state and local vending machine income which shall be used for the payment of fringe benefits, training and support to vending facilities operators, to provide entrepreneurial and independent-living training

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and equipment to children who are blind or visually impaired and adults who are blind and for other vocational rehabilitation programs and services for adults who are blind.

(d) The Department of [Rehabilitation] Aging and Disability Services may disburse state and local vending machine income to student or client activity funds, as defined in section 4-52.

Sec. 26. Section 10-305 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

Each physician, advanced practice registered nurse and optometrist shall report in writing to the Department of [Rehabilitation] Aging and Disability Services not later than thirty days after a person who is blind comes under his or her private or institutional care within this state. The report of such person shall include the name, address, Social Security number, date of birth, date of diagnosis of blindness and degree of vision. Such reports shall not be open to public inspection.

Sec. 27. Section 10-306 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services may maintain a vocational rehabilitation program as authorized under the Federal Rehabilitation Act of 1973, 29 USC 791 et seq., for the purpose of providing and coordinating the full scope of necessary services to assist persons who are legally blind and who receive services from the department to prepare for, enter into and maintain employment consistent with the purposes of said act.

Sec. 28. Section 10-307 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services is empowered to receive any federal funds made available to this state

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under which vocational rehabilitation is provided for a person whose visual acuity has been impaired and to expend such funds for the purpose or purposes for which they are made available. The State Treasurer shall be the custodian of such funds.

Sec. 29. Section 10-308 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services may cooperate, pursuant to agreements, with the federal government in carrying out the purposes of any federal statutes pertaining to vocational rehabilitation, and is authorized to adopt such methods of administration as are found by the federal government to be necessary for the proper and efficient operation of such agreements or plans for vocational rehabilitation and to comply with such conditions as may be necessary to secure the full benefits of such federal statutes.

Sec. 30. Section 10-308a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services shall adopt regulations, in accordance with chapter 54, to determine the order to be followed in selecting those eligible persons to whom vocational rehabilitation services will be provided, in accordance with federal regulations.

Sec. 31. Section 10-309 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services may place in remunerative occupations persons whose capacity to earn a living has been lost or impaired by lessened visual acuity and who, in the opinion of the Commissioner of [Rehabilitation] Aging and Disability Services, are susceptible of placement, and may make such regulations as are necessary for the administration of the provisions of

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this section and sections 10-306 to 10-308a, inclusive, as amended by this act.

Sec. 32. Section 10-311a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The case records of the Department of [Rehabilitation] Aging and Disability Services maintained for the purposes of this chapter shall be confidential and the names and addresses of recipients of assistance under this chapter shall not be published or used for purposes not directly connected with the administration of this chapter, except as necessary to carry out the provisions of sections 10-298, as amended by this act, and 17b-6.

Sec. 33. Subdivision (4) of subsection (a) of section 12-217oo of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(4) "New qualifying employee" means a person who (A) is receiving vocational rehabilitation services from the Department of [Rehabilitation] Aging and Disability Services, and (B) is hired by the employer to fill a new job after May 6, 2010, during the employer's income years commencing on or after January 1, 2010, and prior to January 1, 2012. A new qualifying employee does not include a person receiving vocational rehabilitation services pursuant to subparagraph (A) of this subdivision and who was employed in this state by a related person with respect to the employer during the prior twelve months;

Sec. 34. Subdivision (7) of subsection (a) of section 12-217pp of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(7) "Qualifying employee" means a new employee who, at the time of hiring by the taxpayer:

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(A) (i) Is receiving unemployment compensation, or (ii) has exhausted unemployment compensation benefits and has not had an intervening full-time job; or

(B) Is (i) receiving vocational rehabilitation services from the Department of [Rehabilitation] Aging and Disability Services, (ii) receiving employment services from the Department of Mental Health and Addiction Services, or (iii) participating in employment opportunities and day services, as defined in section 17a-226, operated or funded by the Department of Developmental Services;

Sec. 35. Subdivision (1) of subsection (e) of section 12-217pp of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(e) (1) To be eligible to claim the credit, a taxpayer shall apply to the commissioner in accordance with the provisions of this section. The application shall be on a form provided by the commissioner and shall contain sufficient information as required by the commissioner, including, but not limited to, the activities that the taxpayer primarily engages in, the North American Industrial Classification System code of the taxpayer, the current number of employees employed by the taxpayer as of the application date, and if applicable, the name and position or job title of the new, qualifying or veteran employee. The commissioner shall consult with the Labor Commissioner, the Commissioner of [Rehabilitation] Aging and Disability Services, the Commissioner of Veterans Affairs, the Commissioner of Mental Health and Addiction Services or the Commissioner of Developmental Services, as applicable, for any verification the commissioner deems necessary of unemployment compensation or vocational rehabilitation services received by a qualifying employee, or of service in the armed forces of the United States by a veteran employee. The commissioner may impose a fee for such application as the commissioner deems appropriate.

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Sec. 36. Section 14-11b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) There shall be within the Department of [Rehabilitation] Aging and Disability Services a unit for the purpose of evaluating and training persons with disabilities in the operation of motor vehicles. There shall be assigned to the driver training unit for persons with disabilities such staff as is necessary for the orderly administration of the driver training program for persons with disabilities. The personnel assigned to the driver training unit for persons with disabilities shall, while engaged in the evaluation or instruction of a person with disabilities, have the authority and immunities with respect to such activities as are granted under the general statutes to motor vehicle inspectors. The Commissioner of Motor Vehicles may permit a person whose license has been withdrawn as a result of a condition that makes such person eligible for evaluation and training under this section to operate a motor vehicle while accompanied by personnel assigned to the driver training unit for persons with disabilities. When a person with disabilities has successfully completed the driver training program for persons with disabilities, the Department of [Rehabilitation] Aging and Disability Services shall certify such completion in writing to the Commissioner of Motor Vehicles and shall recommend any license restrictions or limitations to be placed on the license of such person. The Commissioner of Motor Vehicles may accept such certification in lieu of the driving skills portion of the examination prescribed under subsection (e) of section 14-36. If such person with disabilities has met all other requirements for obtaining a license, the Commissioner of Motor Vehicles shall issue a license with such restrictions recommended by the Department of [Rehabilitation] Aging and Disability Services.

(b) Any resident of this state who has a serious physical or mental disability which does not render the resident incapable of operating a

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motor vehicle and who must utilize special equipment in order to operate a motor vehicle and who cannot obtain instruction in the operation of a motor vehicle through any alternate program, including, but not limited to, other state, federal or privately operated drivers' schools shall be eligible for instruction under the Department of [Rehabilitation] Aging and Disability Services driver training program for persons with disabilities.

Sec. 37. Subsection (b) of section 14-253a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) The Commissioner of Motor Vehicles shall accept applications and renewal applications for removable windshield placards from (1) any person who is blind, as defined in section 1-1f; (2) any person with disabilities; (3) any parent or guardian of any person who is blind or any person with disabilities, if such person is under eighteen years of age at the time of application; (4) any parent or guardian of any person who is blind or any person with disabilities, if such person is unable to request or complete an application; and (5) any organization which meets criteria established by the commissioner and which certifies to the commissioner's satisfaction that the vehicle for which a placard is requested is primarily used to transport persons who are blind or persons with disabilities. Except as provided in subsection (c) of this section, on and after October 1, 2011, the commissioner shall not accept applications for special license plates, but shall accept renewal applications for such plates that were issued prior to October 1, 2011. No person shall be issued a placard in accordance with this section unless such person is the holder of a valid motor vehicle operator's license, or identification card issued in accordance with the provisions of section 1-1h. The commissioner is authorized to adopt regulations for the issuance of placards to persons who, by reason of hardship, do not hold or cannot obtain an operator's license or identification card.

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The commissioner shall maintain a record of each placard issued to any such person. Such applications and renewal applications shall be on a form prescribed by the commissioner. The application and renewal application shall include: (A) Certification by a licensed physician, a physician assistant, an advanced practice registered nurse licensed in accordance with the provisions of chapter 378, or a member of the driver training unit for persons with disabilities established pursuant to section 14-11b, as amended by this act, that the applicant meets the definition of a person with a disability which limits or impairs the ability to walk, as defined in 23 CFR Section 1235.2; or (B) certification by a psychiatrist who is employed by, or under contract with, the United States Department of Veterans Affairs that the applicant (i) is a veteran, as defined in subsection (a) of section 27-103, who has post-traumatic stress disorder certified as service-connected by the United States Department of Veterans Affairs, and (ii) meets the definition of a person with a disability which limits or impairs the ability to walk, as defined in 23 CFR Section 1235.2. In the case of persons who are blind, the application or renewal application shall include certification of legal blindness made by the Department of [Rehabilitation] Aging and Disability Services, an ophthalmologist or an optometrist. Any person who makes a certification required by this subsection shall sign the application or renewal application under penalty of false statement pursuant to section 53a-157b. The commissioner, in said commissioner's discretion, may accept the discharge papers of a disabled veteran, as defined in section 14-254, in lieu of such certification. The Commissioner of Motor Vehicles may require additional certification at the time of the original application or at any time thereafter. If a person who has been requested to submit additional certification fails to do so within thirty days of the request, or if such additional certification is deemed by the Commissioner of Motor Vehicles to be unfavorable to the applicant, the commissioner may refuse to issue or, if already issued, suspend or revoke such special license plate or placard. The commissioner shall not issue more

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than one placard per applicant. The fee for the issuance of a temporary removable windshield placard shall be five dollars. Any person whose application has been denied or whose special license plate or placard has been suspended or revoked shall be afforded an opportunity for a hearing in accordance with the provisions of chapter 54.

Sec. 38. Subsection (a) of section 17a-215d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) There is established the Autism Spectrum Disorder Advisory Council. The council shall consist of the following members: (1) The Commissioner of Social Services, or the commissioner's designee; (2) the Commissioner of Children and Families, or the commissioner's designee; (3) the Commissioner of Education, or the commissioner's designee; (4) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee; (5) the Commissioner of Public Health, or the commissioner's designee; (6) the Commissioner of [Rehabilitation] Aging and Disability Services, or the commissioner's designee; (7) the Commissioner of Developmental Services, or the commissioner's designee; (8) the Commissioner of Early Childhood, or the commissioner's designee; (9) the Secretary of the Office of Policy and Management, or the secretary's designee; (10) two persons with autism spectrum disorder, one each appointed by the Governor and the speaker of the House of Representatives; (11) two persons who are parents or guardians of a child with autism spectrum disorder, one each appointed by the Governor and the minority leader of the Senate; (12) two persons who are parents or guardians of an adult with autism spectrum disorder, one each appointed by the president pro tempore of the Senate and the majority leader of the House of Representatives; (13) two persons who are advocates for persons with autism spectrum disorder, one each appointed by the Governor and the speaker of the House of Representatives; (14) two persons who are licensed

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professionals working in the field of autism spectrum disorder, one each appointed by the Governor and the majority leader of the Senate; (15) two persons who provide services for persons with autism spectrum disorder, one each appointed by the Governor and the minority leader of the House of Representatives; (16) two persons who shall be representatives of an institution of higher education in the state with experience in the field of autism spectrum disorder, one each appointed by the Governor and the president pro tempore of the Senate; (17) the executive director of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system, or the executive director's designee; and (18) one person who is a physician who treats or diagnoses persons with autism spectrum disorder, appointed by the Governor.

Sec. 39. Subdivision (9) of section 17a-248 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(9) "Participating agencies" includes, but is not limited to, the Departments of Education, Social Services, Public Health, Children and Families and Developmental Services, the Office of Early Childhood, the Insurance Department and the Department of [Rehabilitation] Aging and Disability Services.

Sec. 40. Subsection (a) of section 17a-302 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Department of [Rehabilitation] Aging and Disability Services shall be responsible for the administration of programs which provide nutritionally sound diets to needy older persons and for the expansion of such programs when possible. Such programs shall be continued in such a manner as to fully utilize congregate feeding and

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nutrition education of older citizens who qualify for such program.

Sec. 41. Section 17a-302a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services shall hold quarterly meetings with nutrition service stakeholders to (1) develop recommendations to address complexities in the administrative processes of nutrition services programs, (2) establish quality control benchmarks in such programs, and (3) help move toward greater quality, efficiency and transparency in the elderly nutrition program. Stakeholders shall include, but need not be limited to, (A) one representative of each of the following: (i) Area agencies on aging, (ii) access agencies, (iii) the Commission on Women, Children and Seniors, and (iv) nutrition providers, and (B) one or more representatives of (i) food security programs, (ii) contractors, (iii) nutrition host sites, and (iv) consumers.

Sec. 42. Section 17a-303a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Department of [Rehabilitation] Aging and Disability Services shall establish, within available appropriations, a fall prevention program. Within such program, the department shall:

(1) Promote and support research to: (A) Improve the identification, diagnosis, treatment and rehabilitation of older persons and others who have a high risk of falling; (B) improve data collection and analysis to identify risk factors for falls and factors that reduce the likelihood of falls; (C) design, implement and evaluate the most effective fall prevention interventions; (D) improve intervention strategies that have been proven effective in reducing falls by tailoring such strategies to specific populations of older persons; (E) maximize the dissemination of proven, effective fall prevention interventions; (F)

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assess the risk of falls occurring in various settings; (G) identify barriers to the adoption of proven interventions with respect to the prevention of falls among older persons; (H) develop, implement and evaluate the most effective approaches to reducing falls among high-risk older persons living in communities and long-term care and assisted living facilities; and (I) evaluate the effectiveness of community programs designed to prevent falls among older persons;

(2) Establish, in consultation with the Commissioner of Public Health, a professional education program in fall prevention, evaluation and management for physicians, allied health professionals and other health care providers who provide services for older persons in this state. The Commissioner of [Rehabilitation] Aging and Disability Services may contract for the establishment of such program through (A) a request for proposal process, (B) a competitive grant program, or (C) cooperative agreements with qualified organizations, institutions or consortia of qualified organizations and institutions;

(3) Oversee and support demonstration and research projects to be carried out by organizations, institutions or consortia of organizations and institutions deemed qualified by the Commissioner of [Rehabilitation] Aging and Disability Services. Such demonstration and research projects may be in the following areas:

(A) Targeted fall risk screening and referral programs;

(B) Programs designed for community-dwelling older persons that use fall intervention approaches, including physical activity, medication assessment and reduction of medication when possible, vision enhancement and home-modification strategies;

(C) Programs that target new fall victims who are at a high risk for second falls and that are designed to maximize independence and quality of life for older persons, particularly those older persons with

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functional limitations; and

(D) Private sector and public-private partnerships to develop technologies to prevent falls among older persons and prevent or reduce injuries when falls occur; and

(4) Award grants to, or enter into contracts or cooperative agreements with, organizations, institutions or consortia of organizations and institutions deemed qualified by the Commissioner of [Rehabilitation] Aging and Disability Services to design, implement and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

(b) In awarding any grants or entering into any contracts or agreements pursuant to this section, after October 1, 2017, the Commissioner of [Rehabilitation] Aging and Disability Services shall determine appropriate data and program outcome measures, including fall prevention program outcome measures, as applicable, that the recipient organization, institution or consortia of organizations and institutions shall collect and report to the commissioner and the frequency of such reports.

Sec. 43. Section 17a-304 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The state shall be divided into five elderly planning and service areas, in accordance with federal law and regulations, each having an area agency on aging to carry out the mandates of the federal Older Americans Act of 1965, as amended. The area agencies shall (1) represent older persons within their geographic areas, (2) develop an area plan for approval by the Department of [Rehabilitation] Aging and Disability Services and upon such approval administer the plan, (3) coordinate and assist local public and nonprofit, private agencies in the development of programs, (4) receive and distribute federal and

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state funds for such purposes, in accordance with applicable law, and (5) carry out any additional duties and functions required by federal law and regulations.

Sec. 44. Section 17a-305 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Department of [Rehabilitation] Aging and Disability Services shall equitably allocate, in accordance with federal law, federal funds received under Title IIIB and IIIC of the Older Americans Act to the five area agencies on aging established pursuant to section 17a-304, as amended by this act. The department, before seeking federal approval to spend any amount above that allotted for administrative expenses under said act, shall inform the joint standing committees of the General Assembly having cognizance of matters relating to aging and human services that it is seeking such approval.

(b) Sixty per cent of the state funds appropriated to the five area agencies on aging for elderly nutrition and social services shall be allocated in the same proportion as allocations made pursuant to subsection (a) of this section. Forty per cent of all state funds appropriated to the five area agencies on aging for elderly nutrition and social services used for purposes other than the required nonfederal matching funds shall be allocated at the discretion of the Commissioner of [Rehabilitation] Aging and Disability Services, in consultation with the five area agencies on aging, based on their need for such funds. Any state funds appropriated to the five area agencies on aging for administrative expenses shall be allocated equally.

(c) The Department of [Rehabilitation] Aging and Disability Services, in consultation with the five area agencies on aging, shall review the method of allocation set forth in subsection (a) of this section and shall report any findings or recommendations to the joint standing committees of the General Assembly having cognizance of

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matters relating to appropriations and the budgets of state agencies and human services.

(d) An area agency may request a person participating in the elderly nutrition program to pay a voluntary fee for meals furnished, except that no eligible person shall be denied a meal due to an inability to pay such fee.

Sec. 45. Section 17a-306 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes, programs and services authorized pursuant to the Older Americans Act of 1965, as amended from time to time. The department may operate under any new policy necessary to conform to a requirement of a federal or joint state and federal program while it is in the process of adopting the policy in regulation form, provided the department posts such policy on the eRegulations System not later than twenty days after adopting the policy. Such policy shall be valid until the time final regulations are effective.

Sec. 46. Section 17a-310 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services may make a grant to any city, town or borough or public or private agency, organization or institution for the following purposes: (1) For community planning and coordination of programs carrying out the purposes of the Older Americans Act of 1965, as amended; (2) for demonstration programs or activities particularly valuable in carrying out such purposes; (3) for training of special personnel needed to carry out such programs and activities; (4) for establishment of new or expansion of existing programs to carry out such purposes, including

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establishment of new or expansion of existing centers of service for older persons, providing recreational, cultural and other leisure time activities, and informational, transportation, referral and preretirement and postretirement counseling services for older persons and assisting such persons in providing volunteer community or civic services, except that no costs of construction, other than for minor alterations and repairs, shall be included in such establishment or expansion; and (5) for programs to develop or demonstrate approaches, methods and techniques for achieving or improving coordination of community services for older or aging persons and such other programs and services as may be allowed under Title III of the Older Americans Act of 1965, as amended, or to evaluate these approaches, techniques and methods, as well as others which may assist older or aging persons to enjoy wholesome and meaningful living and to continue to contribute to the strength and welfare of the state and nation.

Sec. 47. Section 17a-313 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services may use moneys appropriated for the purposes of section 17a-310, as amended by this act, for the expenses of administering the grant program under said section, provided the total of such moneys so used shall not exceed five per cent of the moneys so appropriated.

Sec. 48. Section 17a-314 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) As used in this section:

(1) "CHOICES" means Connecticut's programs for health insurance assistance, outreach, information and referral, counseling and eligibility screening; and

(2) "CHOICES health insurance assistance program" means the

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federally recognized state health insurance assistance program funded pursuant to P.L. 101-508 and administered by the Department of [Rehabilitation] Aging and Disability Services, in conjunction with the area agencies on aging and the Center for Medicare Advocacy, that provides free information and assistance related to health insurance issues and concerns of older persons and other Medicare beneficiaries in Connecticut.

(b) The Department of [Rehabilitation] Aging and Disability Services shall administer the CHOICES health insurance assistance program, which shall be a comprehensive Medicare advocacy program that provides assistance to Connecticut residents who are Medicare beneficiaries.

(c) The program shall provide: (1) Toll-free telephone access for consumers to obtain advice and information on Medicare benefits, including prescription drug benefits available through the Medicare Part D program, the Medicare appeals process, health insurance matters applicable to Medicare beneficiaries and long-term care options available in the state at least five days per week during normal business hours; (2) information, advice and representation, where appropriate, concerning the Medicare appeals process, by a qualified attorney or paralegal at least five days per week during normal business hours; (3) information through appropriate means and format, including written materials, to Medicare beneficiaries, their families, senior citizens and organizations regarding Medicare benefits, including prescription drug benefits available through Medicare Part D and other pharmaceutical drug company programs and long-term care options available in the state; (4) information concerning Medicare plans and services, private insurance policies and federal and state-funded programs that are available to beneficiaries to supplement Medicare coverage; (5) information permitting Medicare beneficiaries to compare and evaluate their options for delivery of

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Medicare and supplemental insurance services; (6) information concerning the procedure to appeal a denial of care and the procedure to request an expedited appeal of a denial of care; and (7) any other information the program or the Commissioner of Rehabilitation Services deems relevant to Medicare beneficiaries.

(d) The Commissioner of [Rehabilitation] Aging and Disability Services may include any additional functions necessary to conform to federal grant requirements.

(e) All hospitals, as defined in section 19a-490, which treat persons covered by Medicare Part A shall: (1) Notify incoming patients covered by Medicare of the availability of the services established pursuant to subsection (c) of this section, (2) post or cause to be posted in a conspicuous place therein the toll-free number established pursuant to subsection (c) of this section, and (3) provide each Medicare patient with the toll-free number and information on how to access the CHOICES program.

(f) The Commissioner of [Rehabilitation] Aging and Disability Services may adopt regulations, in accordance with chapter 54, as necessary to implement the provisions of this section.

Sec. 49. Subsection (a) of section 17a-316a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Commissioner of [Rehabilitation] Aging and Disability Services shall develop and administer a program to provide a single, coordinated system of information and access for individuals seeking long-term support, including in-home, community-based and institutional services. The program shall be the state Aging and Disability Resource Center Program in accordance with the federal Older Americans Act Amendments of 2006, P.L. 109-365 and shall be

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administered as part of the Department of [Rehabilitation] Aging and Disability Services' CHOICES program in accordance with subdivision (1) of subsection (a) of section 17a-314, as amended by this act. Consumers served by the program shall include, but not be limited to, those sixty years of age or older and those eighteen years of age or older with disabilities and caregivers.

Sec. 50. Subsections (a) and (b) of section 17a-405 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) As used in this chapter:

(1) "State agency" means the Department of [Rehabilitation] Aging and Disability Services.

(2) "Office" or "Office of the Long-Term Care Ombudsman" means the organizational unit which is headed by the State Long-Term Care Ombudsman established in this section.

(3) "State Ombudsman" means the individual who heads the office established in this section.

(4) "Program" means the long-term care ombudsman program established in this section.

(5) "Representative of the office" includes a regional ombudsman, a residents' advocate or an employee of the Office of the Long-Term Care Ombudsman who is individually designated by the State Ombudsman.

(6) "Resident" means an individual who resides in a long-term care facility.

(7) "Long-term care facility" means any skilled nursing facility, as defined in Section 1819(a) of the Social Security Act, (42 USC 1395i-

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3(a)) any nursing facility, as defined in Section 1919(a) of the Social Security Act, (42 USC 1396r(a)) a board and care facility as defined in Section 102(19) of the federal Older Americans Act, (42 USC 3002(19)) and for purposes of ombudsman program coverage, an institution regulated by the state pursuant to Section 1616(e) of the Social Security Act, (42 USC 1382e(e)) and any other adult care home similar to a facility or nursing facility or board and care home.

(8) "Commissioner" means the Commissioner of [Rehabilitation] Aging and Disability Services.

(9) "Applicant" means an individual who has applied for admission to a long-term care facility.

(10) "Resident representative" means (A) an individual chosen by the resident to act on behalf of the resident in order to support the resident in decision making, accessing medical, social or other personal information of the resident, managing financial matters, or receiving notifications; (B) a person authorized by state or federal law to act on behalf of the resident in order to support the resident in decision making, accessing medical, social or other personal information of the resident, managing financial matters, or receiving notifications; (C) a legal representative, as used in Section 712 of the Older Americans Act; or (D) the court-appointed guardian or conservator of a resident.

(b) There is established an independent Office of the Long-Term Care Ombudsman within the Department of [Rehabilitation] Aging and Disability Services. The Commissioner of [Rehabilitation] Aging and Disability Services shall appoint a State Ombudsman who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy to head the office and the State Ombudsman shall appoint regional ombudsmen. In the event the State Ombudsman or a regional ombudsman is unable to fulfill the duties of the office, the commissioner shall appoint an acting State Ombudsman

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and the State Ombudsman shall appoint an acting regional ombudsman.

Sec. 51. Section 17a-407 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

No person may perform any functions as a residents' advocate until the person has successfully completed a course of training required by the State Ombudsman. Any residents' advocate who fails to complete such a course within a reasonable time after appointment may be removed by the State Ombudsman or the regional ombudsman for the region in which such residents' advocate serves. The Commissioner of [Rehabilitation] Aging and Disability Services, after consultation with the State Ombudsman, shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this section. Such regulations shall include, but not be limited to, the course of training required by this section.

Sec. 52. Subsection (c) of section 17a-411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) The Commissioner of [Rehabilitation] Aging and Disability Services shall have authority to seek funding for the purposes contained in this section from public and private sources, including, but not limited to, any federal or state funded programs.

Sec. 53. Section 17a-416 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of [Rehabilitation] Aging and Disability Services, after consultation with the State Ombudsman, shall adopt regulations in accordance with the provisions of chapter 54, to carry out the provisions of sections 17a-405 to 17a-417, inclusive, as amended by this act, 19a-531 and 19a-532.

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Sec. 54. Section 17a-417 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of [Rehabilitation] Aging and Disability Services shall require the State Ombudsman to:

(1) Prepare an annual report:

(A) Describing the activities carried out by the office in the year for which the report is prepared;

(B) Containing and analyzing the data collected under section 17a-418;

(C) Evaluating the problems experienced by and the complaints made by or on behalf of residents;

(D) Containing recommendations for (i) improving the quality of the care and life of the residents, and (ii) protecting the health, safety, welfare and rights of the residents;

(E) (i) Analyzing the success of the program including success in providing services to residents of long-term care facilities; and (ii) identifying barriers that prevent the optimal operation of the program; and

(F) Providing policy, regulatory and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of the care and life of residents, to protect the health, safety, welfare and rights of residents and to remove the barriers that prevent the optimal operation of the program.

(2) Analyze, comment on and monitor the development and implementation of federal, state and local laws, regulations and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare and rights of residents

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in the state, and recommend any changes in such laws, regulations and policies as the office determines to be appropriate.

(3) (A) Provide such information as the office determines to be necessary to public and private agencies, legislators and other persons, regarding (i) the problems and concerns of older individuals residing in long-term care facilities; and (ii) recommendations related to the problems and concerns; and (B) make available to the public and submit to the federal assistant secretary for aging, the Governor, the General Assembly, the Department of Public Health and other appropriate governmental entities, each report prepared under subdivision (1) of this section.

Sec. 55. Subsection (c) of section 17a-422 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) Not later than June 30, 2005, the Long-Term Care Ombudsman shall submit a report on the pilot program to the Commissioners of [Rehabilitation] Aging and Disability Services and Public Health, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations, and to the select committee of the General Assembly having cognizance of matters relating to aging. The report shall be submitted in accordance with section 11-4a.

Sec. 56. Subsection (b) of section 17a-667 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(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

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Services, Public Health, Emergency Services and Public Protection, [Rehabilitation] 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; and (8) 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 services for adults; (C) a provider of community-based substance abuse 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.

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Sec. 57. Subsection (b) of section 17b-4 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) The Department of Social Services, in conjunction with the Department of Public Health and the Department of [Rehabilitation] Aging and Disability Services, may adopt regulations in accordance with the provisions of chapter 54 to establish requirements with respect to the submission of reports concerning financial solvency and quality of care by nursing homes for the purpose of determining the financial viability of such homes, identifying homes that appear to be experiencing financial distress and examining the underlying reasons for such distress. Such reports shall be submitted to the Nursing Home Financial Advisory Committee established under section 17b-339.

Sec. 58. Subdivision (11) of subsection (c) of section 17b-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(11) The Commissioners of Social Services, Children and Families, Public Health, Developmental Services, [Rehabilitation] Aging and Disability Services and Mental Health and Addiction Services, or their designees, who shall be ex-officio nonvoting members;

Sec. 59. Section 17b-251 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services shall establish an outreach program to educate consumers as to: (1) The need for long-term care; (2) mechanisms for financing such care; (3) the availability of long-term care insurance; and (4) the asset protection provided under sections 17b-252 to 17b-254, inclusive, and 38a-475, as amended by this act. The Department of [Rehabilitation] Aging and Disability Services shall provide public information to assist

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individuals in choosing appropriate insurance coverage.

Sec. 60. Subsection (c) of section 17b-337 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(c) The Long-Term Care Planning Committee shall consist of: (1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health, elderly services and long-term care; (2) the Commissioner of Social Services, or the commissioner's designee; (3) one member of the Office of Policy and Management appointed by the Secretary of the Office of Policy and Management; (4) one member from the Department of Public Health appointed by the Commissioner of Public Health; (5) one member from the Department of Housing appointed by the Commissioner of Housing; (6) one member from the Department of Developmental Services appointed by the Commissioner of Developmental Services; (7) one member from the Department of Mental Health and Addiction Services appointed by the Commissioner of Mental Health and Addiction Services; (8) one member from the Department of Transportation appointed by the Commissioner of Transportation; (9) one member from the Department of Children and Families appointed by the Commissioner of Children and Families; and (10) one member from the Health Systems Planning Unit of the Office of Health Strategy appointed by the executive director of the Office of Health Strategy; and (11) one member from the Department of [Rehabilitation] Aging and Disability Services appointed by the Commissioner of [Rehabilitation] Aging and Disability Services. The committee shall convene no later than ninety days after June 4, 1998. Any vacancy shall be filled by the appointing authority. The chairperson shall be elected from among the members of the committee. The committee shall seek the advice and participation of any person, organization or state or

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federal agency it deems necessary to carry out the provisions of this section.

Sec. 61. Subsection (b) of section 17b-349e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) The Commissioner of [Rehabilitation] Aging and Disability Services shall operate a program, within available appropriations, to provide respite care services for caretakers of individuals with Alzheimer's disease, provided such individuals with Alzheimer's disease meet the requirements set forth in subsection (c) of this section. Such respite care services may include, but need not be limited to (1) homemaker services; (2) adult day care; (3) temporary care in a licensed medical facility; (4) home-health care; (5) companion services; or (6) personal care assistant services. Such respite care services may be administered directly by the Department of [Rehabilitation] Aging and Disability Services, or through contracts for services with providers of such services, or by means of direct subsidy to caretakers of individuals with Alzheimer's disease to purchase such services.

Sec. 62. Subsection (d) of section 17b-352 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(d) Any facility acting pursuant to subdivision (3) of subsection (b) of this section shall provide written notice, at the same time it submits its letter of intent, to all patients, guardians or conservators, if any, or legally liable relatives or other responsible parties, if known, and shall post such notice in a conspicuous location at the facility. The facility's written notice shall be accompanied by an informational letter issued jointly from the Office of the Long-Term Care Ombudsman and the Department of [Rehabilitation] Aging and Disability Services on patients' rights and services available as they relate to the letter of

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intent. The notice shall state the following: (1) The projected date the facility will be submitting its certificate of need application, (2) that only the Department of Social Services has the authority to either grant, modify or deny the application, (3) that the Department of Social Services has up to ninety days to grant, modify or deny the certificate of need application, (4) a brief description of the reason or reasons for submitting a request for permission, (5) that no patient shall be involuntarily transferred or discharged within or from a facility pursuant to state and federal law because of the filing of the certificate of need application, (6) that all patients have a right to appeal any proposed transfer or discharge, and (7) the name, mailing address and telephone number of the Office of the Long-Term Care Ombudsman and local legal aid office.

Sec. 63. Section 17b-607 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Commissioner of [Rehabilitation] Aging and Disability Services is authorized to establish and administer a fund to be known as the Assistive Technology Revolving Fund. Said fund shall be used by said commissioner to make loans to persons with disabilities, senior citizens or the family members of persons with disabilities or senior citizens for the purchase of assistive technology and adaptive equipment and services. Each such loan shall be made for a term of not more than ten years. Any loans made under this section after July 1, 2013, shall bear interest at a fixed rate not to exceed six per cent. Said commissioner is authorized to expend any funds necessary for the reasonable direct expenses relating to the administration of said fund. Said commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to implement the purposes of this section.

(b) The State Bond Commission shall have power from time to time to authorize the issuance of bonds of the state in one or more series in accordance with section 3-20 and in a principal amount necessary to

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carry out the purposes of this section, but not in excess of an aggregate amount of one million dollars. All of said bonds shall be payable at such place or places as may be determined by the Treasurer pursuant to section 3-19 and shall bear such date or dates, mature at such time or times, not exceeding five years from their respective dates, bear interest at such rate or different or varying rates and payable at such time or times, be in such denominations, be in such form with or without interest coupons attached, carry such registration and transfer privileges, be payable in such medium of payment and be subject to such terms of redemption with or without premium as, irrespective of the provisions of said section 3-20, may be provided by the authorization of the State Bond Commission or fixed in accordance therewith. The proceeds of the sale of such bonds shall be deposited in the Assistive Technology Revolving Fund created by this section. Such bonds shall be general obligations of the state and the full faith and credit of the state of Connecticut are pledged for the payment of the principal of and interest on such bonds as the same become due. Accordingly, and as part of the contract of the state with the holders of such bonds, appropriation of all amounts necessary for punctual payment of such principal and interest is hereby made and the Treasurer shall pay such principal and interest as the same become due. Net earnings on investments or reinvestments of proceeds, accrued interest and premiums on the issuance of such bonds, after payment therefrom of expenses incurred by the Treasurer or State Bond Commission in connection with their issuance, shall be deposited in the General Fund of the state.

(c) The Connecticut Tech Act Project, within the Department of [Rehabilitation] Aging and Disability Services and as authorized by 29 USC 3001, may provide assistive technology evaluation and training services upon the request of any person or any public or private entity, to the extent persons who provide assistive technology services are available. The project may charge a fee to any person or entity

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receiving such assistive technology evaluation and training services to reimburse the department for its costs. The Commissioner of [Rehabilitation] Aging and Disability Services shall establish fees at reasonable rates that will cover the department's direct and indirect costs.

Sec. 64. Section 17b-612 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services shall establish a program to assist public school students with disabilities in preparing for and obtaining competitive employment and to strengthen the linkage between vocational rehabilitation services and public schools. Under the program, the Department of [Rehabilitation] Aging and Disability Services shall provide, within the limits of available appropriations, vocational evaluations and other appropriate transitional services and shall provide vocational rehabilitation counselors to school districts throughout the state. The counselors shall, if requested, assist those persons planning in-school skill development programs. The counselors shall, with planning and placement team members, develop transition plans and individual education and work rehabilitation plans for students with disabilities who will no longer be eligible for continued public school services. Students whose termination date for receipt of public school services is most immediate shall be given priority.

Sec. 65. Section 17b-614 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Department of [Rehabilitation] Aging and Disability Services shall establish and maintain a state-wide network of centers for independent living.

(b) Not more than five per cent of the amount appropriated in any

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fiscal year for the purposes of this section may be used by the Department of [Rehabilitation] Aging and Disability Services to provide state-wide administration, evaluation and technical assistance relating to the implementation of this section.

Sec. 66. Subsection (b) of section 17b-615 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) The council shall meet regularly with the Commissioner of [Rehabilitation] Aging and Disability Services and shall perform the following duties: (1) Issue an annual report by January first, with recommendations regarding independent living services and centers, to the Governor and the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to human services, and (2) consult with, advise and make recommendations to the Department of [Rehabilitation] Aging and Disability Services concerning independent living and related policy, management and budgetary issues.

Sec. 67. Section 17b-650a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) There is created a Department of [Rehabilitation] Aging and Disability Services. The Department of [Rehabilitation] Aging and Disability Services shall be responsible for providing the following: (1) Services to persons who are deaf or hard of hearing; (2) services for persons who are blind or visually impaired; (3) rehabilitation services in accordance with the provisions of the general statutes concerning the Department of [Rehabilitation] Aging and Disability Services; and (4) services for older persons and their families. The Department of [Rehabilitation] Aging and Disability Services shall constitute a successor authority to the [Bureau of Rehabilitative] Department of Rehabilitation Services in accordance with the provisions of sections 4-

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38d, 4-38e and 4-39.

(b) The department head shall be the Commissioner of [Rehabilitation] Aging and Disability Services, who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive, as amended by this act, and shall have the powers and duties described in said sections. The Commissioner of [Rehabilitation] Aging and Disability Services shall appoint such persons as may be necessary to administer the provisions of public act 11-44 and the Commissioner of Administrative Services shall fix the compensation of such persons in accordance with the provisions of section 4-40. The Commissioner of [Rehabilitation] Aging and Disability Services may create such sections within the Department of [Rehabilitation] Aging and Disability Services as will facilitate such administration, including a disability determinations section for which one hundred per cent federal funds may be accepted for the operation of such section in conformity with applicable state and federal regulations. The Commissioner of [Rehabilitation] Aging and Disability Services may adopt regulations, in accordance with the provisions of chapter 54, to implement the purposes of the department as established by statute.

(c) The Commissioner of [Rehabilitation] Aging and Disability Services shall, annually, in accordance with section 4-60, submit to the Governor a report in electronic format on the activities of the Department of [Rehabilitation] Aging and Disability Services relating to services provided by the department to persons who (1) are blind or visually impaired, (2) are deaf or hard of hearing, (3) receive vocational rehabilitation services, or (4) are older persons or their families. The report shall include the data the department provides to the federal government that relates to the evaluation standards and performance indicators for the vocational rehabilitation services program. The commissioner shall submit the report in electronic format, in accordance with the provisions of section 11-4a, to the joint standing

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committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies.

(d) The functions, powers, duties and personnel of the former Department on Aging, or any subsequent division or portion of a division with similar functions, powers, duties and personnel, shall be transferred to the Department of [Rehabilitation] Aging and Disability Services pursuant to the provisions of sections 4-38d, 4-38e and 4-39.

(e) The Department of [Rehabilitation] Aging and Disability Services shall constitute a successor department to the former Department on Aging, in accordance with the provisions of sections 4-38d, 4-38e and 4-39. Wherever the words "Commissioner on Aging" are used in the general statutes, the words "Commissioner of [Rehabilitation] Aging and Disability Services" shall be substituted in lieu thereof. Wherever the words "Department on Aging" are used in the general statutes, the words "Department of [Rehabilitation] Aging and Disability Services" shall be substituted in lieu thereof. Any order or regulation of the former Department on Aging that is in force on the effective date of this section shall continue in force and effect as an order or regulation of the Department of [Rehabilitation] Aging and Disability Services until amended, repealed or superseded pursuant to law.

(f) The Governor may, with the approval of the Finance Advisory Committee, transfer funds between the Department of Social Services and the Department of [Rehabilitation] Aging and Disability Services pursuant to subsection (b) of section 4-87 during the fiscal year ending June 30, 2018.

(g) The Department of [Rehabilitation] Aging and Disability Services is designated as the State Unit on Aging to administer, manage, design and advocate for benefits, programs and services for older persons and their families pursuant to the Older Americans Act.

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The department shall study continuously the conditions and needs of older persons in this state in relation to nutrition, transportation, home care, housing, income, employment, health, recreation and other matters. The department shall be responsible, in cooperation with federal, state, local and area planning agencies on aging, for the overall planning, development and administration of a comprehensive and integrated social service delivery system for older persons. The Department of [Rehabilitation] Aging and Disability Services is designated as the state agency for the administration of nutritional programs for elderly persons described in section 17a-302, as amended by this act, the fall prevention program described in section 17a-303a, as amended by this act, the CHOICES program described in section 17a-314, as amended by this act, the Aging and Disability Resource Center Program described in section 17a-316a, as amended by this act, and the Alzheimer's respite program described in section 17b-349e, as amended by this act.

Sec. 68. Section 17b-650e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services may provide necessary services to persons who are deaf or hard of hearing, including, but not limited to, nonreimbursable interpreter services and message relay services for persons using telecommunication devices for persons who are deaf.

Sec. 69. Section 17b-651a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of [Rehabilitation] Aging and Disability Services shall inquire into the criminal history of any applicant, who is not at the time of application employed by the Department of [Rehabilitation] Aging and Disability Services, for a position of employment with the department's disability determination services

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unit. Such inquiry shall be conducted in accordance with the provisions of section 31-51i. The commissioner shall require each such applicant to state whether the applicant has ever been convicted of a crime, whether criminal charges are pending against the applicant at the time of application, and, if so, to identify the charges and court in which such charges are pending. Each such applicant offered a position of employment with the department's disability determination services unit shall be required to submit to fingerprinting and state and national criminal history records checks, as provided in section 29-17a.

Sec. 70. Section 17b-653 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Vocational rehabilitation services shall be provided, with or without public cost, directly or through public or private instrumentalities, as part of an individual plan for employment for a person with disabilities determined to be eligible by the Department of [Rehabilitation] Aging and Disability Services, in accordance with Title I of the Rehabilitation Act, 29 USC 701 et seq., as amended from time to time. Nothing in this section shall be construed to mean that an individual's ability or inability to share in the cost of vocational rehabilitation services may be taken into account during the determination of eligibility for such services.

(b) If vocational rehabilitation services cannot be provided for all eligible persons with disabilities who apply for such services, the Department of [Rehabilitation] Aging and Disability Services shall determine, in accordance with Title I of the Rehabilitation Act of 1973, 29 USC 701 et seq., and federal regulations, as amended from time to time, the order to be followed in selecting those to whom such services will be provided.

(c) Nothing in section 17b-650 or subsection (a) of this section shall

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be construed to preclude provision of vocational rehabilitation services, with or without public cost, to a person with a disability under an extended evaluation for a total period not in excess of eighteen months, in accordance with Title I of the Rehabilitation Act of 1973, 29 USC 701 et seq., as amended from time to time.

(d) The Commissioner of [Rehabilitation] Aging and Disability Services may adopt regulations in accordance with the provisions of chapter 54 to establish standards and procedures governing the provision of vocational rehabilitation services and, where appropriate, a means test to determine, based upon the financial need of each eligible person with disabilities, the extent to which such services will be provided at public cost. Any funds received by the Department of [Rehabilitation] Aging and Disability Services from individuals or third parties for the provision of vocational rehabilitation services shall be used by the department to provide such services. The regulations may also prescribe the procedures to be used when payment is made by individuals required to contribute to the cost of vocational rehabilitation services. Regulations developed to implement a means test shall include, but not be limited to: (1) An exemption for any individual with an income of less than one hundred per cent of the state median income and assets which are less than five thousand dollars; (2) an exemption for services covered in an individual plan for employment in effect at the time of implementation of the means test; (3) an exclusion from an individual's income of the costs of necessary and reasonable disability-related expenses including, but not limited to, personal attendant services and medications for which payment is unavailable to the individual through other benefits or resources; (4) an exclusion from the individual's assets of the value of the individual's primary residence and motor vehicle; (5) a method by which the Commissioner of [Rehabilitation] Aging and Disability Services may reduce the level of required contributions by an individual in the case of undue hardship; and (6) a requirement that

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the Department of [Rehabilitation] Aging and Disability Services notify an individual of the results of the means test analysis within thirty days of receipt of necessary financial information from the individual. Such means test shall not apply to services covered under a determination of financial need made by an institution of higher education. The Department of [Rehabilitation] Aging and Disability Services shall develop the regulations in consultation with representatives of providers of vocational rehabilitation services and recipients of such services or their representatives.

Sec. 71. Section 17b-654 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Any applicant for or recipient of vocational rehabilitation services may request an informal review of any decision made by the Department of [Rehabilitation] Aging and Disability Services pursuant to section 17b-653, as amended by this act.

(b) Regardless of whether a person requests an informal review under subsection (a) of this section, any applicant for or recipient of vocational rehabilitation services who is aggrieved by a decision made by the Department of [Rehabilitation] Aging and Disability Services pursuant to section 17b-653, as amended by this act, may request an administrative hearing, by making written request to the Commissioner of [Rehabilitation] Aging and Disability Services.

(c) An individual who is aggrieved by a final agency decision made pursuant to subsection (b) of this section may appeal therefrom in accordance with section 4-183. Such appeals shall be privileged cases to be heard by the court as soon after the return day as shall be practicable.

Sec. 72. Section 17b-655 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

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(a) In carrying out sections 17b-650 to 17b-663, inclusive, the Department of [Rehabilitation] Aging and Disability Services shall cooperate with other departments, agencies and institutions, both public and private, in providing for the vocational rehabilitation of persons with disabilities, in studying the problems involved therein and in establishing, developing and providing such programs, facilities and services as it deems necessary or desirable. Notwithstanding any other provision of the general statutes, the Department of [Rehabilitation] Aging and Disability Services shall not be required to pay that portion of the cost of a program of postsecondary education or training which is properly designated as expected parental or family contribution in accordance with state and federal law regarding eligibility for student financial aid.

(b) Subject to the approval of all real estate acquisitions by the Commissioner of Administrative Services and the State Properties Review Board, in carrying out said sections, the Department of [Rehabilitation] Aging and Disability Services may (1) establish, operate, foster and promote the establishment of rehabilitation facilities and make grants to public and other nonprofit and nonsectarian organizations for such purposes; (2) assist persons with significant disabilities to establish and operate small businesses; and (3) make studies, investigations, demonstrations and reports, and provide training and instruction, including the establishment and maintenance of such research fellowships and traineeships with such stipends and allowances as may be deemed necessary, in matters relating to vocational rehabilitation.

(c) The Commissioner of [Rehabilitation] Aging and Disability Services shall develop and maintain a program of public education and information. The program shall include, but not be limited to, education of the public concerning services available from the Department of [Rehabilitation] Aging and Disability Services, its

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policies and goals, an outreach effort to discover persons with disabilities, including such persons who are minorities as defined in subsection (a) of section 32-9n, who may benefit from the services it offers and the dissemination of printed materials to persons at their initial meeting with staff of the department, including a statement of such person's rights. Each state agency providing services to persons with disabilities shall furnish to each person applying for such services, at the time of initial application, a written summary of all state programs for persons with disabilities. Such summary shall be developed by the Department of Social Services as the lead agency for services to persons with disabilities pursuant to section 17b-606. The Department of Social Services shall distribute sufficient copies of the summary to all state agencies providing services to persons with disabilities in order that such copies may be furnished in accordance with this subsection.

Sec. 73. Section 17b-657 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services is authorized to provide such medical, diagnostic, physical restoration, training and other rehabilitation services as may be needed to enable persons with disabilities to attain the maximum degree of self care. The powers herein delegated and authorized to the Department of [Rehabilitation] Aging and Disability Services shall be in addition to those authorized by any other law and shall become effective upon authorization of federal grant-in-aid funds for participation in the cost of independent living rehabilitation services for persons with disabilities. The Department of [Rehabilitation] Aging and Disability Services shall be authorized to cooperate with whatever federal agency is directed to administer the federal aspects of such program and to comply with such requirements and conditions as may be established for the receipt and disbursement of federal grant-in-aid funds which

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may be made available to the state of Connecticut in carrying out such program.

Sec. 74. Section 17b-658 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of [Rehabilitation] Aging and Disability Services is authorized to cooperate with the federal government in carrying out the purposes of any federal statutes pertaining to vocational rehabilitation, to adopt such methods of administration as it finds necessary for the proper and efficient operation of agreements or plans for vocational rehabilitation and to comply with such conditions as may be necessary to secure the full benefits of such federal statutes to this state.

Sec. 75. Section 17b-659 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The State Treasurer is designated as the custodian of all funds received from the federal government for the purpose of carrying out any federal statutes pertaining to vocational rehabilitation or any agreements authorized by sections 17b-650 to 17b-663, inclusive, and shall make disbursements from such funds and from all state funds available for vocational rehabilitation purposes upon certification by the Commissioner of [Rehabilitation] Aging and Disability Services.

Sec. 76. Section 17b-660 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Commissioner of [Rehabilitation] Aging and Disability Services is authorized to accept and use gifts made unconditionally by will or otherwise for carrying out the purposes of the general statutes concerning the Department of [Rehabilitation] Aging and Disability Services. Gifts made under such conditions as in the judgment of the Commissioner of [Rehabilitation] Aging and Disability Services are

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proper and consistent with the provisions of said sections may be so accepted and shall be held, invested, reinvested and used in accordance with the conditions of the gift.

Sec. 77. Section 17b-661 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

Notwithstanding any other provision of the general statutes, the Department of [Rehabilitation] Aging and Disability Services may, within the limits of appropriations, purchase (1) wheelchairs and placement equipment directly and without the issuance of a purchase order, provided the cost of such purchases shall not be in excess of twenty thousand dollars per unit, and (2) adaptive equipment, including equipment to modify vehicles for persons with disabilities directly and without the issuance of a purchase order, provided the cost of such purchases of adaptive equipment shall not be in excess of one hundred twenty thousand dollars per unit. All such purchases shall be made in the open market, but shall, when possible, be based on at least three competitive bids. Such bids shall be solicited by sending notice to prospective suppliers and by posting notice on the Internet web site of the Department of [Rehabilitation] Aging and Disability Services. Each bid shall be opened publicly at the time stated in the notice soliciting such bid. Acceptance of a bid by the Department of [Rehabilitation] Aging and Disability Services shall be based on standard specifications as may be adopted by said department.

Sec. 78. Section 17b-666 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Department of [Rehabilitation] Aging and Disability Services may receive state and federal funds to administer, within available appropriations, an employment opportunities program to serve individuals with the most significant disabilities who do not meet the eligibility requirements of supported employment programs

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administered by the Departments of Developmental Services, Social Services and Mental Health and Addiction Services. For the purposes of this section, "individuals with the most significant disabilities" means those individuals who (1) have serious employment limitations in a total of three or more functional areas including, but not limited to, mobility, communication, self-care, interpersonal skills, work tolerance or work skills, or (2) will require significant ongoing disability-related services on the job in order to maintain employment.

(b) The employment opportunities program shall provide extended services, as defined in 34 CFR 361.5(b)(19), that are necessary for individuals with the most significant disabilities to maintain supported employment. Such services shall include coaching and other related services that allow participants to obtain and maintain employment and maximize economic self-sufficiency.

(c) The Department of [Rehabilitation] Aging and Disability Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section.

Sec. 79. Section 21a-3a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Department of Consumer Protection, in collaboration with the Department of [Rehabilitation] Aging and Disability Services, shall conduct a public awareness campaign, within available funding, to educate elderly consumers and caregivers on ways to resist aggressive marketing tactics and scams.

Sec. 80. Section 23-15c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Not later than December 1, 2015, and annually thereafter, any person who has a contractual agreement with the Department of [Rehabilitation] Aging and Disability Services for the operation in any

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state park of any food service facility, vending machine or stand for the vending of goods shall report to the Department of [Rehabilitation] Aging and Disability Services the amount of revenue that such person generated during the calendar year as a result of such contract. Not later than January 1, 2016, and each year thereafter, the Department of [Rehabilitation] Aging and Disability Services shall compile any reports received pursuant to this subsection and transmit such reports to the Commissioner of Energy and Environmental Protection.

(b) On or before January 30, 2016, and each year thereafter, the Commissioner of Energy and Environmental Protection shall compile the following information: (1) The number of food service facilities, vending machines and stands for the vending of goods that are located in the state parks and the location of the respective parks that have such facilities, machines or stands, (2) the amount of revenues generated from such food service facilities, vending machines and stands for the vending of goods, as reported to the commissioner by the Department of [Rehabilitation] Aging and Disability Services pursuant to subsection (a) of this section, (3) the contractual agreement or provision of law that provides for the payment of any portion of such revenues to the state or that prohibits or limits the payment of such revenues to the state, (4) the amount of such revenues paid to the state in the subject calendar year, and (5) the manner in which such revenues were used by the state, if identifiable by the commissioner.

Sec. 81. Section 26-29 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

No fee shall be charged for any sport fishing license issued under this chapter to any person who is blind, and such license shall be a lifetime license not subject to the expiration provisions of section 26-35. Proof of such blindness shall be furnished, in the case of a veteran, by the United States Department of Veterans Affairs and, in the case of any other person, by the Department of [Rehabilitation] Aging and

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Disability Services. For the purpose of this section, a person shall be blind only if his or her central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or if his or her visual acuity is greater than 20/200 but is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than twenty degrees.

Sec. 82. Subsection (d) of section 31-280 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(d) The chairman and the Comptroller, as soon as practicable after August first in each year, shall ascertain the total amount of expenses incurred by the commission, including, in addition to the direct cost of personnel services, the cost of maintenance and operation, rentals for space occupied in state leased offices and all other direct and indirect costs, incurred by the commission and the expenses incurred by the Department of [Rehabilitation] Aging and Disability Services in providing rehabilitation services for employees suffering compensable injuries in accordance with the provisions of section 31-283a, as amended by this act, during the preceding fiscal year in connection with the administration of the Workers' Compensation Act and the total noncontributory payments required to be made to the Treasurer towards commissioners' retirement salaries as provided in sections 51-49, 51-50, 51-50a and 51-50b. An itemized statement of the expenses as so ascertained shall be available for public inspection in the office of the chairman of the Workers' Compensation Commission for thirty days after notice to all insurance carriers, and to all employers permitted to pay compensation directly affected thereby.

Sec. 83. Section 31-283a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Department of [Rehabilitation] Aging and Disability

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Services shall provide rehabilitation programs for employees with compensable injuries within the provisions of this chapter, which injuries prevented such employees from performing their customary or most recent work. The Commissioner of [Rehabilitation] Aging and Disability Services shall establish rehabilitation programs which shall best suit the needs of such employees and shall make the programs available in convenient locations throughout the state. After consultation with the Labor Commissioner, the Commissioner of [Rehabilitation] Aging and Disability Services may establish fees for the programs, so as to provide the most effective rehabilitation programs at a minimum rate. In order to carry out the provisions of this section, the Commissioner of [Rehabilitation] Aging and Disability Services shall adopt regulations, in accordance with the provisions of chapter 54, and, subject to the provisions of chapter 67, provide for the employment of necessary assistants.

(b) The Commissioner of [Rehabilitation] Aging and Disability Services shall be authorized to (1) enter into agreements with other state or federal agencies to carry out the purposes of this section and expend money for that purpose, and (2) on behalf of the state of Connecticut, develop matching programs or activities to secure federal grants or funds for the purposes of this section and may pledge or use funds supplied from the administrative costs fund, as provided in section 31-345, as amended by this act, to finance the state's share of the programs or activities.

Sec. 84. Subsection (a) of section 31-296 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) If an employer and an injured employee, or in case of fatal injury the employee's legal representative or dependent, at a date not earlier than the expiration of the waiting period, reach an agreement in regard to compensation, such agreement shall be submitted in writing to the

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commissioner by the employer with a statement of the time, place and nature of the injury upon which it is based; and, if such commissioner finds such agreement to conform to the provisions of this chapter in every regard, the commissioner shall so approve it. A copy of the agreement, with a statement of the commissioner's approval, shall be delivered to each of the parties and thereafter it shall be as binding upon both parties as an award by the commissioner. The commissioner's statement of approval shall also inform the employee or the employee's dependent, as the case may be, of any rights the individual may have to an annual cost-of-living adjustment or to participate in a rehabilitation program administered by the Department of [Rehabilitation] Aging and Disability Services under the provisions of this chapter. The commissioner shall retain the original agreement, with the commissioner's approval thereof, in the commissioner's office and, if an application is made to the superior court for an execution, the commissioner shall, upon the request of said court, file in the court a certified copy of the agreement and statement of approval.

Sec. 85. Section 31-300 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

As soon as may be after the conclusion of any hearing, but no later than one hundred twenty days after such conclusion, the commissioner shall send to each party a written copy of the commissioner's findings and award. The commissioner shall, as part of the written award, inform the employee or the employee's dependent, as the case may be, of any rights the individual may have to an annual cost-of-living adjustment or to participate in a rehabilitation program administered by the Department of [Rehabilitation] Aging and Disability Services under the provisions of this chapter. The commissioner shall retain the original findings and award in said commissioner's office. If no appeal from the decision is taken by either

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party within twenty days thereafter, such award shall be final and may be enforced in the same manner as a judgment of the Superior Court. The court may issue execution upon any uncontested or final award of a commissioner in the same manner as in cases of judgments rendered in the Superior Court; and, upon the filing of an application to the court for an execution, the commissioner in whose office the award is on file shall, upon the request of the clerk of said court, send to the clerk a certified copy of such findings and award. In cases where, through the fault or neglect of the employer or insurer, adjustments of compensation have been unduly delayed, or where through such fault or neglect, payments have been unduly delayed, the commissioner may include in the award interest at the rate prescribed in section 37-3a and a reasonable attorney's fee in the case of undue delay in adjustments of compensation and may include in the award in the case of undue delay in payments of compensation, interest at twelve per cent per annum and a reasonable attorney's fee. Payments not commenced within thirty-five days after the filing of a written notice of claim shall be presumed to be unduly delayed unless a notice to contest the claim is filed in accordance with section 31-297. In cases where there has been delay in either adjustment or payment, which delay has not been due to the fault or neglect of the employer or insurer, whether such delay was caused by appeals or otherwise, the commissioner may allow interest at such rate, not to exceed the rate prescribed in section 37-3a, as may be fair and reasonable, taking into account whatever advantage the employer or insurer, as the case may be, may have had from the use of the money, the burden of showing that the rate in such case should be less than the rate prescribed in section 37-3a to be upon the employer or insurer. In cases where the claimant prevails and the commissioner finds that the employer or insurer has unreasonably contested liability, the commissioner may allow to the claimant a reasonable attorney's fee. No employer or insurer shall discontinue or reduce payment on account of total or partial incapacity under any such award, if it is claimed by or on

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behalf of the injured person that such person's incapacity still continues, unless such employer or insurer notifies the commissioner and the employee of such proposed discontinuance or reduction in the manner prescribed in section 31-296, as amended by this act, and the commissioner specifically approves such discontinuance or reduction in writing. The commissioner shall render the decision within fourteen days of receipt of such notice and shall forward to all parties to the claim a copy of the decision not later than seven days after the decision has been rendered. If the decision of the commissioner finds for the employer or insurer, the injured person shall return any wrongful payments received from the day designated by the commissioner as the effective date for the discontinuance or reduction of benefits. Any employee whose benefits for total incapacity are discontinued under the provisions of this section and who is entitled to receive benefits for partial incapacity as a result of an award, shall receive those benefits commencing the day following the designated effective date for the discontinuance of benefits for total incapacity. In any case where the commissioner finds that the employer or insurer has discontinued or reduced any such payment without having given such notice and without the commissioner having approved such discontinuance or reduction in writing, the commissioner shall allow the claimant a reasonable attorney's fee together with interest at the rate prescribed in section 37-3a on the discontinued or reduced payments.

Sec. 86. Subdivision (2) of subsection (b) of section 31-345 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(2) The chairman of the Workers' Compensation Commission shall annually, on or after July first of each fiscal year, determine an amount sufficient in the chairman's judgment to meet the expenses incurred by the Workers' Compensation Commission and the Department of [Rehabilitation] Aging and Disability Services in providing

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rehabilitation services for employees suffering compensable injuries in accordance with section 31-283a, as amended by this act. Such expenses shall include (A) the costs of the Division of Workers' Rehabilitation and the programs established by its director, for fiscal years prior to the fiscal year beginning July 1, 2011, (B) the costs of the Division of Worker Education and the programs established by its director, and (C) funding for the occupational health clinic program created pursuant to sections 31-396 to 31-402, inclusive. The Treasurer shall thereupon assess upon and collect from each employer, other than the state and any municipality participating for purposes of its liability under this chapter as a member in an interlocal risk management agency pursuant to chapter 113a, the proportion of such expenses, based on the immediately preceding fiscal year, that the total compensation and payment for hospital, medical and nursing care made by such self-insured employer or private insurance carrier acting on behalf of any such employer bore to the total compensation and payments for the immediately preceding fiscal year for hospital, medical and nursing care made by such insurance carriers and self-insurers. For the fiscal years ending June 30, 2000, and June 30, 2001, such assessments shall not exceed five per cent of such total compensation and payments made by such insurance carriers and self-insurers. For the fiscal years ending June 30, 2002, and June 30, 2003, such assessments shall not exceed four and one-half per cent of such total compensation and payments made by such insurance carriers and self-insurers. For any fiscal year ending on or after June 30, 2004, such assessment shall not exceed four per cent of such total compensation and payments made by such insurance carriers and self-insurers. Such assessments and expenses shall not exceed the budget estimates submitted in accordance with subsection (c) of section 31-280. For each fiscal year, such assessment shall be reduced pro rata by the amount of any surplus from the assessments of prior fiscal years. Said surplus shall be determined in accordance with subdivision (3) of this subsection. Such assessments shall be made in one annual assessment

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upon receipt of the chairman's expense determination by the Treasurer. All assessments shall be paid not later than sixty days following the date of the assessment by the Treasurer. Any employer who fails to pay such assessment to the Treasurer within the time prescribed by this subdivision shall pay interest to the Treasurer on the assessment at the rate of eight per cent per annum from the date the assessment is due until the date of payment. All assessments received by the Treasurer pursuant to this subdivision to meet the expenses of the Workers' Compensation Commission shall be deposited in the Workers' Compensation Administration Fund established under section 31-344a. All assessments received by the Treasurer pursuant to this subdivision to meet the expenses incurred by the Department of [Rehabilitation] Aging and Disability Services in providing rehabilitation services for employees suffering compensable injuries in accordance with section 31-283a, as amended by this act, shall be deposited in the Workers' Compensation Administration Fund. The Treasurer is hereby authorized to make credits or rebates for overpayments made under this subsection by any employer for any fiscal year.

Sec. 87. Subsection (a) of section 31-349b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Any employee who has suffered a compensable injury under the provisions of this chapter, and who is receiving benefits for such injury from the Second Injury Fund pursuant to the provisions of section 31-349, may file a written request with the commissioner in the district where the original claim was filed for a hearing to determine whether the employee's injury constitutes a permanent vocational disability. The hearing shall be held within sixty days of the date the request was filed. Upon the request of the commissioner and prior to the conclusion of such hearing, the Commissioner of [Rehabilitation]

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Aging and Disability Services shall, after receiving such information on the case which the commissioner deems necessary, submit written recommendations concerning the case to the commissioner for his consideration. The commissioner shall issue his decision, in writing, within ten days after the conclusion of the hearing. If the commissioner determines that the employee's injury is a permanent vocational disability, the employee shall be issued a certificate of disability by the commissioner. Such certificate shall be effective for a stated period of time of from one to five years, as determined by the commissioner. The decision of the commissioner may be appealed in accordance with the provisions of section 31-301.

Sec. 88. Subdivision (4) of subsection (a) of section 38a-47 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(4) The amount appropriated to the Department of [Rehabilitation] Aging and Disability Services for the fall prevention program established in section 17a-303a, as amended by this act, from the Insurance Fund for the fiscal year.

Sec. 89. Subsection (b) of section 38a-48 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) On or before July thirty-first, annually, the Insurance Commissioner and the Office of the Healthcare Advocate shall render to each domestic insurance company or other domestic entity liable for payment under section 38a-47, as amended by this act: (1) A statement that includes (A) the amount appropriated to the Insurance Department, the Office of the Healthcare Advocate and the Office of Health Strategy from the Insurance Fund established under section 38a-52a for the fiscal year beginning July first of the same year, (B) the cost of fringe benefits for department and office personnel for such

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year, as estimated by the Comptroller, (C) the estimated expenditures on behalf of the department and the offices from the Capital Equipment Purchase Fund pursuant to section 4a-9 for such year, not including such estimated expenditures made on behalf of the Health Systems Planning Unit of the Office of Health Strategy, and (D) the amount appropriated to the Department of [Rehabilitation] Aging and Disability Services for the fall prevention program established in section 17a-303a, as amended by this act, from the Insurance Fund for the fiscal year; (2) a statement of the total taxes imposed on all domestic insurance companies and domestic insurance entities under chapter 207 on business done in this state during the preceding calendar year; and (3) the proposed assessment against that company or entity, calculated in accordance with the provisions of subsection (c) of this section, provided for the purposes of this calculation the amount appropriated to the Insurance Department, the Office of the Healthcare Advocate and the Office of Health Strategy from the Insurance Fund plus the cost of fringe benefits for department and office personnel and the estimated expenditures on behalf of the department and the office from the Capital Equipment Purchase Fund pursuant to section 4a-9, not including such expenditures made on behalf of the Health Systems Planning Unit of the Office of Health Strategy shall be deemed to be the actual expenditures of the department and the office, and the amount appropriated to the Department of [Rehabilitation] Aging and Disability Services from the Insurance Fund for the fiscal year for the fall prevention program established in section 17a-303a, as amended by this act, shall be deemed to be the actual expenditures for the program.

Sec. 90. Subsection (g) of section 38a-48 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(g) If the actual expenditures for the fall prevention program

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established in section 17a-303a, as amended by this act, are less than the amount allocated, the Commissioner of [Rehabilitation] Aging and Disability Services shall notify the Insurance Commissioner and the Healthcare Advocate. Immediately following the close of the fiscal year, the Insurance Commissioner and the Healthcare Advocate shall recalculate the proposed assessment for each domestic insurance company or other domestic entity in accordance with subsection (c) of this section using the actual expenditures made during the fiscal year by the Insurance Department, the Office of the Healthcare Advocate and the Office of Health Strategy from the Insurance Fund, the actual expenditures made on behalf of the department and the offices from the Capital Equipment Purchase Fund pursuant to section 4a-9, not including such expenditures made on behalf of the Health Systems Planning Unit of the Office of Health Strategy, and the actual expenditures for the fall prevention program. On or before July thirty-first, the Insurance Commissioner and the Healthcare Advocate shall render to each such domestic insurance company and other domestic entity a statement showing the difference between their respective recalculated assessments and the amount they have previously paid. On or before August thirty-first, the Insurance Commissioner and the Healthcare Advocate, after receiving any objections to such statements, shall make such adjustments which in their opinion may be indicated, and shall render an adjusted assessment, if any, to the affected companies.

Sec. 91. Section 38a-475 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

The Insurance Department shall only precertify long-term care insurance policies that (1) alert the purchaser to the availability of consumer information and public education provided by the Department of [Rehabilitation] Aging and Disability Services pursuant to section 17b-251, as amended by this act; (2) offer the option of home

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and community-based services in addition to nursing home care; (3) in all home care plans, include case management services delivered by an access agency approved by the Office of Policy and Management and the Department of Social Services as meeting the requirements for such agency as defined in regulations adopted pursuant to subsection (e) of section 17b-342, which services shall include, but need not be limited to, the development of a comprehensive individualized assessment and care plan and, as needed, the coordination of appropriate services and the monitoring of the delivery of such services; (4) provide inflation protection; (5) provide for the keeping of records and an explanation of benefit reports on insurance payments which count toward Medicaid resource exclusion; and (6) provide the management information and reports necessary to document the extent of Medicaid resource protection offered and to evaluate the Connecticut Partnership for Long-Term Care. No policy shall be precertified if it requires prior hospitalization or a prior stay in a nursing home as a condition of providing benefits. The commissioner may adopt regulations, in accordance with chapter 54, to carry out the precertification provisions of this section.

Sec. 92. Subsection (a) of section 46a-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Advisory Board for Persons Who are Deaf or Hard of Hearing shall consist of the following sixteen members appointed by the Governor: (1) The consultant appointed by the State Board of Education in accordance with section 10-316a, or the consultant's designee; (2) the president of the Connecticut Council of Organizations Serving the Deaf, or the president's designee; (3) the president of the Connecticut Association of the Deaf, or the president's designee; (4) the president of the Connecticut Registry of Interpreters for the Deaf, or the president's designee; (5) the Commissioner of [Rehabilitation]

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Aging and Disability Services, or the commissioner's designee; (6) the executive director of the American School for the Deaf, or the executive director's designee; (7) a parent of a student in a predominantly oral education program; (8) a parent of a student at the American School for the Deaf; (9) a person who is deaf; (10) a person who is hard of hearing; (11) a person who is deaf and blind; (12) an interpreting professional who serves deaf or hard of hearing persons; (13) a healthcare professional who works with persons who are deaf or hard of hearing; (14) the Governor's liaison to the disability community; (15) an educator who works with children who are deaf or hard of hearing; and (16) the director of the Connecticut Chapter of We the Deaf People. The Commissioner of [Rehabilitation] Aging and Disability Services, the Governor's liaison to the disability community and a member chosen by the majority of the board shall be the chairpersons of the advisory board.

Sec. 93. Subsection (a) of section 46a-29 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Commissioner of [Rehabilitation] Aging and Disability Services may request and shall receive from any department, division, board, bureau, commission or agency of the state or of any political subdivision thereof such assistance and data as will enable the Department of [Rehabilitation] Aging and Disability Services to properly carry out its activities under sections 17b-650e, as amended by this act, and 46a-30 to 46a-33b, inclusive, as amended by this act, and to effectuate the purposes therein set forth.

Sec. 94. Section 46a-30 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The Commissioner of [Rehabilitation] Aging and Disability Services may receive moneys from any source, including gifts, grants,

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bequests and reimbursements which moneys may be expended for the purposes designated by the donor or to effectuate the provisions of sections 17b-650e, as amended by this act, and 46a-29 to 46a-33b, inclusive, as amended by this act.

(b) The Commissioner of [Rehabilitation] Aging and Disability Services is empowered to expend its appropriation and receipts to initiate and support the provisions of said sections by contract or other arrangement and to contract for and engage consultants.

Sec. 95. Subsections (b) to (e), inclusive, of section 46a-33a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) All persons providing interpreting services shall register, annually, with the Department of [Rehabilitation] Aging and Disability Services. Such registration shall be on a form prescribed or furnished by the Commissioner of [Rehabilitation] Aging and Disability Services and shall include the registrant's name, address, phone number, place of employment as interpreter and interpreter certification or credentials. The department shall issue identification cards for those who register in accordance with this section.

(c) No person shall provide interpreting services unless such person is registered with the Department of [Rehabilitation] Aging and Disability Services according to the provisions of this section and (1) has passed the National Registry of Interpreters for the Deaf written generalist test or the National Association of the Deaf-National Registry of Interpreters for the Deaf certification knowledge examination, holds a level three certification provided by the National Association of the Deaf, documents the achievement of two continuing education units per year for a maximum of five years of training approved by the Commissioner of [Rehabilitation] Aging and Disability Services, and on or before the fifth anniversary of having

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passed the National Registry of Interpreters for the Deaf written generalist test or the National Association of the Deaf-National Registry of Interpreters for the Deaf certification knowledge examination, has passed the National Registry of Interpreters for the Deaf performance examination or the National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreter certification examination, (2) has passed the National Registry of Interpreters for the Deaf written generalist test or the National Association of the Deaf-National Registry of Interpreters for the Deaf certification knowledge examination and is a graduate of an accredited interpreter training program and documents the achievement of two continuing education units per year for a maximum of five years of training approved by the commissioner, and on or before the fifth anniversary of having passed the National Registry of Interpreters for the Deaf written generalist test or the National Association of the Deaf-National Registry of Interpreters for the Deaf certification knowledge examination, has passed the National Registry of Interpreters for the Deaf performance examination or the National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreter certification examination, (3) holds a level four or higher certification from the National Association of the Deaf, (4) holds certification by the National Registry of Interpreters for the Deaf, (5) for situations requiring an oral interpreter only, holds oral certification from the National Registry of Interpreters for the Deaf, (6) for situations requiring a cued speech transliterator only, holds certification from the National Training, Evaluation and Certification Unit and has passed the National Registry of Interpreters for the Deaf written generalist test, (7) holds a reverse skills certificate or is a certified deaf interpreter under the National Registry of Interpreters for the Deaf, or (8) holds a National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreting certificate.

(d) No person shall provide interpreting services in a medical

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setting unless such person is registered with the Department of [Rehabilitation] Aging and Disability Services according to the provisions of this section and (1) holds a comprehensive skills certificate from the National Registry of Interpreters for the Deaf, (2) holds a certificate of interpretation or a certificate of transliteration from the National Registry of Interpreters for the Deaf, (3) holds a level four or higher certification from the National Association of the Deaf, (4) holds a reverse skills certificate or is a certified deaf interpreter under the National Registry of Interpreters for the Deaf, (5) for situations requiring an oral interpreter only, holds oral certification from the National Registry of Interpreters for the Deaf, (6) for situations requiring a cued speech transliterator only, holds certification from the National Training, Evaluation and Certification Unit and has passed the National Registry of Interpreters for the Deaf written generalist test, or (7) holds a National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreting certificate.

(e) No person shall provide interpreting services in a legal setting unless such person is registered with the Department of [Rehabilitation] Aging and Disability Services according to the provisions of this section and (1) holds a comprehensive skills certificate from the National Registry of Interpreters for the Deaf, (2) holds a certificate of interpretation and a certificate of transliteration from the National Registry of Interpreters for the Deaf, (3) holds a level five certification from the National Association of the Deaf, (4) holds a reverse skills certificate or is a certified deaf interpreter under the National Registry of Interpreters for the Deaf, (5) for situations requiring an oral interpreter only, holds oral certification from the National Registry of Interpreters for the Deaf, (6) for situations requiring a cued speech transliterator only, holds certification from the National Training, Evaluation and Certification Unit and has passed the National Registry of Interpreters for the Deaf written generalist

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test, or (7) holds a National Association of the Deaf-National Registry of Interpreters for the Deaf national interpreting certificate.

Sec. 96. Section 46a-33b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

Upon the request of any person or any public or private entity, the Department of [Rehabilitation] Aging and Disability Services may provide interpreting services to assist such person or entity to the extent such persons who provide interpreting services are available. Any person or entity receiving interpreting services through the department shall reimburse the department for such services at a rate set by the Commissioner of [Rehabilitation] Aging and Disability Services. The commissioner may adopt regulations in accordance with the provisions of chapter 54 to establish the manner of rate setting.

Sec. 97. Section 46a-33c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

For purposes of this section, "state agency" has the same meaning as provided in section 9-612 and "interpreting" has the same meaning as provided in section 46a-33a, as amended by this act. Any state agency that is unable to fulfill a request for interpreting services with its own interpreting staff shall first request such services from the Department of [Rehabilitation] Aging and Disability Services and may seek such services elsewhere if (1) the department is unable to fulfill the request in two business days, or (2) the agency shows good cause that it needs such services immediately. The provisions of this section shall not (A) apply to the Department of [Rehabilitation] Aging and Disability Services if the department needs interpreting services related to an internal matter and the use of department interpreters may raise confidentiality concerns, or (B) affect any preexisting contract for interpreting services. Interpreting services provided by a state agency shall be in accordance with the provisions of section 46a-33a, as

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amended by this act.

Sec. 98. Section 17b-343 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commissioner of Social Services shall establish annually the maximum allowable rate to be paid by agencies for homemaker services, chore person services, companion services, respite care, meals on wheels, adult day care services, case management and assessment services, transportation, mental health counseling and elderly foster care. [, except that the maximum allowable rates in effect July 1, 1990, shall remain in effect during the fiscal years ending June 30, 1992, and June 30, 1993.] The Commissioner of Social Services shall prescribe uniform forms on which agencies providing such services shall report their costs for such services. Such rates shall be determined on the basis of a reasonable payment for necessary services rendered. The maximum allowable rates established by the Commissioner of Social Services for the Connecticut home-care program for the elderly established under section 17b-342 shall constitute the rates required under this section until revised in accordance with this section. The Commissioner of Social Services shall establish a fee schedule, to be effective on and after July 1, 1994, for homemaker services, chore person services, companion services, respite care, meals on wheels, adult day care services, case management and assessment services, transportation, mental health counseling and elderly foster care. The commissioner may annually increase [any fee in] the fee schedule based on an increase in the cost of services. The commissioner shall increase the fee schedule effective July 1, 2000, by not less than five per cent, for adult day care services. The commissioner shall increase the fee schedule effective July 1, 2011, by four dollars per person, per day for adult day care services. Effective July 1, 2020, and annually thereafter, the commissioner may increase the fee schedule for meals on wheels providers serving participants in the Connecticut home-care

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program for the elderly by, at a minimum, the cost-of-living adjustment as measured by the consumer price index. The commissioner may increase any fee payable to a meals on wheels provider upon the application of such provider evidencing extraordinary costs related to delivery of meals on wheels in sparsely populated rural regions of the state. Nothing contained in this section shall authorize a payment by the state to any agency for such services in excess of the amount charged by such agency for such services to the general public.

Sec. 99. Subsection (c) of section 17a-305 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) The Department of Rehabilitation Services, in consultation with the five area agencies on aging, shall review the method of allocation set forth in subsection (a) of this section and shall report any findings or recommendations, as well as data on service levels and costs, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services. Providers of meals under the department's elderly nutrition program shall annually provide the department with data on service levels and costs.

Sec. 100. Subsection (b) of section 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(b) In carrying out its responsibilities under subsection (a) of this section, the department shall develop the following for the quality of care program:

(1) Comparable performance measures to be reported;

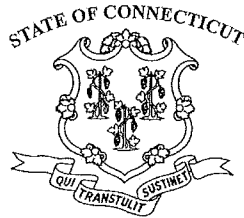
(2) Selection of patient satisfaction survey measures and

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instruments;

- (3) Methods and format of standardized data collection;
- (4) Format for a public quality performance measurement report;
- (5) Human resources and quality measurements;
- (6) Medical error reduction methods;
- (7) Systems for sharing and implementing universally accepted best practices;
- (8) Systems for reporting outcome data;
- (9) Systems for continuum of care;
- (10) Recommendations concerning the use of an ISO 9000 quality auditing program;
- (11) Recommendations concerning the types of statutory protection needed prior to collecting any data or information under this section and sections 19a-127m and 19a-127n; [and]
- (12) Recommendations concerning the collection and analysis of data on patient malnutrition for the purposes of improving quality of care; and
- [(12)] (13) Any other issues that the department deems appropriate.

29



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Public Act No. 19-191

AN ACT ADDRESSING OPIOID USE.

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

Section 1. Section 20-614 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) A prescription shall be transmitted in either an oral, written or electronic manner to a pharmacy.

(b) Whenever a pharmacy, or an institutional pharmacy in a hospital dispensing a drug or device for outpatient use or dispensing a drug or device that is prescribed for an employee of the hospital or for the employee's spouse or dependent children, receives an oral or electronically-transmitted prescription, except for a controlled drug, as defined in section 21a-240, a record of such prescription shall be maintained in writing or electronically. The pharmacist or pharmacy intern shall, not later than the end of the business day when the prescription was received, record the prescription on a prescription form or in an electronic record including: (1) The name and address of the prescribing practitioner; (2) the date of the prescription; (3) the name, dosage form, strength, where applicable, and the amount of the drug prescribed; (4) the name and address of the patient or, for veterinary prescriptions, the name and address of the owner and the

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species of the animal; (5) the directions for use; (6) any required cautionary statements; and (7) the number of times the prescription may be refilled, including the use of refill terms "PRN" and "ad lib" in lieu of a specific number of authorized refills.

(c) A written prescription shall bear: (1) The written signature of the prescribing practitioner or shall comply with the requirements of section 19a-509c; (2) the address of the practitioner; (3) the date of the prescription; (4) the name, dosage form, strength, where applicable, and amount of the drug prescribed; (5) the name and address of the patient or, for veterinary prescriptions, the name and address of the owner and the species of the animal; (6) the directions for use; (7) any required cautionary statements; and (8) the number of times the prescription may be refilled, including the use of refill terms "PRN" and "ad lib" in lieu of a specific number of authorized refills. No written prescription form for a schedule II substance may contain an order for any other legend drug or device.

(d) Prior to or simultaneous with the dispensing of a drug pursuant to subsection (b) of this section, a pharmacist or other employee of the pharmacy shall, whenever practicable, offer for the pharmacist to discuss the drug to be dispensed and to counsel the patient on the usage of the drug, except when the person obtaining the prescription is other than the person named on the prescription form or electronic record or the pharmacist determines it is appropriate to make such offer in writing. Any such written offer shall include an offer to communicate with the patient either in person at the pharmacy or by telephone.

(e) Nothing in this section shall be construed to require a pharmacist to provide counseling to a patient who refuses such counseling. The pharmacist shall keep a record of such counseling, any refusal by or inability of the patient to accept counseling or a refusal by the patient to provide information regarding such counseling. Records kept

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pursuant to this subsection shall be maintained for the same length of time as prescription records are maintained pursuant to section 20-615.

[(d)] (f) (1) As used in this subsection, "electronic data intermediary" means an entity that provides the infrastructure that connects the computer systems or other electronic devices utilized by prescribing practitioners with those used by pharmacies in order to facilitate the secure transmission of electronic prescription orders, refill authorization requests, communications and other patient care information between such entities.

(2) An electronic data intermediary may transfer electronically transmitted data between a prescribing practitioner licensed and authorized to prescribe and a pharmacy of the patient's choice, licensed pursuant to this chapter or licensed under the laws of any other state or territory of the United States. Electronic data intermediaries shall not alter the transmitted data except as necessary for technical processing purposes. Electronic data intermediaries may archive copies of only that electronic data related to such transmissions necessary to provide for proper auditing and security of such transmissions. Such data shall only be maintained for the period necessary for auditing purposes. Electronic data intermediaries shall maintain patient privacy and confidentiality of all archived information as required by state and federal law.

(3) No electronic data intermediary shall operate without the approval of the Commissioner of Consumer Protection. An electronic data intermediary seeking approval shall apply to the Commission of Pharmacy in the manner prescribed by the commissioner. The commissioner, with the advice and assistance of the commission, shall adopt regulations, in accordance with the provisions of chapter 54, to establish criteria for the approval of electronic data intermediaries, to ensure that (A) procedures to be used for the transmission and retention of prescription data by an intermediary, and (B) mechanisms

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to be used by an intermediary to safeguard the confidentiality of such data, are consistent with the provisions and purposes of this section.

Sec. 2. Section 20-612 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

Subject to the provisions of subsection [(d)] (f) of section 20-614, as amended by this act, only a pharmacy shall accept a prescription for dispensing. No employee, personnel or owner of a place of business or establishment not licensed as a pharmacy may accept a prescription for transfer to or for collection for a pharmacy.

Sec. 3. Subsection (j) of section 21a-254 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(j) (1) The commissioner shall, within available appropriations, establish an electronic prescription drug monitoring program to collect, by electronic means, prescription information for schedules II, III, IV and V controlled substances that are dispensed by pharmacies, nonresident pharmacies, as defined in section 20-627, outpatient pharmacies in hospitals or institutions or by any other dispenser. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substances and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

(2) The commissioner may identify other products or substances to be included in the electronic prescription drug monitoring program established pursuant to subdivision (1) of this subsection.

(3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or

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institution and dispenser shall report to the commissioner, at least weekly, by electronic means or, if a pharmacy or outpatient pharmacy does not maintain records electronically, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy: (A) Dispenser identification number; (B) the date the prescription for the controlled substance was filled; (C) the prescription number; (D) whether the prescription for the controlled substance is new or a refill; (E) the national drug code number for the drug dispensed; (F) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (G) a patient identification number; (H) the patient's first name, last name and street address, including postal code; (I) the date of birth of the patient; (J) the date the prescription for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (K) the type of payment.

(4) (A) Except as provided in this subdivision, on and after July 1, 2016, each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution, and dispenser shall report to the commissioner by electronic means, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy immediately upon, but in no event later than the next business day after, dispensing such prescriptions: (i) Dispenser identification number; (ii) the date the prescription for the controlled substance was filled; (iii) the prescription number; (iv) whether the prescription for the controlled substance is new or a refill; (v) the national drug code number for the drug dispensed; (vi) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (vii) a patient identification number; (viii) the patient's first name, last name and street address, including postal code; (ix) the date of birth of the patient; (x) the date the prescription

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for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (xi) the type of payment.

(B) If the electronic prescription drug monitoring program is not operational, such pharmacy or dispenser shall report the information described in this subdivision not later than the next business day after regaining access to such program. For purposes of this subdivision, "business day" means any day during which the pharmacy is open to the public.

(C) Each veterinarian, licensed pursuant to chapter 384, who dispenses a controlled substance prescription shall report to the commissioner the information described in subparagraph (A) of this subdivision, at least weekly, by electronic means or, if the veterinarian does not maintain records electronically, in a format approved by the commissioner.

(5) The commissioner may contract with a vendor for purposes of electronically collecting such controlled substance prescription information. The commissioner and any such vendor shall maintain the information in accordance with the provisions of chapter 400j.

(6) The commissioner and any such vendor shall not disclose controlled substance prescription information reported pursuant to subdivisions (3) and (4) of this subsection, except as authorized pursuant to the provisions of sections 21a-240 to 21a-283, inclusive. Any person who knowingly violates any provision of this subdivision or subdivision (5) of this subsection shall be guilty of a class D felony.

(7) The commissioner shall provide, upon request, controlled substance prescription information obtained in accordance with subdivisions (3) and (4) of this subsection to the following: (A) The prescribing practitioner or such practitioner's authorized agent, who is

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treating or has treated a specific patient, provided the information is obtained for purposes related to the treatment of the patient, including the monitoring of controlled substances obtained by the patient; (B) the prescribing practitioner with whom a patient has made contact for the purpose of seeking medical treatment or such practitioner's authorized agent, provided the request is accompanied by a written consent, signed by the prospective patient, for the release of controlled substance prescription information; or (C) the pharmacist who is dispensing controlled substances for a patient, or such pharmacist's authorized pharmacy technician, provided the information is obtained for purposes related to the scope of the pharmacist's practice and management of the patient's drug therapy, including the monitoring of controlled substances obtained by the patient. The prescribing practitioner, such practitioner's authorized agent, [or] the pharmacist or such pharmacist's authorized pharmacy technician shall submit a written and signed request to the commissioner for controlled substance prescription information. Such prescribing practitioner, [or] pharmacist or pharmacist's authorized pharmacy technician shall not disclose any such request except as authorized pursuant to sections 20-570 to 20-630, inclusive, or sections 21a-240 to 21a-283, inclusive.

(8) No person or employer shall prohibit, discourage or impede a prescribing practitioner, [or] pharmacist or pharmacist's authorized pharmacy technician from requesting controlled substance prescription information pursuant to this subsection.

(9) Prior to prescribing greater than a seventy-two-hour supply of any controlled substance to any patient, the prescribing practitioner or such practitioner's authorized agent shall review the patient's records in the electronic prescription drug monitoring program established pursuant to this subsection. Whenever a prescribing practitioner prescribes a controlled substance, other than a schedule V nonnarcotic controlled substance, for the continuous or prolonged treatment of any

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patient, such prescriber, or such prescriber's authorized agent, shall review, not less than once every ninety days, the patient's records in such prescription drug monitoring program. Whenever a prescribing practitioner prescribes a schedule V nonnarcotic controlled substance, for the continuous or prolonged treatment of any patient, such prescribing practitioner, or such prescribing practitioner's authorized agent, shall review, not less than annually, the patient's records in such prescription drug monitoring program. If such electronic prescription drug monitoring program is not operational, such prescribing practitioner may prescribe greater than a seventy-two-hour supply of a controlled substance to a patient during the time of such program's inoperability, provided such prescribing practitioner or such authorized agent reviews the records of such patient in such program not more than twenty-four hours after regaining access to such program.

(10) (A) A prescribing practitioner may designate an authorized agent to review the electronic prescription drug monitoring program and patient controlled substance prescription information on behalf of the prescribing practitioner. The prescribing practitioner shall ensure that any authorized agent's access to such program and patient controlled substance prescription information is limited to the purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. The prescribing practitioner and any authorized agent shall be subject to the provisions of 45 CFR 164.308, as amended from time to time, concerning administrative safeguards for the protection of electronic protected health information. A prescribing practitioner may [receive] be subject to disciplinary action for acts of the authorized agent as provided in section 21a-322.

(B) Notwithstanding the provisions of subparagraph (A) of this subdivision, a prescribing practitioner who is employed by or provides

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professional services to a hospital shall, prior to designating an authorized agent to review the electronic prescription drug monitoring program and patient controlled substance prescription information on behalf of the prescribing practitioner, (i) submit a request to designate one or more authorized agents for such purposes and a written protocol for oversight of the authorized agent or agents to the commissioner, in the form and manner prescribed by the commissioner, and (ii) receive the commissioner's approval to designate such authorized agent or agents and of such written protocol. Such written protocol shall designate either the hospital's medical director, a hospital department head, who is a prescribing practitioner, or another prescribing practitioner as the person responsible for ensuring that the authorized agent's or agents' access to such program and patient controlled substance prescription information is limited to the purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. A hospital medical director, a hospital department head, who is a prescribing practitioner, or another prescribing practitioner designated as the person responsible for overseeing an authorized agent's or agents' access to such program and information in the written protocol approved by the commissioner may [receive] be subject to disciplinary action for acts of the authorized agent or agents as provided in section 21a-322. The commissioner may inspect hospital records to determine compliance with written protocols approved in accordance with this section.

(C) A pharmacist may designate a pharmacy technician to access the electronic prescription drug monitoring program and patient controlled substance prescription information on behalf of the pharmacist only for the purposes of facilitating the pharmacist's review of such patient information. The pharmacist shall ensure that any such pharmacy technician's access to such program and patient controlled substance prescription information is limited to the

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purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. The pharmacist and any authorized pharmacy technician shall be subject to the provisions of 45 CFR 164.308, as amended from time to time, concerning administrative safeguards for the protection of electronic protected health information. A pharmacist may be subject to disciplinary action for acts of the authorized pharmacy technician.

(D) Prior to designating a pharmacy technician to access the electronic prescription drug monitoring program and patient controlled substance prescription information on behalf of the pharmacist, the supervising pharmacist shall provide training for the authorized pharmacy technicians. Such training shall designate a pharmacist as the person responsible for ensuring that the authorized pharmacy technician's access to such program and patient controlled substance prescription information is limited to the purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. A pharmacist designated as the person responsible for overseeing the pharmacy technician's access to such program may be subject to disciplinary action for acts of the authorized pharmacy technician. The commissioner may inspect records to document pharmacy technician training, that pharmacy technicians have access to the program and that patient controlled substance prescription information has been limited in accordance with the provisions of this section.

(11) The commissioner shall adopt regulations, in accordance with chapter 54, concerning the reporting, evaluation, management and storage of electronic controlled substance prescription information.

(12) The provisions of this section shall not apply to (A) samples of controlled substances dispensed by a physician to a patient, or (B) any controlled substances dispensed to hospital inpatients.

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(13) The provisions of this section shall not apply to any institutional pharmacy or pharmacist's drug room operated by a facility, licensed under section 19a-495 and regulations adopted pursuant to said section 19a-495, that dispenses or administers directly to a patient an opioid agonist for treatment of a substance use disorder.

(14) The commissioner may provide controlled substance prescription information obtained in accordance with subdivisions (3) and (4) of this subsection to other state agencies, pursuant to an agreement between the commissioner and the head of such agency, provided the information is obtained for a study of disease prevention and control related to opioid abuse or the study of morbidity and mortality caused by overdoses of controlled substances. The provision of such information shall be in accordance with all applicable state and federal confidentiality requirements.

(15) Nothing in this section shall prohibit a prescribing practitioner or such prescribing practitioner's authorized agent from disclosing controlled substance prescription information submitted pursuant to subdivisions (3) and (4) of this subsection to the Department of Social Services for the purposes of administering any of said department's medical assistance programs.

Sec. 4. Subsection (i) of section 21a-70 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(i) (1) Each registered manufacturer or wholesaler of drugs shall operate a system to identify suspicious orders of controlled substances and shall immediately inform the Director of the Drug Control Division of suspicious orders. Suspicious orders include, but are not limited to, orders of unusual size, orders deviating substantially from a normal pattern and orders of unusual frequency. Each registered manufacturer or wholesaler of drugs shall also send the Drug Control

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Division a copy of any suspicious [activity reporting] orders submitted to the federal Drug Enforcement Administration pursuant to 21 CFR 1301.74.

(2) Each registered manufacturer or wholesaler of drugs that, based on concerns of potential diversion, ceases or declines distribution of any schedule II, III, IV or V controlled substance to a pharmacy, as defined in section 20-594, or to a practitioner, as defined in section 21a-316, in the state of Connecticut shall report the name of the pharmacy or practitioner, location of the pharmacy or practitioner and the reasons for ceasing or declining distribution of such controlled substance in writing to the Director of the Drug Control Division, or to an electronic system designated by the Drug Control Division, not later than five business days after ceasing or declining distribution of such controlled substance.

Sec. 5. (NEW) (*Effective October 1, 2019*) Notwithstanding any provision of the general statutes, no life insurance or annuity policy or contract shall be delivered, issued for delivery, renewed or continued in this state that excludes coverage solely on the basis of receipt of a prescription for naloxone, commonly referred to as an opioid antagonist, or any naloxone biosimilar or naloxone generic, nor shall any application, rider or endorsement to such policy or contract be used in connection therewith that excludes coverage solely on the basis of receipt of such a prescription, biosimilar or generic.

Sec. 6. (NEW) (*Effective October 1, 2019*) A prescribing practitioner, as defined in section 20-14c of the general statutes, who prescribes an opioid drug, as defined in section 20-14o of the general statutes, for the treatment of pain for a patient for a duration greater than twelve weeks shall establish a treatment agreement with the patient or discuss a care plan for the chronic use of opioids with the patient. The treatment agreement or care plan shall, at a minimum, include treatment goals, risks of using opioids, urine drug screens and

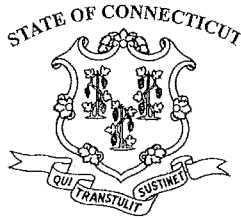
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expectations regarding the continuing treatment of pain with opioids, such as situations requiring discontinuation of opioid treatment and, to the extent possible, nonopioid treatment options, including, but not limited to manipulation, massage therapy, acupuncture, physical therapy and other treatment regimens or modalities. A record of the treatment agreement or care plan shall be recorded in the patient's medical record.

Sec. 7. (NEW) (*Effective July 1, 2019*) (a) Not later than January 1, 2020, the president of each institution of higher education in the state shall (1) develop and implement a policy consistent with subsection (b) of this section concerning the availability and use of opioid antagonists, as defined in section 17a-714 of the general statutes, by students and employees of the institution, (2) submit such policy to the Department of Consumer Protection for approval, and (3) upon approval of the department, post such policy on the institution's Internet web site.

(b) The policy of each institution of higher education concerning the availability and use of opioid antagonists shall (1) designate a medical professional or public safety professional to oversee the purchase, storage and distribution of opioid antagonists on each of its campuses, (2) identify the location or locations on each of its campuses where the opioid antagonists are stored, which location or locations shall be made known and accessible to students and employees of such institution, (3) require maintenance of the supply of opioid antagonists in accordance with the manufacturer's guidelines, and (4) require a representative of the institution to call 911 or notify a local emergency medical services provider prior to, during or as soon as practicable after each use of an opioid antagonist on the institution's campus that is reported to the institution or observed by a medical professional or public safety professional, unless the person to whom the opioid antagonist was administered has already received medical treatment

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Senate Bill No. 394

Public Act No. 19-70

AN ACT ESTABLISHING A COUNCIL ON PROTECTING WOMEN'S HEALTH.

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

Section 1. (NEW) (*Effective July 1, 2019*) (a) There is established a Council on Protecting Women's Health that shall advise the joint standing committees of the General Assembly having cognizance of matters relating to public health and insurance on strategies and any necessary legislative changes to ensure that the actions of the federal government do not impede the provision of health care to women in the state. The council shall monitor legislation at the federal level and any litigation relating to women's health and wellness that has the potential to negatively impact women's health in the state and immediately report, in accordance with the provisions of section 11-4a of the general statutes, to such joint standing committees on strategies, including, but not limited to, the initiation of legislation to protect women's health in the state.

(b) The Council on Protecting Women's Health shall be comprised of (1) the following ex-officio voting members: (A) The Commissioner of Public Health, or the commissioner's designee; (B) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee; (C) the Insurance Commissioner, or the

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commissioner's designee; (D) the executive director of Office of Health Strategy, or the executive director's designee; (E) the Healthcare Advocate, or the Healthcare Advocate's designee; and (F) the Secretary of the Office of Policy and Management, or the secretary's designee; and (2) fourteen public members, three of whom shall be appointed by the president pro tempore of the Senate, three of whom shall be appointed by the speaker of the House of Representatives, two of whom shall be appointed by the majority leader of the Senate, two of whom shall be appointed by the majority leader of the House of Representatives, two of whom shall be appointed by the minority leader of the Senate and two of whom shall be appointed by the minority leader of the House of Representatives, and all of whom shall be knowledgeable on issues relative to women's health care in the state. The membership of the council shall fairly and adequately represent women who have had issues accessing quality health care in the state.

(c) All appointments to the council shall be made not later than sixty days after July 1, 2019. Any vacancy shall be filled by the appointing authority. Members shall serve two-year terms and no public member shall serve for more than two consecutive terms.

(d) The council shall elect two cochairpersons from among its members. The council shall meet at least quarterly. Members of the council shall serve without compensation, except for necessary expenses incurred in the performance of their duties.

(e) The Joint Committee on Legislative Management shall provide administrative support to the chairpersons of the council and assistance in convening the council's meetings.

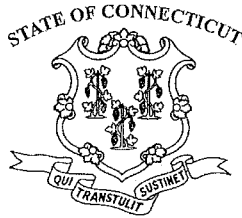
(f) Not later than January 1, 2020, and annually thereafter, the council shall submit a status report on protecting women's health care in the state, in accordance with the provisions of section 11-4a of the

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general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and insurance.

Approved June 26, 2019

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House Bill No. 6916

Special Act No. 19-10

***AN ACT ESTABLISHING A TASK FORCE TO STUDY REMEDIES
AND POTENTIAL LIABILITY FOR UNREASONABLY CONTESTED
OR DELAYED WORKERS' COMPENSATION CLAIMS.***

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

Section 1. (*Effective from passage*) (a) There is established a task force to (1) identify the extent of unreasonably contested or delayed workers' compensation claims, (2) study methods to expand remedies regarding potential liability for unreasonably contested or delayed workers' compensation claims, and (3) clarify the law regarding bad faith handling of workers' compensation claims. Such study shall include, but need not be limited to, an examination of: (A) How such claims are handled when an injured worker is covered by employee benefit health insurance, (B) whether an employee benefit plan should make payments during the time period the Workers' Compensation Commission takes to determine whether the worker's injury is work related, (C) how claims are handled when an injured worker's employer does not provide an employee benefit health insurance plan, (D) the Workers' Compensation Commissioner's authority to fine an insurance company for unreasonably contested claims or undue delay, particularly when such undue delay may cause permanent injury to an employee, (E) delays caused by the failure of medical professionals to follow the Professional Guide for Attorneys, Physicians and Other

House Bill No. 6916

Health Care Practitioners Guidelines for Cooperation, or to provide respondents with a complete and accurate medical history, including, but not limited to, all relevant medical records requested, (F) whether benefits are paid to injured workers or on behalf of injured workers without prejudice during a period of contest, and the frequency with which (i) said benefits are reimbursed in cases in which the underlying injury is deemed not compensable, (ii) the treatment paid for without prejudice is deemed unreasonable or unnecessary, or (iii) indemnity was paid during a period of time in which the injured worker is deemed to have been capable of working and work was available, (G) remedies when an undue delay in payment causes unnecessarily long delays in medical treatment, resulting in loss of employment, (H) types of systems that may be created to obtain data regarding reasonable treatment and recovery timeframes, and (I) best methods to prevent unfair claim-handling practices that violate the Connecticut Unfair Insurance Practices Act, as amended from time to time, including, but not limited to, the following: (i) Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue; (ii) failing to acknowledge and act with reasonable promptness upon communications with respect to claims arising out of and in the course of employment under insurance policies and third-party administration contracts; (iii) failing to adopt and implement reasonable standards for the prompt investigation of claims arising out of and in the course of employment to which such insurance policies and third-party administration contracts shall respond; (iv) refusing to pay benefits without conducting a reasonable and timely investigation based upon all available information; (v) failing to affirm or deny coverage of benefits within a reasonable time after submission of a request for such benefits has been submitted; (vi) not attempting in good faith to effectuate prompt, fair and equitable provision of benefits for claims in which liability has become reasonably clear; (vii) attempting to settle claims on the basis of an application that was altered without notice to or knowledge or consent of the insured; (viii)

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making known to beneficiaries of such insurance policies or third-party contracts of administration pursuant to this section a policy of appealing from decisions of a workers' compensation commissioner or administrative law judge in favor of such beneficiaries for the purpose of compelling the acceptance of settlements or compromises in an amount less than the amount awarded in decisions; (ix) delaying the investigation or payment of claims by requiring a beneficiary or health care provider to submit a preliminary claim report and then requiring the subsequent submission of formal proof-of-loss forms, both of which submissions contain substantially the same information; or (x) failing to promptly provide a reasonable written explanation for the denial of a claim or for an offer of a compromise and settlement in relation to the facts or applicable law.

(b) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom is an attorney and a member of the Connecticut Trial Lawyers Association who has experience in workers' compensation cases and one of whom is an attorney and a member of the Connecticut Defense Lawyers Association who primarily represents respondents in workers' compensation cases;

(2) Two appointed by the president pro tempore of the Senate, one of whom is a representative of physicians who treat workers' compensation claims patients and one of whom is a physician who performs respondents' medical examinations in workers' compensation cases;

(3) Two appointed by the majority leader of the House of Representatives, one of whom shall be a member of the General Assembly and one of whom is an injured worker;

(4) Two appointed by the majority leader of the Senate, one of

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whom shall be a member of the Workers' Compensation Legal Advisory Panel or the Workers' Compensation Medical Advisory Panel, whomever of which is available for any scheduled meeting, and one of whom is a member of the Connecticut State Medical Society;

(5) Two appointed by the minority leader of the House of Representatives, one of whom shall be a representative of the business community and one of whom is an injured worker;

(6) Two appointed by the minority leader of the Senate, one of whom shall represent a workers' compensation insurance carrier and one of whom shall be a representative of industry;

(7) The chairperson of the Workers' Compensation Commission, or the chairperson's designee;

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

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

(10) The Commissioner of Administrative Services, or the commissioner's designee.

(c) Any member of the task force appointed under subdivision (1), (2), (5) or (6) of subsection (b) of this section may be a member of the General Assembly.

(d) All appointments to the task force shall be made not later than August 1, 2019. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not

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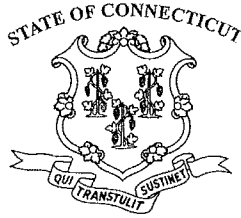
later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to labor shall serve as administrative staff of the task force.

(g) Not later than January 1, 2020, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to labor, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, 2020, whichever is later.

Approved June 21, 2019

32



House Bill No. 7093

Special Act No. 19-12

**AN ACT ESTABLISHING A TASK FORCE TO INCREASE
EMPLOYMENT OPPORTUNITIES FOR PERSONS WITH
DISABILITIES.**

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

Section 1. (*Effective from passage*) (a) There is established a task force to study how to increase employment opportunities for persons with disabilities. The task force shall study and make recommendations concerning matters including, but not limited to, (1) expanding existing employment assistance programs for persons with disabilities, and (2) establishing financial incentives for businesses to employ more persons with disabilities.

(b) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom is an employed person with intellectual disabilities and one of whom is an employed person with physical disabilities;

(2) Two appointed by the president pro tempore of the Senate, one of whom is an employed person with intellectual disabilities and one of whom is an employer of persons with disabilities;

(3) One appointed by the majority leader of the House of

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Representatives;

(4) One appointed by the majority leader of the Senate;

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

(6) One appointed by the minority leader of the Senate;

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

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

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

(10) The Commissioner of Revenue Services, or the commissioner's designee;

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

(12) The Commissioner of Rehabilitation Services, or the commissioner's designee.

(c) Any member of the task force appointed under subdivision (3), (4), (5) or (6) of subsection (b) of this section may be a member of the General Assembly.

(d) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall

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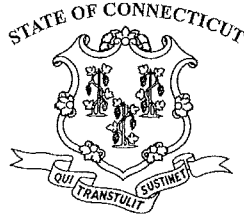
schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Developmental Services shall serve as administrative staff of the task force.

(g) Not later than February 1, 2020, the task force shall submit a report on its findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to finance, revenue and bonding, human services, labor and public health, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or February 1, 2020, whichever is later.

Approved June 18, 2019

33



Substitute Senate Bill No. 804

Special Act No. 19-18

AN ACT CONCERNING A COMMUNITY OMBUDSMAN.

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

Section 1. (*Effective from passage*) The State Ombudsman, appointed pursuant to section 17a-405 of the general statutes, and the Commissioner of Social Services shall develop a Community Ombudsman program to investigate complaints concerning care received by recipients of home and community-based services administered by the Department of Social Services. Not later than January 1, 2020, the State Ombudsman and the Commissioner of Social Services shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to aging and human services identifying: (1) The persons to be served in the Community Ombudsman program, (2) the types of services to be offered under such program, and (3) appropriations needed to staff the Community Ombudsman program.

Approved July 1, 2019