



General Assembly

Amendment

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LCO No. 6453

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Offered by:

REP. LAWLOR, 99th Dist.

REP. FOX, 146th Dist.

To: Subst. Senate Bill No. 672

File No. 532

Cal. No. 514

"AN ACT CONCERNING THE REVISOR'S TECHNICAL CORRECTIONS TO THE GENERAL STATUTES."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Subsection (a) of section 17b-8 of the 2008 supplement to
4 the general statutes is repealed and the following is substituted in lieu
5 thereof (*Effective from passage*):

6 (a) The Commissioner of Social Services shall submit an application
7 for a federal waiver of any assistance program requirements, except
8 such application pertaining to routine operational issues, to the joint
9 standing committees of the General Assembly having cognizance of
10 matters relating to human services and appropriations and the budgets
11 of state agencies prior to the submission of such application to the
12 federal government. Not later than thirty days after the date of their
13 receipt of such application, the joint standing committees shall: (1)
14 Hold a public hearing on the waiver application, and (2) thereafter

15 advise the commissioner of their approval, denial or modifications, if
16 any, of the commissioner's application. If the joint standing committees
17 advise the commissioner of their denial of the commissioner's
18 application, the commissioner shall not submit the application for a
19 federal waiver to the federal government. If such committees do not
20 concur, the committee chairpersons shall appoint a committee of
21 conference which shall be [comprised] composed of three members
22 from each joint standing committee. At least one member appointed
23 from each joint standing committee shall be a member of the minority
24 party. The report of the committee of conference shall be made to each
25 joint standing committee, which shall vote to accept or reject the
26 report. The report of the committee of conference may not be
27 amended. If a joint standing committee rejects the report of the
28 committee of conference, that joint standing committee shall notify the
29 commissioner of the rejection and the commissioner's application shall
30 be deemed approved. If the joint standing committees accept the
31 report, the committee having cognizance of matters relating to
32 appropriations and the budgets of state agencies shall advise the
33 commissioner of their approval, denial or modifications, if any, of the
34 commissioner's application. If the joint standing committees do not so
35 advise the commissioner during the thirty-day period, the application
36 shall be deemed approved. Any application for a federal waiver
37 submitted by the commissioner, pursuant to this section, shall be in
38 accordance with the approval or modifications, if any, of the joint
39 standing committees of the General Assembly having cognizance of
40 matters relating to human services and appropriations and the budgets
41 of state agencies.

42 Sec. 502. Subsection (b) of section 17b-192 of the 2008 supplement to
43 the general statutes is repealed and the following is substituted in lieu
44 thereof (*Effective from passage*):

45 (b) Each person eligible for state-administered general assistance
46 shall be entitled to receive medical care through a federally qualified
47 health center or other primary care provider as determined by the
48 commissioner. The Commissioner of Social Services shall determine

49 appropriate service areas and shall, in the commissioner's discretion,
50 contract with community health centers, other similar clinics, and
51 other primary care providers, if necessary, to assure access to primary
52 care services for recipients who live farther than a reasonable distance
53 from a federally qualified health center. The commissioner shall assign
54 and enroll eligible persons in federally qualified health centers and
55 with any other providers contracted for the program because of access
56 needs. Each person eligible for state-administered general assistance
57 shall be entitled to receive hospital services. Medical services under the
58 program shall be limited to the services provided by a federally
59 qualified health center, hospital, or other provider contracted for the
60 program at the commissioner's discretion because of access needs. The
61 commissioner shall ensure that ancillary services and specialty services
62 are provided by a federally qualified health center, hospital, or other
63 providers contracted for the program at the commissioner's discretion.
64 Ancillary services include, but are not limited to, radiology, laboratory,
65 and other diagnostic services not available from a recipient's assigned
66 primary-care provider, and durable medical equipment. Specialty
67 services are services provided by a physician with a specialty that are
68 not included in ancillary services. Ancillary or specialty services
69 provided under the program shall not exceed such services provided
70 under the state-administered general assistance program on July 1,
71 2003, except for nonemergency medical transportation and vision care
72 services which may be provided on a limited basis within available
73 appropriations. Notwithstanding any provision of this subsection, the
74 commissioner may [, when determined cost effective,] provide, or
75 require a contractor to provide, home health services or skilled nursing
76 facility coverage for state-administered general assistance recipients
77 being discharged from a chronic disease hospital when the provision
78 of such services or coverage is determined to be cost effective by the
79 commissioner.

80 Sec. 503. Subsection (a) of section 17b-261h of the 2008 supplement
81 to the general statutes is repealed and the following is substituted in
82 lieu thereof (*Effective from passage*):

83 (a) The Commissioner of Social Services shall, if required, seek a
84 waiver from federal law for the purpose of enhancing the enrollment
85 of HUSKY Plan, Part A recipients in available employer-sponsored
86 private health insurance. Such a waiver shall include, but shall not be
87 limited to, provisions that: (1) Require the enrollment of HUSKY Plan,
88 Part A parents, needy caretaker relatives and dependents in any
89 available employer-sponsored health insurance to the maximum extent
90 of available coverage as a condition of eligibility when determined to
91 be cost effective by the Department of Social Services; (2) require a
92 subsidy to be paid directly to the HUSKY Plan, Part A caretaker
93 relative in an amount equal to the premium payment requirements of
94 any available employer-sponsored health insurance paid by way of
95 payroll deduction; and (3) assure HUSKY Plan, Part A coverage
96 requirements for medical assistance not covered by any available
97 [employment-sponsored] employer-sponsored health insurance.

98 Sec. 504. Subsection (b) of section 17b-265 of the 2008 supplement to
99 the general statutes is repealed and the following is substituted in lieu
100 thereof (*Effective from passage*):

101 (b) An applicant or recipient or legally liable relative, by the act of
102 the [applicant] applicant's or [recipient] recipient's receiving medical
103 assistance, shall be deemed to have made a subrogation assignment
104 and an assignment of claim for benefits to the department. The
105 department shall inform an applicant of such assignments at the time
106 of application. Any entitlements from a contractual agreement with an
107 applicant or recipient, legally liable relative or a state or federal
108 program for such medical services, not to exceed the amount expended
109 by the department, shall be so assigned. Such entitlements shall be
110 directly reimbursable to the department by third party payors. The
111 Department of Social Services may assign its right to subrogation or its
112 entitlement to benefits to a designee or a health care provider
113 participating in the Medicaid program and providing services to an
114 applicant or recipient, in order to assist the provider in obtaining
115 payment for such services. In accordance with subsection (b) of section
116 38a-472, a provider that has received an assignment from the

117 department shall notify the recipient's health insurer or other legally
118 liable third party including, but not limited to, a self-insured plan,
119 group health plan, as defined in Section 607(1) of the Employee
120 Retirement Income Security Act of 1974, service benefit plan, managed
121 care organization, health care center, pharmacy benefit manager,
122 dental benefit manager or other party that is, by statute, contract or
123 agreement, legally responsible for payment of a claim for a health care
124 item or service, of the assignment upon rendition of services to the
125 applicant or recipient. Failure to so notify the health insurer or other
126 legally liable third party shall render the provider ineligible for
127 payment from the department. The provider shall notify the
128 department of any request by the applicant or recipient or legally liable
129 relative or representative of such applicant or recipient for billing
130 information. This subsection shall not be construed to affect the right
131 of an applicant or recipient to maintain an independent cause of action
132 against such third party tortfeasor.

133 Sec. 505. Subsection (c) of section 17b-265e of the 2008 supplement
134 to the general statutes is repealed and the following is substituted in
135 lieu thereof (*Effective from passage*):

136 (c) The Department of Social Services shall, in accordance with the
137 provisions of this section, pay claims for prescription drugs for
138 Medicare Part D beneficiaries, who are also either Medicaid or
139 ConnPACE recipients and who are denied coverage by the Medicare
140 Part D plan in which such beneficiary is enrolled because a prescribed
141 drug is not on the formulary utilized by such Medicare Part D plan.
142 Payment shall initially be made by the department for a thirty-day
143 supply, subject to any applicable copayment. The beneficiary shall
144 appoint the commissioner as such beneficiary's representative for the
145 purpose of appealing any denial of Medicare Part D benefits and for
146 any other purpose allowed under [said act] Public Law 108-173, the
147 Medicare Prescription Drug, Improvement, and Modernization Act of
148 2003, and deemed necessary by the commissioner.

149 Sec. 506. Subsection (c) of section 17b-277 of the 2008 supplement to

150 the general statutes is repealed and the following is substituted in lieu
151 thereof (*Effective from passage*):

152 (c) On or before September 30, 2007, the Commissioner of Social
153 Services [] shall submit a state plan amendment or, if required by the
154 federal government, seek a waiver under federal law to provide health
155 insurance coverage to pregnant women, who do not otherwise have
156 creditable coverage, as defined in 42 USC 300gg(c), and who have
157 income above one hundred eighty-five per cent of the federal poverty
158 level but not in excess of two hundred fifty per cent of the federal
159 poverty level. Following approval of such state plan amendment or
160 approval of such waiver application, the commissioner, on or before
161 January 1, 2008, shall implement the provisions of subsections (a) and
162 (b) of this section.

163 Sec. 507. Subsection (j) of section 17b-292 of the 2008 supplement to
164 the general statutes is repealed and the following is substituted in lieu
165 thereof (*Effective from passage*):

166 (j) Not later than ten months after the determination of eligibility for
167 benefits under the HUSKY Plan, Part A and Part B and annually
168 thereafter, the commissioner or the servicer, as the case may be, shall,
169 within existing budgetary resources, mail or, upon request of a
170 participant, electronically transmit an application form to each
171 participant in the plan for the purposes of obtaining information to
172 make a determination on continued eligibility beyond the twelve
173 months of initial eligibility. To the extent permitted by federal law, in
174 determining eligibility for benefits under the HUSKY Plan, Part A or
175 Part B with respect to family income, the commissioner or the servicer
176 shall rely upon information provided in such form by the participant
177 unless the commissioner or the servicer has reason to believe that such
178 information is inaccurate or incomplete. The Department of Social
179 Services shall annually review a random sample of cases to confirm
180 that, based on the statistical sample, relying on such information is not
181 resulting in ineligible clients receiving benefits under HUSKY Plan
182 Part A or Part B. The determination of eligibility shall be coordinated

183 with health plan open enrollment periods.

184 Sec. 508. Subsection (b) of section 17b-353 of the 2008 supplement to
185 the general statutes is repealed and the following is substituted in lieu
186 thereof (*Effective from passage*):

187 (b) An applicant, prior to submitting a certificate of need
188 application, shall request, in writing, application forms and
189 instructions from the department. The request shall include: (1) The
190 name of the applicant or applicants; (2) a statement indicating whether
191 the application is for (A) a new, additional, expanded or replacement
192 facility, service or function, (B) a termination or reduction in a
193 presently authorized service or bed capacity, or (C) any new,
194 additional or terminated beds and their type; (3) the estimated capital
195 cost; (4) the town where the project is or will be located; and (5) a brief
196 description of the proposed project. Such request shall be deemed a
197 letter of intent. No certificate of need application shall be considered
198 submitted to the department unless a current letter of intent, specific to
199 the proposal and in accordance with the provisions of this subsection,
200 has been on file with the department for not less than ten business
201 days. For purposes of this subsection, "a current letter of intent" means
202 a letter of intent on file with the department for not more than one
203 hundred eighty days. A certificate of need application shall be deemed
204 withdrawn by the department if a department completeness letter is
205 not responded to within one hundred eighty days.

206 Sec. 509. Section 17b-733 of the 2008 supplement to the general
207 statutes is repealed and the following is substituted in lieu thereof
208 (*Effective from passage*):

209 The Department of Social Services shall be the lead agency for child
210 day care services in Connecticut. The department shall: (1) Identify,
211 annually, existing child day care services and maintain an inventory of
212 all available services; (2) provide technical assistance to corporations
213 and private agencies in the development and expansion of child day
214 care services for families at all income levels, including families of their

215 employees and clients; (3) study and identify funding sources available
216 for child day care including federal funds and tax benefits; (4) study
217 the cost and availability of liability insurance for child day care
218 providers; (5) provide, in conjunction with the Departments of
219 Education and Higher Education, ongoing training for child day care
220 providers including preparing videotaped workshops and distributing
221 them to cable stations for broadcast on public access stations, and seek
222 private donations to fund such training; (6) encourage child day care
223 services to obtain accreditation; (7) develop a range of financing
224 options for child care services, including the use of a tax-exempt bond
225 program, a loan guarantee program and establishing a direct revolving
226 loan program; (8) promote the colocation of child day care and school
227 readiness programs pursuant to section 4b-31; (9) establish a
228 performance-based evaluation system; (10) develop for
229 recommendation to the Governor and the General Assembly measures
230 to provide incentives for the private sector to develop and support
231 expanded child day care services; (11) provide, within available funds
232 and in conjunction with the temporary family assistance program as
233 defined in section 17b-680, child day care to public assistance
234 recipients; (12) develop and implement, with the assistance of the
235 Child Day Care Council and the Departments of Public Health, Social
236 Services, Education, Higher Education, Children and Families,
237 Economic and Community Development and Consumer Protection, a
238 state-wide coordinated child day care and early childhood education
239 training system [(A)] for child day care centers, group day care homes
240 and family day care homes that provide child day care services, and
241 [(B)] that makes available to such providers and their staff, within
242 available appropriations, scholarship assistance, career counseling and
243 training, advancement in career ladders, as defined in section 4-124bb,
244 through seamless articulation of levels of training, program
245 accreditation support and other initiatives recommended by the
246 Departments of Social Services, Education and Higher Education; (13)
247 plan and implement a unit cost reimbursement system for state-
248 funded child day care services such that, on and after January 1, 2008,
249 any increase in reimbursement shall be based on a requirement that

250 such centers meet the staff qualifications, as defined in subsection (b)
251 of section 10-16p of the 2008 supplement to the general statutes; (14)
252 develop, within available funds, initiatives to increase compensation
253 paid to child day care providers for educational opportunities,
254 including, but not limited to, (A) incentives for educational
255 advancement paid to persons employed by child day care centers
256 receiving state or federal funds, and (B) support for the establishment
257 and implementation by the Labor Commissioner of apprenticeship
258 programs for child day care workers pursuant to sections 31-22m to 31-
259 22q, inclusive, which programs shall be jointly administered by labor
260 and management trustees; (15) evaluate the effectiveness of any
261 initiatives developed pursuant to subdivision (14) of this section in
262 improving staff retention rates and the quality of education and care
263 provided to children; and (16) report annually to the Governor and the
264 General Assembly on the status of child day care in Connecticut. Such
265 report shall include (A) an itemization of the allocation of state and
266 federal funds for child care programs; (B) the number of children
267 served under each program so funded; (C) the number and type of
268 such programs, providers and support personnel; (D) state activities to
269 encourage partnership between the public and private sectors; (E)
270 average payments issued by the state for both part-time and full-time
271 child care; (F) range of family income and percentages served within
272 each range by such programs; and (G) age range of children served.

273 Sec. 510. Subsections (d) and (e) of section 46a-33a of the 2008
274 supplement to the general statutes are repealed and the following is
275 substituted in lieu thereof (*Effective from passage*):

276 (d) No person shall provide interpreting services in a medical
277 setting unless such person is registered with the commission according
278 to the provisions of this section and [holds] (1) holds a comprehensive
279 skills certificate from the National Registry of Interpreters for the Deaf,
280 (2) holds a certificate of interpretation or a certificate of transliteration
281 from the National Registry of Interpreters for the Deaf, (3) holds a level
282 four or higher certification from the National Association of the Deaf,
283 (4) holds a reverse skills certificate or is a certified deaf interpreter

284 under the National Registry of Interpreters of the Deaf, (5) for
285 situations requiring an oral interpreter only, holds oral certification
286 from the National Registry of Interpreters for the Deaf, (6) for
287 situations requiring a cued speech transliterator only, holds
288 certification from the National Training, Evaluation and Certification
289 Unit and has passed the National Registry of Interpreters for the Deaf
290 written generalist test, or (7) holds a National Association of the Deaf-
291 National Registry of Interpreters for the Deaf national interpreting
292 certificate.

293 (e) No person shall provide interpreting services in a legal setting
294 unless such person is registered with the commission according to the
295 provisions of this section and [holds] (1) holds a comprehensive skills
296 certificate from the National Registry of Interpreters for the Deaf, (2)
297 holds a certificate of interpretation and a certificate of transliteration
298 from the National Registry of Interpreters for the Deaf, (3) holds a level
299 five certification from the National Association of the Deaf, (4) holds a
300 reverse skills certificate or is a certified deaf interpreter under the
301 National Registry of Interpreters of the Deaf, (5) for situations
302 requiring an oral interpreter only, holds oral certification from the
303 National Registry of Interpreters for the Deaf, (6) for situations
304 requiring a cued speech transliterator only, holds certification from the
305 National Training, Evaluation and Certification Unit and has passed
306 the National Registry of Interpreters for the Deaf written generalist
307 test, or (7) holds a National Association of the Deaf-National Registry
308 of Interpreters for the Deaf national interpreting certificate.

309 Sec. 511. Subdivision (3) of subsection (a) of section 46b-160 of the
310 2008 supplement to the general statutes is repealed and the following
311 is substituted in lieu thereof (*Effective from passage*):

312 (3) (A) The court, or any judge [, or family support magistrate,
313 assigned to said court] thereof, or any family support magistrate, shall
314 cause a summons, signed by such judge or magistrate, by the clerk of
315 said court, or by a commissioner of the Superior Court to be issued,
316 requiring the putative father to appear in court at a time and place as

317 determined by the clerk but not more than ninety days after the
318 issuance of the summons to show cause why the request for relief in
319 such petition should not be granted.

320 (B) A state marshal, proper officer or investigator shall make due
321 return of process to the court not less than twenty-one days before the
322 date assigned for hearing. In the case of a child or expectant mother
323 being supported wholly or in part by the state, service of such petition
324 may be made by any investigator employed by the Department of
325 Social Services and any proper officer authorized by law.

326 Sec. 512. Subsection (f) of section 46b-212j of the 2008 supplement to
327 the general statutes is repealed and the following is substituted in lieu
328 thereof (*Effective from passage*):

329 (f) The family support magistrate that determines by order which is
330 the controlling order under [subdivisions] subdivision (1) or (2) of
331 subsection (b) or subsection (c) of this section or that issues a new
332 controlling order under subdivision (3) of subsection (b) of this section,
333 shall state in the order: (1) The basis upon which the tribunal made its
334 determination; (2) the amount of prospective support, if any; and (3)
335 the total amount of consolidated arrears and accrued interest, if any,
336 under all of the orders after all payments made are credited as
337 provided by section 46b-212l of the 2008 supplement to the general
338 statutes.

339 Sec. 513. Subsection (b) of section 46b-212p of the general statutes is
340 repealed and the following is substituted in lieu thereof (*Effective from*
341 *passage*):

342 (b) If requested by the responding tribunal, the family support
343 magistrate shall issue a certificate or other document and make
344 findings required by the law of the responding state. If the responding
345 state is a foreign country or political subdivision, upon request, the
346 family support magistrate shall specify the amount of support sought,
347 convert that amount into the equivalent amount in the foreign
348 currency under the applicable official or market exchange rate as

349 publicly reported and provide any other documents necessary to
350 satisfy the requirements of the responding state.

351 Sec. 514. Subsection (a) of section 46b-213q of the 2008 supplement
352 to the general statutes is repealed and the following is substituted in
353 lieu thereof (*Effective from passage*):

354 (a) Except as provided in subsection (b) of section 46b-213r of the
355 2008 supplement to the general statutes, in any matter where the
356 Family Support Magistrate Division does not have jurisdiction
357 pursuant to subsection (f) of this section, upon petition a family
358 support magistrate may modify a child support order issued in
359 another state which is registered in this state if, after notice and
360 hearing, such magistrate finds that: (1) The following requirements are
361 met: (A) Neither the child, nor the obligee who is an individual nor the
362 obligor resides in the issuing state; (B) a petitioner who is a
363 nonresident of this state seeks modification; and (C) the respondent is
364 subject to the personal jurisdiction of the Family Support Magistrate
365 Division; or (2) this state is the state of residence of the child or a party
366 who is an individual is subject to the personal jurisdiction of the
367 Family Support Magistrate Division and all of the parties who are
368 individuals have filed consents in a record in the issuing tribunal for a
369 family support magistrate to modify the support order and assume
370 continuing exclusive jurisdiction.

371 Sec. 515. Subsection (d) of section 46b-213w of the 2008 supplement
372 to the general statutes is repealed and the following is substituted in
373 lieu thereof (*Effective from passage*):

374 (d) The employer shall treat an income withholding order issued in
375 another state which appears regular on its face as if it had been issued
376 by a tribunal of this state.

377 Sec. 516. Subsection (l) of section 10-183g of the 2008 supplement to
378 the general statutes is repealed and the following is substituted in lieu
379 thereof (*Effective from passage*):

380 (l) (1) Beginning the first day of January or July which follows nine
381 months in retirement, a retired member who retired on or after
382 September 1, 1992, or a member's successor beneficiary, except a
383 person receiving survivor's benefits, shall be eligible for an annual cost
384 of living allowance. The cost of living allowance shall be calculated by
385 using the percentage cost of living adjustment granted by the Social
386 Security Administration for the applicable year, computed on the basis
387 of the retirement benefits to which such retired member or successor
388 beneficiary was entitled on the last day of the preceding December or
389 June except benefits based upon one per cent or voluntary
390 contributions, provided no cost of living allowance shall exceed six per
391 cent and provided further, if the total return earned by the trustees on
392 the market value of the pension assets for the preceding fiscal year is
393 less than eight and one-half per cent, any cost of living allowance
394 granted shall not exceed one and one-half per cent.

395 (2) A member entering the retirement system commencing on or
396 after July 1, 2007, or such member's successor beneficiary, except a
397 person receiving survivor's benefits, shall, beginning the first day of
398 January or July that follows nine months in retirement, be eligible for
399 an annual cost of living allowance as follows: The cost of living
400 allowance shall be calculated by using the percentage cost of living
401 adjustment granted by the Social Security Administration for the
402 applicable year, computed on the basis of the retirement benefits to
403 which such retired member or successor beneficiary was entitled on
404 the last day of the preceding December or June, as applicable, except
405 benefits based upon one per cent [of] or voluntary contributions,
406 provided (A) no cost of living allowance shall exceed five per cent, and
407 (B) if the total return earned by the trustees on the market value of the
408 pension assets for the preceding fiscal year is less than eight and one-
409 half per cent, any cost of living allowance granted shall not exceed one
410 per cent, if such total return for the preceding fiscal year is greater than
411 eight and one-half per cent but less than eleven and one-half per cent,
412 any cost of living allowance granted shall not exceed three per cent,
413 and if such return exceeds eleven and one-half per cent, any cost of

414 living allowance granted shall not exceed five per cent.

415 Sec. 517. Subsection (a) of section 1 of house bill 5114 of the current
416 session, as amended by house amendment schedule "A", is repealed
417 and the following is substituted in lieu thereof (*Effective October 1,*
418 *2008*):

419 (a) As used in this section, (1) "pay card" means a card issued by an
420 employer or its payroll service provider to its employee that is linked
421 to a payroll card account and credited with the employee's wages at
422 the close of a pay period; and (2) "pay card system" means an
423 electronic pay arrangement where an employee's wages are credited
424 on a recurring basis to a payroll card account directly or indirectly
425 established by the employer on behalf of the employee that is subject
426 to withdrawal charges and fees and where withdrawals may be made
427 using a pay card at automated teller machines or point of sale
428 terminals.

429 Sec. 518. Subdivision (9) of subsection (b) of section 1 of senate bill
430 483 of the current session, as amended by senate amendment schedule
431 "B", is repealed and the following is substituted in lieu thereof (*Effective*
432 *January 1, 2010*):

433 (9) Any appointments of the [physician] health care provider to a
434 Connecticut medical or dental school faculty or the faculty of any other
435 school or institution giving instruction in the healing arts and an
436 indication as to whether the health care provider has current
437 responsibility for graduate professional education.

438 Sec. 519. Section 8 of public act 08-32 of the general statutes is
439 repealed and the following is substituted in lieu thereof (*Effective*
440 *August 1, 2008*):

441 (a) If a police officer issues an infractions complaint to any person
442 for a violation of the provisions of section 14-36g of the 2008
443 supplement to the general statutes, as amended by [this act] section 4
444 of public act 08-32, the motor vehicle operator's license of such person

445 shall be suspended for a period of forty-eight hours commencing on
446 the date and time such complaint is issued, and such officer, acting on
447 behalf of the Commissioner of Motor Vehicles, shall immediately seize
448 and take possession of such person's motor vehicle operator's license
449 and may cause such vehicle to be removed. In order to regain
450 possession of such person's operator's license, after such forty-eight-
451 hour period, such person and such person's parent or legal guardian
452 shall appear in person at the police department, state police barracks
453 or other location designated by the police officer, and sign a written
454 acknowledgement of the return of such license. No restoration fee shall
455 be required to be paid to the commissioner, in accordance with the
456 provisions of section 14-50b of the general statutes, but the police
457 officer shall make a written report of the violation and the suspension
458 action, in such form and containing such information as the
459 commissioner shall prescribe, and shall file or transmit such report to
460 the commissioner in such time and manner as the commissioner shall
461 prescribe.

462 (b) If any person operating a motor vehicle, subject to the provisions
463 of section 14-36g of the 2008 supplement to the general statutes, as
464 amended by [this act] section 4 of public act 08-32, is stopped by a
465 police officer and arrested or issued a summons by such officer for (A)
466 violating subdivision (4) of subsection (a) of section 14-219 of the
467 general statutes, as amended by [this act] section 13 of public act 08-32,
468 (B) operating a motor vehicle under the influence of alcohol or any
469 drug or both in violation of section 14-227a or 14-227g of the general
470 statutes, (C) engaging in racing a motor vehicle on a public highway in
471 violation of subsection (c) of section 14-224 of the general statutes, or
472 (D) operating a motor vehicle recklessly in violation of section 14-222
473 of the general statutes, the motor vehicle operator's license of such
474 person shall be suspended for a period of forty-eight hours
475 commencing on the date and time such person is arrested or such
476 summons is issued, and such officer, acting on behalf of the
477 Commissioner of Motor Vehicles, shall immediately seize and take
478 possession of such person's motor vehicle operator's license and may

479 cause such motor vehicle to be removed. In order to regain possession
480 of such person's operator's license after such forty-eight-hour period,
481 such person and such person's parent or legal guardian shall appear in
482 person at the police department, state police barracks or other location
483 designated by the police officer, and sign a written acknowledgement
484 of the return of such license. No restoration fee shall be required to be
485 paid to the commissioner, in accordance with the provisions of section
486 14-50b of the general statutes, but the police officer shall make a
487 written report of the violation and the suspension action, in such form
488 and containing such information as the commissioner shall prescribe,
489 and shall file or transmit such report to the commissioner in such time
490 and manner as the commissioner shall prescribe.

491 Sec. 520. Subsection (a) of section 31-354 of the general statutes is
492 repealed and the following is substituted in lieu thereof (*Effective from*
493 *passage*):

494 (a) There shall be a fund to be known as the Second Injury Fund.
495 Each employer, other than the state, shall, within thirty days after
496 notice given by the State Treasurer, pay to the State Treasurer for the
497 use of the state a sum in payment of his liability under this chapter
498 which shall be calculated in accordance with the Second Injury Fund
499 surcharge base, as defined in section 31-349g, and shall be assessed in
500 accordance with subsection (f) of section 31-349, sections 31-349g, 31-
501 349h and 31-349i, this section, section 31-354b and sections 8 and 9 of
502 public act 96-242*. Such sum shall be an amount sufficient to (1) pay
503 the debt service on state revenue bond obligations authorized to be
504 issued under and for the purposes set forth in section 31-354b
505 including reserve and covenant coverage requirements, (2) provide for
506 costs and expenses of operating the Second Injury Fund, and (3) pay
507 Second Injury Fund stipulations on claims settled by the custodian or
508 other benefits payable out of the Second Injury Fund and not funded
509 through state revenue bond obligations and shall be determined in
510 accordance with the regulations adopted pursuant to the provisions of
511 section 31-349g. The custodian shall establish a factor for the annual
512 surcharge that caps such surcharge for the fiscal years ending June 30,

513 1996, 1997 and 1998. In determining such factor the custodian shall
514 consider the funding mechanism authorized by subsection (f) of
515 section 31-349, sections 31-349g, 31-349h and 31-349i, this section,
516 section 31-354b and sections 8 and 9 of public act 96-242*, recognize
517 that an acceptable level of employer assessment is important to the
518 vitality of the economy of the state and nevertheless shall assure
519 provision of services to injured workers that enhances their ability to
520 return to work and improve their quality of life. In any event, such
521 factor shall not exceed, with respect to insured employers, a rate of
522 fifteen per cent on the Second Injury Fund surcharge base with respect
523 to workers' compensation and employers' liability policies and, with
524 respect to self-insured employers, a comparable percentage limitation
525 representing their pro rata share of any assessment. Any employer or
526 any insurance company acting as collection agent for the custodian of
527 the Second Injury Fund who fails to pay in accordance with such
528 regulations shall pay a penalty to the State Treasurer of fifteen per cent
529 or a minimum of fifty dollars, whichever is greater, on the unpaid
530 assessment or surcharge. Interest at the rate of six per cent per annum
531 shall be charged on any amounts owed on assessment audits or
532 surcharge audits. For self-insured employers interest shall accrue
533 thirty days after notice from the Second Injury Fund of the unpaid
534 audit assessment. For insurance companies, the interest shall accrue
535 from the date of the notice of audit errors or deficiencies as determined
536 by the date postmarked by the United States Postal Service. The State
537 Treasurer shall notify each employer of the penalty or interest
538 provision with the notice of assessment. Any partial payments made to
539 the fund shall be first applied to any unpaid penalty, then to any
540 unpaid interest and the remainder, if any, to the unpaid assessment or
541 surcharge. Interest or penalties shall be applied if assessment or
542 surcharge reports or payments are postmarked by the United States
543 Postal Service after the designated due date. The sums received shall
544 be accounted for separately and apart from all other state moneys and
545 the faith and credit of the state of Connecticut is pledged for their
546 safekeeping. The State Treasurer shall be the custodian of the fund and
547 all disbursements from the fund shall be made by the Treasurer or the

548 Treasurer's deputies. The moneys of the fund shall be invested by the
549 Treasurer in accordance with applicable law and section 8 of public act
550 96-242*. Interest, income and dividends from the investments shall be
551 credited to the fund. Each employer, each private insurance carrier
552 acting on behalf of any employer and each interlocal risk management
553 agency acting on behalf of any employer shall annually, on or before
554 April first, report to the State Treasurer, in the form prescribed by the
555 State Treasurer, the amount of money expended by or on behalf of the
556 employer in payments for the preceding calendar year. Each private
557 insurance carrier, each self-insurance group and each interlocal risk
558 management agency shall submit annually, on or before April first, to
559 the State Treasurer, in the form prescribed by the State Treasurer, a
560 report of the total Second Injury Fund surcharge base collected in the
561 preceding calendar year and a report of the projected total Second
562 Injury Fund surcharge base for the current calendar year. The fund
563 shall be used to provide the benefits set forth in section 31-306 for
564 adjustments in the compensation rate and payment of certain death
565 benefits, in section 31-307b for adjustments where there are relapses
566 after a return to work, in section 31-307c for totally disabled persons
567 injured prior to October 1, 1953, in section 31-349 for disabled or
568 handicapped employees and in section 31-355 for the payment of
569 benefits due injured employees whose employers or insurance carriers
570 have failed to pay the compensation, and medical expenses required
571 by this chapter, or any other compensation payable from the fund as
572 may be required by any provision contained in this chapter or any
573 other statute and to reimburse employers or insurance carriers for
574 payments made under subsection (b) of section 31-307a. The
575 assessment required by this section is a condition of doing business in
576 this state and failure to pay the assessment, when due, shall result in
577 the denial of the privilege of doing business in this state or to self-
578 insure under section 31-284. Any administrative or other costs or
579 expenses incurred by the State Treasurer in connection with carrying
580 out the provisions of this part, including the hiring of necessary
581 employees, shall be paid from the fund. The State Treasurer may adopt
582 regulations, in accordance with the provisions of chapter 54,

583 prescribing the practices, policies and procedures to be followed in the
584 administration of the Second Injury Fund.

585 Sec. 521. Subsection (b) of section 16a-3a of the 2008 supplement to
586 the general statutes is repealed and the following is substituted in lieu
587 thereof (*Effective from passage*):

588 (b) On or before January 1, 2008, and [annually] every two years
589 thereafter, the companies shall submit to the Connecticut Energy
590 Advisory Board an assessment of (1) the energy and capacity
591 requirements of customers for the next three, five and ten years, (2) the
592 manner of how best to eliminate growth in electric demand, (3) how
593 best to level electric demand in the state by reducing peak demand and
594 shifting demand to off-peak periods, (4) the impact of current and
595 projected environmental standards, including, but not limited to, those
596 related to greenhouse gas emissions and the federal Clean Air Act
597 goals and how different resources could help achieve those standards
598 and goals, (5) energy security and economic risks associated with
599 potential energy resources, and (6) the estimated lifetime cost and
600 availability of potential energy resources."