



General Assembly

Amendment

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LCO No. 7939

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Offered by:

REP. RITTER, 38th Dist.

REP. FONTANA, 87th Dist.

To: Subst. House Bill No. 6600

File No. 920

Cal. No. 403

**"AN ACT CONCERNING THE ESTABLISHMENT OF THE
SUSTINET PLAN."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2009*) As used in sections 1 to 14,
4 inclusive, of this act and section 17b-297b of the general statutes, as
5 amended by this act:

6 (1) "SustiNet Plan" means a self-insured health care delivery plan,
7 that is designed to ensure that plan members receive high-quality
8 health care coverage without unnecessary costs;

9 (2) "Standard benefits package" means a set of covered benefits as
10 determined by the public authority, with out-of-pocket cost-sharing
11 limits and provider network rules, subject to the same coverage
12 mandates described in chapter 700c of the general statutes and the
13 utilization review requirements described in chapter 698a of the

14 general statutes that apply to group health insurance sold in this state.
15 The standard benefits package includes, but is not limited to, the
16 following:

17 (A) Coverage of medical home services; inpatient and outpatient
18 hospital care; generic and name-brand prescription drugs; laboratory
19 and x-ray services; durable medical equipment; speech, physical and
20 occupational therapy; home health care; vision care; family planning;
21 emergency transportation; hospice; prosthetics; podiatry; short-term
22 rehabilitation; the identification and treatment of developmental
23 delays from birth through age three; and wellness programs, provided
24 convincing scientific evidence demonstrates that such programs are
25 effective in reducing the severity or incidence of chronic disease;

26 (B) A per individual and per family deductible, provided preventive
27 care or prescription drugs shall not be subject to any deductible;

28 (C) Preventive care requiring no copayment that includes well-child
29 visits, well-baby care, prenatal care, annual physical examinations,
30 immunizations and screenings;

31 (D) Office visits for matters other than preventive care for which
32 there shall be a copayment;

33 (E) Prescription drug coverage with copayments for generic, name-
34 brand preferred and name-brand nonpreferred drugs;

35 (F) Coverage of mental and behavioral health services, including
36 tobacco cessation services, substance abuse treatment services, and
37 services that prevent and treat obesity with such services being at
38 parity with the coverage for physical health services; and

39 (G) Dental care coverage that is comparable in scope to the median
40 coverage provided to employees by large employers in the Northeast
41 states; provided, in defining large employers, consideration shall be
42 given to the capacity of available data to yield, without substantial
43 expense, reliable estimates of median dental coverage offered by such

44 employers;

45 (3) "Electronic medical record" means a record of a person's medical
46 treatment created by a licensed health care provider and stored in an
47 interoperable and accessible digital format;

48 (4) "Electronic health record" means an electronic record of health-
49 related information on an individual that conforms to nationally
50 recognized interoperability standards and that can be created,
51 managed and consulted by authorized clinicians and staff across more
52 than one health care organization;

53 (5) "Northeast states" means the Northeast states as defined by the
54 United States Census Bureau;

55 (6) "Board of directors" means the SustiNet Health Partnership
56 board of directors established pursuant to section 2 of this act;

57 (7) "Public authority" means a public authority or other entity
58 recommended by the SustiNet Health Partnership board of directors in
59 accordance with the provisions of subsection (b) of section 3 of this act;

60 (8) "Small employer" has the same meaning as provided in
61 subparagraph (A) of subdivision (4) of section 38a-564 of the general
62 statutes; and

63 (9) "Nonstate public employer" means a municipality or other
64 political subdivision of the state, including a board of education, quasi-
65 public agency or public library.

66 Sec. 2. (NEW) (*Effective July 1, 2009*) (a) There is established the
67 SustiNet Health Partnership board of directors. The board of directors
68 shall consist of nine members, as follows: The Comptroller; the
69 Healthcare Advocate; one appointed by the Governor, who shall be a
70 representative of the nursing or allied health professions; one
71 appointed by the president pro tempore of the Senate, who shall be a
72 primary care physician; one appointed by the speaker of the House of
73 Representatives, who shall be a representative of organized labor; one

74 appointed by the majority leader of the Senate, who shall have
75 expertise in the provision of employee health benefit plans for small
76 businesses; one appointed by the majority leader of the House of
77 Representatives, who shall have expertise in health care economics or
78 health care policy; one appointed by the minority leader of the Senate,
79 who shall have expertise in health information technology; and one
80 appointed by the minority leader of the House of Representatives, who
81 shall have expertise in the actuarial sciences or insurance
82 underwriting. The Comptroller and the Healthcare Advocate shall
83 serve as the chairpersons of the board of directors.

84 (b) Initial appointments to the board of directors shall be made on or
85 before July 15, 2009. In the event that an appointing authority fails to
86 appoint a board member by July 31, 2009, the president pro tempore of
87 the Senate and the speaker of the House of Representatives shall
88 jointly appoint a board member meeting the required specifications on
89 behalf of such appointing authority and such board member shall
90 serve a full term. The presence of not less than five members shall
91 constitute a quorum for the transaction of business. The initial term for
92 the board member appointed by the Governor shall be for two years.
93 The initial term for board members appointed by the minority leader
94 of the House of Representatives and the minority leader of the Senate
95 shall be for three years. The initial term for board members appointed
96 by the majority leader of the House of Representatives and the
97 majority leader of the Senate shall be for four years. The initial term for
98 the board members appointed by the speaker of the House of
99 Representatives and the president pro tempore of the Senate shall be
100 for five years. Terms pursuant to this subdivision shall expire on June
101 thirtieth in accordance with the provisions of this subdivision. Any
102 vacancy shall be filled by the appointing authority for the balance of
103 the unexpired term. Not later than thirty days prior to the expiration of
104 a term as provided for in this subsection, the appointing authority may
105 reappoint the current board member or shall appoint a new member to
106 the board. Other than an initial term, a board member shall serve for a
107 term of five years and until a successor board member is appointed. A

108 member of the board pursuant to this subdivision shall be eligible for
109 reappointment. Any member of the board may be removed by the
110 appropriate appointing authority for misfeasance, malfeasance or
111 wilful neglect of duty.

112 (c) The SustiNet Health Partnership board of directors shall not be
113 construed to be a department, institution or agency of the state. The
114 staff of the joint standing committee of the General Assembly having
115 cognizance of matters relating to public health shall provide
116 administrative support to the board of directors.

117 Sec. 3. (NEW) (*Effective July 1, 2009*) (a) The SustiNet Health
118 Partnership board of directors shall design and establish
119 implementation procedures to implement the SustiNet Plan. The
120 SustiNet Plan shall be designed to (1) improve the health of state
121 residents; (2) improve the quality of health care and access to health
122 care; (3) provide health insurance coverage to Connecticut residents
123 who would otherwise be uninsured; (4) increase the range of health
124 care insurance coverage options available to residents and employers;
125 (5) slow the growth of per capita health care spending both in the
126 short-term and in the long-term; and (6) implement reforms to the
127 health care delivery system that will apply to all SustiNet Plan
128 members, provided any such reforms to health care coverage provided
129 to state employees, retirees and their dependents shall be subject to
130 applicable collective bargaining agreements.

131 (b) The SustiNet Health Partnership board of directors shall offer
132 recommendations to the General Assembly on the governance
133 structure of the entity that is best suited to provide oversight and
134 implementation of the SustiNet Plan. Such recommendations may
135 include, but need not be limited to, the establishment of a public
136 authority authorized and empowered:

137 (1) To adopt guidelines, policies and regulations in accordance with
138 chapter 54 of the general statutes that are necessary to implement the
139 provisions of sections 1 to 14, inclusive, of this act;

140 (2) To contract with insurers or other entities for administrative
141 purposes, such as claims processing and credentialing of providers.
142 Such contracts shall reimburse these entities using "per capita" fees or
143 other methods that do not create incentives to deny care. The selection
144 of such insurers or other entities may take into account their capacity
145 and willingness to (A) offer timely networks of participating providers
146 both within and outside the state, and (B) help finance the
147 administrative costs involved in the establishment and initial operation
148 of the Sustinet Plan;

149 (3) To solicit bids from individual providers and provider
150 organizations and to arrange with insurers and others for access to
151 existing or new provider networks, and take such other steps to
152 provide all Sustinet Plan members with access to timely, high-quality
153 care throughout the state and, in appropriate cases, care that is outside
154 the state's borders;

155 (4) To establish appropriate deductibles, standard benefit packages
156 and out-of-pocket cost-sharing levels for different providers, that may
157 vary based on quality, cost, provider agreement to refrain from balance
158 billing Sustinet Plan members, and other factors relevant to patient
159 care and financial sustainability;

160 (5) To commission surveys of consumers, employers and providers
161 on issues related to health care and health care coverage;

162 (6) To negotiate on behalf of providers participating in the Sustinet
163 Plan to obtain discounted prices for vaccines and other health care
164 goods and services;

165 (7) To make and enter into all contracts and agreements necessary or
166 incidental to the performance of its duties and the execution of its
167 powers under its enabling legislation, including contracts and
168 agreements for such professional services as financial consultants,
169 actuaries, bond counsel, underwriters, technical specialists, attorneys,
170 accountants, medical professionals, consultants, bio-ethicists and such
171 other independent professionals or employees as the board of directors

172 shall deem necessary;

173 (8) To purchase reinsurance or stop loss coverage, to set aside
174 reserves, or to take other prudent steps that avoid excess exposure to
175 risk in the administration of a self-insured plan;

176 (9) To enter into interagency agreements for performance of
177 Sustinet Plan duties that may be implemented more efficiently or
178 effectively by an existing state agency;

179 (10) To set payment methods for licensed health care providers that
180 reflect evolving research and experience both within the state and
181 elsewhere, promote access to care and patient health, prevent
182 unnecessary spending, and ensure sufficient compensation to cover the
183 reasonable cost of furnishing necessary care;

184 (11) To appoint such advisory committees as may be deemed
185 necessary for the public authority to successfully implement the
186 Sustinet Plan, further the objectives of the public authority and secure
187 necessary input from various experts and stakeholder groups;

188 (12) To establish and maintain an Internet web site that provides for
189 timely posting of all public notices issued by the public authority or
190 the board of directors and such other information as the public
191 authority or board deems relevant in educating the public about the
192 Sustinet Plan;

193 (13) To evaluate the implementation of an individual mandate in
194 concert with guaranteed issue, the elimination of preexisting condition
195 exclusions, and the implementation of auto-enrollment;

196 (14) To raise funds from private and public sources outside of the
197 state budget to contribute toward support of its mission and
198 operations;

199 (15) To make optimum use of opportunities created by the federal
200 government for securing new and increased federal funding,
201 including, but not limited to, increased reimbursement revenues;

202 (16) In the event of the enactment of federal health care reform, to
203 submit preliminary recommendations for the implementation of the
204 SustiNet Plan to the General Assembly not later than sixty days after
205 the date of enactment of such federal health care reform; and

206 (17) To study the feasibility of funding premium subsidies for
207 individuals with income that exceeds three hundred per cent of the
208 federal poverty level but does not exceed four hundred per cent of the
209 federal poverty level.

210 (c) Not later than January 1, 2011, the SustiNet Health Partnership
211 board of directors shall submit its design and implementation
212 procedures in the form of recommended legislation to the joint
213 standing committees of the General Assembly having cognizance of
214 matters relating to appropriations and the budgets of state agencies
215 and finance, revenue and bonding.

216 (d) All state and municipal agencies, departments, boards,
217 commissions and councils shall fully cooperate with the board of
218 directors in carrying out the purposes enumerated in this section.

219 Sec. 4. (NEW) (*Effective July 1, 2009*) (a) The board of directors shall
220 develop the procedures and guidelines for the SustiNet Plan. Such
221 procedures and guidelines shall be specific and ensure that the
222 SustiNet Plan is established in accordance with the five following
223 principles to guide health care reform as enumerated by the Institute
224 of Medicine: (1) Health care coverage should be universal; (2) health
225 care coverage should be continuous; (3) health care coverage should be
226 affordable to individuals and families; (4) the health insurance strategy
227 should be affordable and sustainable for society; and (5) health care
228 coverage should enhance health and well-being by promoting access to
229 high-quality care that is effective, efficient, safe, timely, patient-
230 centered and equitable.

231 (b) The board of directors shall identify all potential funding sources
232 that may be utilized to establish and administer the SustiNet Plan.

233 (c) The board of directors shall recommend that the public authority
234 adopt periodic action plans to achieve measurable objectives in areas
235 that include, but are not limited to, effective management of chronic
236 illness, preventive care, reducing racial and ethnic disparities as
237 related to health care and health outcomes, and reducing the number
238 of state residents without insurance. The board of directors shall
239 include in its recommendations that the public authority monitor the
240 accomplishment of such objectives and modify action plans as
241 necessary.

242 Sec. 5. (NEW) (*Effective July 1, 2009*) (a) For purposes of this section:
243 (1) "Subscribing provider" means a licensed health care provider that:
244 (A) Either is a participating provider in the SustiNet Plan or provides
245 services in this state; and (B) enters into a binding agreement to pay a
246 proportionate share of the cost of the goods and services described in
247 this section, consistent with guidelines adopted by the board; and (2)
248 "approved software" means electronic medical records software
249 approved by the board, after receiving recommendations from the
250 information technology committee, established pursuant to this
251 section.

252 (b) The board of directors shall establish an information technology
253 advisory committee that shall formulate a plan for developing,
254 acquiring, financing, leasing or purchasing fully interoperable
255 electronic medical records software and hardware packages for
256 subscribing providers. Such plan shall include the development of a
257 periodic payment system that allows subscribing providers to acquire
258 approved software and hardware while receiving the services
259 described in this section. The committee shall offer recommendations
260 on matters that include, but are not limited to: (1) The furnishing of
261 approved software to subscribing providers and to participating
262 providers, as the case may be, consistent with the capital acquisition,
263 technical support, reduced-cost digitization of records, software
264 updating and software transition procedures described in this section;
265 and (2) the development and implementation of procedures to ensure
266 that physicians, nurses, hospitals and other health care providers gain

267 access to hardware and approved software for interoperable electronic
268 medical records and the establishment of electronic health records for
269 SustiNet Plan members.

270 (c) The committee shall consult with health information technology
271 specialists, physicians, nurses, hospitals and other health care
272 providers, as deemed appropriate by the committee, to identify
273 potential software and hardware options that meet the needs of the full
274 array of health care practices in the state. Any electronic medical
275 record package that the committee recommends for future possible
276 purchase shall include, to the maximum extent feasible: (1) A full set of
277 functionalities for pertinent provider categories, including practice
278 management, patient scheduling, claims submission, billing, issuance
279 and tracking of laboratory orders and prescriptions; (2) automated
280 patient reminders concerning upcoming appointments; (3)
281 recommended preventive care services; (4) automated provision of test
282 results to patients, when appropriate; (5) decision support, including a
283 notice of recommended services not yet received by a patient; (6)
284 notice of potentially duplicative tests and other services; (7) in the case
285 of prescriptions, notice of potential interactions with other drugs and
286 past patient adverse reactions to similar medications; (8) notice of
287 possible violation of patient wishes for end-of-life care; (9) notice of
288 services provided inconsistently with care guidelines adopted
289 pursuant to section 8 of this act, along with options that permit the
290 convenient recording of reasons why such guidelines are not being
291 followed; and (10) such additional functions as may be approved by
292 the information technology committee.

293 (d) The committee shall offer recommendations on the procurement
294 and development of approved software. Such recommendations may
295 include that any approved software have the capacity to: (1) Gather
296 information pertinent to assessing health care outcomes, including
297 activity limitations, self-reported health status and other quality of life
298 indicators; and (2) allow the board of directors to track the
299 accomplishment of clinical care objectives at all levels. The board of
300 directors shall ensure that SustiNet Plan providers who use approved

301 software are able to electronically transmit to, and receive information
302 from, all laboratories and pharmacies participating in the Sustinet
303 Plan, without the need to construct interfaces, other than those
304 constructed by the public authority.

305 (e) The committee shall offer recommendations on the selection of
306 vendors to provide reduced-cost, high-quality digitization of paper
307 medical records for use with approved software. Such vendors shall be
308 bonded, supervised and covered entities under the provisions of the
309 Health Insurance Portability and Accountability Act of 1996 (P.L. 104-
310 191) (HIPAA), as amended from time to time, and in full compliance
311 with other governing federal law.

312 (f) The committee shall offer recommendations on an integration
313 system through which electronic medical records used by subscribing
314 providers are integrated into a single electronic health record for each
315 Sustinet Plan member, updated in real time whenever the member
316 seeks or obtains care, and accessible to any participating or subscribing
317 provider serving the member. Such electronic health record shall be
318 designed to automatically update approved software. Such updates
319 may include incorporating newly approved clinical care guidelines,
320 software patches or other changes.

321 (g) All recommendations concerning electronic medical records and
322 electronic health records shall be developed and administered in a
323 manner that is consistent with guidelines approved by the board of
324 directors for safeguarding privacy and data security and with state and
325 federal law, including any recommendations of the United States
326 Government Accountability Office. Such guidelines shall include the
327 remedies and sanctions that apply in the event of a provider's failure to
328 comply with privacy or information security requirements. Remedies
329 shall include notice to affected members and may include, in
330 appropriate cases, termination of network privileges and denial or
331 reduction of Sustinet Plan reimbursement. Remedies and sanctions
332 recommended by the board of directors shall be in addition to those
333 otherwise available under state or federal law.

334 (h) The committee shall develop recommended methods to
335 eliminate or minimize transition costs for health care providers that,
336 prior to January 1, 2011, have implemented comprehensive systems of
337 electronic medical records or electronic health records. Such methods
338 may include technical assistance in transitioning to new software and
339 development of modules to help existing software connect to the
340 integration system described in subsection (i) of this section.

341 (i) The committee shall offer recommendations that permit
342 subscribing providers to receive a proportionate share of systemic cost
343 savings that are specifically attributable to the implementation of
344 electronic medical records and electronic health records. Such
345 subscribing providers shall include those that, throughout the period
346 of their subscription, have been participating providers in the Sustinet
347 Plan and that, but for the savings shared pursuant to this subsection,
348 would incur net financial losses during their first five years of using
349 approved software. The amount of savings shared by the board with a
350 provider shall be limited to the amount of net financial loss
351 satisfactorily demonstrated by the provider. A provider whose losses
352 resulted from the provider's failure to take reasonable advantage of
353 available technical support and other services offered by the public
354 authority shall not share in the systemic cost savings.

355 (j) The committee shall offer recommendations concerning the use of
356 electronic health records to facilitate the provision of medical home
357 functions as described in section 6 of this act. The committee shall
358 recommend methods for such electronic health records to generate
359 automatic notices to medical homes that: (1) Report when an enrolled
360 member receives services outside the medical home; (2) describe
361 member compliance or noncompliance with provider instructions, as
362 relate to the filling of prescriptions, referral services, and
363 recommended tests, screenings or other services; and (3) identify the
364 expiration of refillable prescriptions.

365 (k) The committee shall offer recommendations requiring: (1) That
366 each participating provider use either approved software or other

367 electronic medical record software that is interoperable with approved
368 software and the electronic health record integration system described
369 in subsection (f) of this section; (2) the development and
370 implementation of appropriate financial incentives for early
371 subscriptions by participating providers, including discounted fees for
372 providers who do not delay their subscriptions; (3) that no later than
373 July 1, 2015, the board of directors require as a condition of
374 participation in the Sustinet Plan that each participating provider use
375 either approved software or other electronic medical record software
376 that is interoperable with approved software and the electronic health
377 record integration system described in subsection (f) of this section; (4)
378 that after July 1, 2015, the board of directors have authority to provide
379 additional support to a provider that demonstrates to the satisfaction
380 of the board that such provider would experience special hardship due
381 to the implementation of electronic medical records and electronic
382 health records requirements within the specified time frame; and (5)
383 that such provider be allowed to qualify for additional support and an
384 exemption from compliance with the time frame specified in this
385 subsection, but only if such an exemption is necessary to ensure that
386 members in the geographic locality served by the provider continue to
387 receive access to care.

388 (l) The committee shall recommend methods to coordinate the
389 development and implementation of electronic medical records and
390 electronic health records in concert with the Department of Public
391 Health and other state agencies to ensure efficiency and compatibility.
392 The committee shall determine appropriate financing options,
393 including, but not limited to, financing through the Connecticut Health
394 and Educational Facilities Authority established pursuant to section
395 10a-179 of the general statutes.

396 Sec. 6. (NEW) (*Effective July 1, 2009*) (a) The board of directors shall
397 establish a medical home advisory committee that shall develop
398 recommended internal procedures and proposed regulations
399 governing the administration of patient-centered medical homes that
400 provide health care services to Sustinet Plan members. The medical

401 home advisory committee shall forward their recommended internal
402 procedures and proposed regulations to the board of directors in
403 accordance with such time and format requirements as may be
404 prescribed by said board. The medical home advisory committee shall
405 be composed of physicians, nurses, consumer representatives and
406 other qualified individuals chosen by said board.

407 (b) Committee recommendations concerning patient-centered
408 medical homes shall include that: (1) Medical home functions be
409 defined by the board of directors on an ongoing basis that incorporates
410 evolving research concerning the delivery of health care services; and
411 (2) if limitations in provider infrastructure prevent all SustiNet Plan
412 members from being enrolled in patient-centered medical homes,
413 enrollment in medical homes be implemented in phases with priority
414 enrollment given to members for whom cost savings appear most
415 likely, including, in appropriate cases, members with chronic health
416 conditions.

417 (c) Subject to revision by the board of directors, the committee shall
418 offer recommendations that initial medical home functions include the
419 following:

420 (1) Assisting members to safeguard and improve their own health
421 by: (A) Advising members with chronic health conditions of methods
422 to monitor and manage their own conditions; (B) working with
423 members to set and accomplish goals related to exercise, nutrition, use
424 of tobacco and other addictive substances, sleep, and other behaviors
425 that directly affect such member's health; (C) implementing best
426 practices to ensure that members understand medical instructions and
427 are able to follow such directions; and (D) providing translation
428 services and using culturally competent communication strategies in
429 appropriate cases;

430 (2) Care coordination that includes: (A) Managing transitions
431 between home and the hospital; (B) proactive monitoring to ensure
432 that the member receives all recommended primary and preventive

433 care services; (C) the provision of basic mental health care, including
434 screening for depression, with referral relationships in place for those
435 members who require additional assistance; (D) strategies to address
436 stresses that arise in the workplace, home, school and the community,
437 including coordination with and referrals to available employee
438 assistance programs; (E) referrals, in appropriate cases, to nonmedical
439 services such as housing and nutrition programs, domestic violence
440 resources and other support groups; and (F) for a member with a
441 complex health condition that involves care from multiple providers,
442 ensuring that such providers share information about the member, as
443 appropriate, and pursue a single, integrated treatment plan; and

444 (3) Providing readily accessible, twenty-four-hour consultative
445 services by telephone, secure electronic mail or quickly scheduled
446 office appointments for purposes that include reducing the need for
447 hospital emergency room visits.

448 (d) The committee shall offer recommendations on entities that may
449 serve as a medical home, including that: (1) A licensed health care
450 provider be allowed to serve as a medical home if such provider is
451 authorized to provide all core medical home functions as prescribed by
452 the board and operationally capable of providing such functions; and
453 (2) a group practice or community health center serving as a medical
454 home identify, for each member, a lead provider with primary
455 responsibility for the member's care. In appropriate cases, as
456 determined by the board of directors, a specialist may serve as a
457 medical home and a patient's medical home may temporarily be with a
458 health care provider who is overseeing the patient's care for the
459 duration of a temporary medical condition, including pregnancy.

460 (e) The committee shall offer recommendations concerning the
461 responsibilities of a medical home provider. Such recommendations
462 shall include that: (1) Each medical home provider be presented with a
463 listing of all medical home functions, including patient education, care
464 coordination and twenty-four-hour accessibility; and (2) if a provider
465 does not wish to perform, within his or her office, certain functions

466 outside core medical home functions, such provider shall make
467 arrangements for other qualified entities or individuals to perform
468 such functions, in a manner that integrates such functions into the
469 medical home's clinical practice. Such qualified entities or individuals
470 shall be certified by the board of directors based on factors that include
471 the quality, safety and efficiency of the services provided. At the
472 request of a core medical home provider, the board of directors shall
473 make all necessary arrangements required for a qualified entity or
474 individual to perform any medical home function not assumed by the
475 core provider.

476 (f) The medical home advisory committee may develop quality and
477 safety standards for medical home functions that are not covered by
478 existing professional standards, which may include care coordination
479 and member education.

480 (g) The committee shall recommend that the public authority assist
481 in the development of community-based resources to enhance medical
482 home functions, including, but not limited to:

483 (1) The availability of loans on favorable terms that facilitate the
484 development of necessary health care infrastructure, including
485 community-based providers of medical home services and
486 community-based preventive care service providers;

487 (2) The offering of reduced price consultants that shall assist
488 physicians and other health care providers in restructuring their
489 practices and offices so as to function more effectively and efficiently
490 in response to changes in health care insurance coverage and the
491 health care service delivery system that are attributable to the
492 implementation of the Sustinet Plan; and

493 (3) The offering of continuing medical education courses that assist
494 physicians, nurses and other clinicians in order to provide better care,
495 consistent with the objectives of the Sustinet Plan, including training
496 in the delivery of linguistically and culturally competent health care
497 services.

498 (h) The committee shall offer recommendations concerning
499 payment for medical home functions, including that: (1) All of the
500 medical home functions set forth in this section be reimbursable and
501 covered by the SustiNet Plan; (2) to the extent that such functions are
502 generally not covered by commercial insurance, payment levels cover
503 the full cost of performing such functions; and (3) in setting such
504 payment levels, consideration be given to: (A) Utilizing rate-setting
505 procedures based on those used to set physician payment levels for
506 Medicare; (B) establishing monthly case management fees paid based
507 on demonstrated performance of medical home functions; or (C)
508 taking other steps, as deemed necessary by the board of directors, to
509 make payments that cover the cost of performing each function.

510 (i) The committee shall offer recommendations that specialty
511 referrals include, under circumstances set forth in the board's
512 guidelines, prior consultation between the specialist and the medical
513 home to ascertain whether such referral is medically necessary. If such
514 referral is medically necessary, the consultation shall identify any tests
515 or other procedures that shall be conducted or arranged by the medical
516 home, prior to the specialty visit, so as to promote economic
517 efficiencies. The SustiNet Plan shall reimburse the medical home and
518 the specialist for time spent in any such consultation.

519 Sec. 7. (NEW) (*Effective July 1, 2009*) (a) The board of directors shall
520 establish a health care provider advisory committee that shall develop
521 recommended clinical care and safety guidelines for use by
522 participating health care providers. The committee shall choose from
523 nationally and internationally recognized guidelines for the provision
524 of care, including guidelines for hospital safety and the inpatient and
525 outpatient treatment of particular conditions. The committee shall
526 continually assess the quality of evidence relevant to the costs, risks
527 and benefits of treatments described in such guidelines. The committee
528 shall forward their recommended clinical care and safety guidelines to
529 the board of directors in accordance with such time and format
530 requirements as may be prescribed by said board. The committee shall
531 include both health care consumers and health care providers.

532 (b) The committee shall offer recommendations that health care
533 providers participating in the Sustinet Plan receive confidential
534 reports comparing their practice patterns with those of their peers.
535 Such reports shall provide information about opportunities for
536 appropriate continuing medical education.

537 (c) The committee shall offer recommendations concerning quality
538 of care standards for the care of particular medical conditions. Such
539 standards may reflect outcomes over the entire care cycle for each
540 health care condition, adjusted for patient risk and general consistency
541 of care with approved guidelines as well as other factors. The
542 committee shall offer recommendations that providers who meet or
543 exceed quality of care standards for a particular medical condition be
544 publicly recognized by the board of directors in such manner as said
545 board determines appropriate. Such recognition shall be effectively
546 communicated to Sustinet Plan members, including those who have
547 been diagnosed with the particular medical condition for which
548 recognition has been extended. Such communication to members shall
549 be in multiple forms and reflect consideration of diversity in primary
550 language, general and health literacy levels, past health-information-
551 seeking behaviors, and computer and Internet use among members.

552 (d) The committee shall recommend procedures that require
553 hospitals and their medical staffs, physicians, nurse practitioners, and
554 other participating health care providers to engage in periodic reviews
555 of their quality of care. The purpose of such reviews shall be to
556 develop plans for quality improvement. Such reviews shall include the
557 identification of potential problems manifesting as adverse events or
558 events that could have resulted in negative patient outcomes. As
559 appropriate, such reviews shall incorporate confidential consultation
560 with peers and colleagues, opportunities for continuing medical
561 education, and other interventions and supports to improve
562 performance. To the maximum extent permissible, such reviews shall
563 incorporate existing peer review mechanisms. The committee's
564 recommendations shall include that any review conducted in
565 accordance with the provisions of this subsection be subject to the

566 protections afforded by section 19a-17b of the general statutes.

567 (e) The board of directors, in consultation with the committee, shall
568 develop hospital safety standards that shall be implemented in such
569 hospitals. The board of directors shall establish monitoring procedures
570 and sanctions that ensure compliance by each participating hospital
571 with such safety standards and may establish performance incentives
572 to encourage hospitals to exceed such safety standards.

573 (f) The committee shall offer recommendations pertaining to
574 information to be made available to participating providers concerning
575 prescription drugs, medical devices, and other goods and services
576 used in the delivery of health care. Such information may address
577 emerging trends that involve utilization of goods and services that, in
578 judgment of the public authority, are less than optimally cost effective.
579 The committee shall offer recommendations concerning the provision
580 of free samples of generic or other prescription drugs to participating
581 providers.

582 (g) The committee shall recommend policies and procedures that
583 encourage participating providers to furnish and SustiNet Plan
584 members to obtain appropriate evidenced-based health care.

585 Sec. 8. (NEW) (*Effective July 1, 2009*) (a) The board of directors shall
586 establish a preventive health care advisory committee that shall use
587 evolving medical research to draft recommendations to improve health
588 outcomes for members in areas involving nutrition, sleep, physical
589 exercise, and the prevention and cessation of the use of tobacco and
590 other addictive substances. The committee shall include providers,
591 consumers and other individuals chosen by said board. Such
592 recommendations may be targeted to member populations where they
593 are most likely to have a beneficial impact on the health of such
594 members and may include behavioral components and financial
595 incentives for participants. Such recommendations shall take into
596 account existing preventive care programs administered by the state,
597 including, but not limited to, state administered educational and

598 awareness campaigns. Not later than July 1, 2010, and annually
599 thereafter, the preventive health care advisory committee shall submit
600 such recommendations to the board of directors.

601 (b) The board of directors shall recommend that the Sustinet Plan
602 provide coverage for community-based preventive care services and
603 such services be required of all health insurance sold pursuant to the
604 plan to individuals or employers. Community-based preventive care
605 services are those services identified by the board as capable of being
606 safely administered in community settings. Such services shall include,
607 but not be limited to, immunizations, simple tests and health care
608 screenings. Such services shall be provided by individuals or entities
609 who satisfy board of director approved standards for quality of care.
610 The board of directors shall recommend that: (1) Prior to furnishing a
611 community-based preventive care service, a provider obtain
612 information from a patient's electronic health record to verify that the
613 service has not been provided in the past and that such services are not
614 contraindicated for the patient; and (2) a provider promptly furnish
615 relevant information about the service and the results of any test or
616 screening to the patient's medical home or the patient's primary care
617 provider if the patient does not have a medical home. The board of
618 directors shall recommend that community-based preventive services
619 be allowed to be provided at job sites, schools or other community
620 locations consistent with said board's guidelines.

621 Sec. 9. (NEW) (*Effective July 1, 2009*) (a) The board of directors may
622 develop recommendations that ensure that on and after July 1, 2012,
623 nonstate public employers are offered the benefits of the Sustinet Plan.
624 The board of directors may develop recommendations that permit the
625 Comptroller to offer the benefits of the Sustinet Plan to state
626 employees, retirees and their dependents. No changes in health care
627 benefits shall be implemented with regard to plans administered
628 under the provisions of subsection (a) of section 5-259 of the general
629 statutes unless such changes are negotiated and agreed to by the state
630 and the coalition committee established pursuant to subsection (f) of
631 section 5-278 of the general statutes, through the collective bargaining

632 process.

633 (b) The board of directors shall develop recommendations that
634 ensure that on and after July 1, 2012, employees of nonprofit
635 organizations and small businesses are offered the benefits of the
636 SustiNet Plan.

637 (c) The board of directors shall develop recommendations to ensure
638 that the HUSKY Plan Part A and Part B, Medicaid, and state-
639 administered general assistance programs participate in the SustiNet
640 Plan. Such recommendations shall also ensure that HUSKY Plan Part
641 A and Part B benefits are extended, to the extent permitted by federal
642 law, to adults with income at or below three hundred per cent of the
643 federal poverty level.

644 (d) The board of directors shall make recommendations to ensure
645 that on and after July 1, 2012, state residents who are not offered
646 employer-sponsored insurance and who do not qualify for HUSKY
647 Plan Part A and Part B, Medicaid, or state-administered general
648 assistance are permitted to enroll in the SustiNet Plan. Such
649 recommendations shall ensure that premium variation based on
650 member characteristics does not exceed in total amount or in
651 consideration of individual health risk, the variation permitted for a
652 small employer carrier, as defined in subdivision (16) of section 38a-
653 564 of the general statutes.

654 (e) The board of directors shall make recommendations to provide
655 an option for enrollment into the SustiNet Plan, rather than employer-
656 sponsored insurance, for certain state residents who are offered
657 employer-sponsored insurance but who have a household income at or
658 below four hundred per cent of the federal poverty level. Said board
659 may make recommendations for the establishment of (1) an enrollment
660 procedure for those individuals who demonstrate eligibility to enroll
661 in the SustiNet Plan pursuant to this subsection; and (2) a method for
662 the collection of payments from employers, whose employees would
663 have received employer-sponsored insurance, but instead enroll in the

664 SustiNet Plan in accordance with the provisions of this subsection.

665 Sec. 10. (NEW) (*Effective July 1, 2009*) (a) As used in this section
666 "adverse selection" means purchase of SustiNet Plan coverage by
667 employers with unusually high-cost employees and dependents under
668 circumstances where premium payments do not fully cover the
669 probable claims costs of the employer's members.

670 (b) The board of directors shall offer recommendations concerning:
671 (1) The use of new and existing channels of sale to employers,
672 including public and private purchasing pools, agents and brokers; (2)
673 the offering of multi-year contracts to employers with predictable
674 premiums; (3) policies and procedures to be established that ensure
675 that employers can easily and conveniently purchase SustiNet Plan
676 coverage for their workers and dependents, including, but not limited
677 to, participation requirements, timing of enrollment, open enrollment,
678 enrollment length and other subject matters as deemed appropriate by
679 said board; (4) policies and procedures to be established that prevent
680 adverse selection and achieve other goals specified by the board; (5)
681 the availability of SustiNet Plan coverage for small employers on and
682 after July 1, 2012, with premiums based on member characteristics as
683 permitted for small employer carriers, as defined in subdivision (16) of
684 section 38a-564 of the general statutes; (6) the availability of SustiNet
685 Plan coverage for employers who are not small employers with
686 premiums charged to such employers to prevent adverse selection,
687 taking into account past claims experience, changes in the
688 characteristics of covered employees and dependents since the most
689 recent time period covered by claims data, and other factors approved
690 by the board of directors; and (7) the availability of a standard benefits
691 package to employers purchasing coverage under this section,
692 provided no such benefit package provide less comprehensive
693 coverage than that described in the model benefits packages adopted
694 pursuant to section 12 of this act.

695 Sec. 11. (NEW) (*Effective July 1, 2009*) (a) As used in this section,
696 "clearinghouse" means an independent information clearinghouse

697 recommended by the board of directors that is: (1) Established and
698 overseen by the Office of the Healthcare Advocate; (2) operated by an
699 independent research organization that contracts with the Office of the
700 Healthcare Advocate; and (3) responsible for providing employers,
701 individual purchasers of health coverage, and the general public with
702 comprehensive information about the care covered by the SustiNet
703 Plan and by private health plans licensed in the state of Connecticut.

704 (b) The clearinghouse shall develop specifications for data that show
705 for each health plan, quality of care, outcomes for particular health
706 conditions, access to care, utilization of services, adequacy of provider
707 networks, patient satisfaction, rates of disenrollment, grievances and
708 complaints, and any other factors the Office of the Healthcare
709 Advocate determines relevant to assessing health plan performance
710 and value. In developing such specifications, the Office of the
711 Healthcare Advocate shall consult with private insurers and with the
712 board of directors.

713 (c) The board of directors shall recommend that the following
714 entities shall provide data to the clearinghouse in a time and manner
715 as prescribed by the Office of the Healthcare Advocate: (1) The
716 SustiNet Plan; (2) health insurers, as a condition of licensure; and (3)
717 any self-insured group plan that volunteers to provide data.
718 Dissemination of any information provided by a self-insured group
719 plan shall be limited and in conformity with a written agreement
720 governing such dissemination as developed and approved by the
721 group plan and the Office of the Healthcare Advocate.

722 (d) Except as provided for in subsection (c) of this section, the
723 clearinghouse shall make public all information provided pursuant to
724 subsection (b) of this section. The clearinghouse shall not disseminate
725 any information that identifies individual patients or providers. The
726 clearinghouse shall adjust outcomes based on patient risk levels, to the
727 maximum extent possible. The clearinghouse shall make information
728 available in multiple forms and languages, taking into account varying
729 needs for the information and different methods of processing such

730 information.

731 (e) The clearinghouse shall collect data based on each plan's
732 provision of services over continuous twelve-month periods. Except as
733 provided in subsection (c) of this section, the clearinghouse shall make
734 public all information required by this section no later than August 1,
735 2013, with updated information provided each August first thereafter.

736 Sec. 12. (NEW) (*Effective July 1, 2009*) (a) Within available
737 appropriations, the Office of the Healthcare Advocate shall develop
738 and update the model benefit packages, based on evolving medical
739 evidence and scientific literature, that make the greatest possible
740 contribution to member health for a premium cost typical of private,
741 employer-sponsored insurance in the Northeast states. Not later than
742 December 1, 2010, and biennially thereafter, the Office of the
743 Healthcare Advocate shall report to the board of directors on the
744 updated model benefit packages.

745 (b) After the promulgation of the model benefit packages, as
746 provided in subsection (a) of this section, the board of directors may
747 modify the standard benefits package if said board determines that: (1)
748 Such modification would yield better outcomes for an equivalent
749 expenditure of funds; or (2) providing additional coverage or reduced
750 cost-sharing for particular services as provided to particular member
751 populations may reduce net costs or provide sufficient improvements
752 to health outcomes to warrant the resulting increase in net costs. Any
753 such modification of the standard benefits package by the board shall
754 ensure compliance with the coverage mandates described in chapter
755 700c of the general statutes and the utilization review requirements
756 described in chapter 698a of the general statutes.

757 (c) The Office of the Healthcare Advocate shall recommend
758 guidelines for establishing an incentive system that recognizes
759 employers who provide employees with health insurance benefits that
760 are equal to or more comprehensive than the model benefit packages.
761 Such incentives may include public recognition of employers who

762 offer such comprehensive benefits. Not later than December 1, 2012,
763 the Office of the Healthcare Advocate shall report, in accordance with
764 section 11-4a of the general statutes, on such guidelines and
765 recommendations to the board of directors, the Governor and the joint
766 standing committees of the General Assembly having cognizance of
767 matters relating to public health, labor and public employees, and
768 appropriations and the budgets of state agencies.

769 Sec. 13. (NEW) (*Effective July 1, 2011*) (a) The board of directors shall
770 develop recommendations for public education and outreach
771 campaigns to ensure that state residents are informed about the
772 SustiNet Plan and are encouraged to enroll in the plan.

773 (b) The public education and outreach campaign shall utilize
774 community-based organizations and shall include a focus on targeting
775 populations that are underserved by the health care delivery system.

776 (c) The public education and outreach campaign shall be based on
777 evidence of the cost and effectiveness of similar efforts in this state and
778 elsewhere. Such campaign shall incorporate an ongoing evaluation of
779 its effectiveness, with corresponding changes in strategy, as needed.

780 Sec. 14. (NEW) (*Effective July 1, 2011*) The board of directors, in
781 collaboration with state and municipal agencies, shall, within available
782 appropriations, develop and implement systematic recommendations
783 to identify uninsured individuals in the state. Such recommendations
784 may include that:

785 (1) The Department of Revenue Services modify state income tax
786 forms to request that a taxpayer identify existing health coverage for
787 each member of the taxpayer's household.

788 (2) The Labor Department modify application forms for initial and
789 continuing claims for unemployment insurance to request information
790 about health insurance status for the applicant and the applicant's
791 dependents.

792 (3) Hospitals, community health centers and other providers as
793 determined by the board of directors shall: (A) Identify the health
794 insurance status of individuals who seek health care, and (B) convey
795 such information, via secure electronic mail transmission, to said board
796 to facilitate the potential enrollment of such individuals into health
797 insurance coverage.

798 Sec. 15. Section 17b-297b of the general statutes is repealed and the
799 following is substituted in lieu thereof (*Effective July 1, 2011*):

800 (a) To the extent permitted by federal law, the Commissioners of
801 Social Services and Education, in consultation with the board of
802 directors, shall jointly establish procedures for the sharing of
803 information contained in applications for free and reduced price meals
804 under the National School Lunch Program for the purpose of
805 determining whether children participating in said program are
806 eligible for coverage under the SustiNet Plan or the HUSKY Plan, Part
807 A and Part B. The Commissioner of Social Services shall take all
808 actions necessary to ensure that children identified as eligible for
809 [either] the SustiNet Plan, or the HUSKY Plan, Part A or Part B, are
810 enrolled in the appropriate plan.

811 (b) The Commissioner of Education shall establish procedures
812 whereby an individual may apply for the SustiNet Plan or the HUSKY
813 Plan, Part A or Part B, at the same time such individual applies for the
814 National School Lunch Program.

815 Sec. 16. (*Effective from passage*) (a) There is established a task force to
816 study childhood and adult obesity. The task force shall examine
817 evidence-based strategies for preventing and reducing obesity in
818 children and adults and develop a comprehensive plan that will
819 effectuate a reduction in obesity among children and adults.

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

821 (1) One appointed by the speaker of the House of Representatives,
822 who shall represent a consumer group with expertise in childhood and

823 adult obesity;

824 (2) One appointed by the president pro tempore of the Senate, who
825 shall be an academic expert in childhood and adult obesity;

826 (3) One appointed by the majority leader of the House of
827 Representatives, who shall be a representative of the business
828 community with expertise in childhood and adult obesity;

829 (4) One appointed by the majority leader of the Senate, who shall be
830 a health care practitioner with expertise in childhood and adult
831 obesity;

832 (5) One appointed by the minority leader of the House of
833 Representatives, who shall be a representative of the business
834 community with expertise in childhood and adult obesity;

835 (6) One appointed by the minority leader of the Senate, who shall be
836 a health care practitioner with expertise in childhood and adult
837 obesity;

838 (7) One appointed by the Governor who shall be an academic expert
839 in childhood and adult obesity; and

840 (8) The Commissioners of Public Health, Social Services and
841 Economic and Community Development and a representative of the
842 SustiNet board of directors shall be ex-officio, nonvoting members of
843 the task force.

844 (c) Any member of the task force appointed under subdivision (1),
845 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
846 of the General Assembly.

847 (d) All appointments to the task force shall be made no later than
848 thirty days after the effective date of this section. Any vacancy shall be
849 filled by the appointing authority.

850 (e) The members of the task force appointed by the speaker of the

851 House of Representatives and the president pro tempore of the Senate
852 shall serve as the chairpersons of the task force. Such chairpersons
853 shall schedule the first meeting of the task force, which shall be held no
854 later than thirty days after the effective date of this section.

855 (f) The administrative staff of the joint standing committee of the
856 General Assembly having cognizance of matters relating to public
857 health shall serve as administrative staff of the task force.

858 (g) Not later than July 1, 2010, the task force shall submit a report on
859 its findings and recommendations to the board of directors and the
860 joint standing committee of the General Assembly having cognizance
861 of matters relating to public health, human services and appropriations
862 and the budgets of state agencies in accordance with the provisions of
863 section 11-4a of the general statutes. The task force shall terminate on
864 the date that it submits such report or January 1, 2011, whichever is
865 later.

866 Sec. 17. (*Effective from passage*) (a) There is established a task force to
867 study tobacco use by children and adults. The task force shall examine
868 evidence-based strategies for preventing and reducing tobacco use by
869 children and adults, and then develop a comprehensive plan that will
870 effectuate a reduction in tobacco use by children and adults.

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

872 (1) One appointed by the speaker of the House of Representatives,
873 who shall represent a consumer group with expertise in tobacco use by
874 children and adults;

875 (2) One appointed by the president pro tempore of the Senate, who
876 shall be an academic expert in tobacco use by children and adults;

877 (3) One appointed by the majority leader of the House of
878 Representatives, who shall be a representative of the business
879 community with expertise in tobacco use by children and adults;

880 (4) One appointed by the majority leader of the Senate, who shall be

881 a health care practitioner with expertise in tobacco use by children and
882 adults;

883 (5) One appointed by the minority leader of the House of
884 Representatives, who shall be a representative of the business
885 community with expertise in tobacco use by children and adults;

886 (6) One appointed by the minority leader of the Senate, who shall be
887 a health care practitioner with expertise in tobacco use by children and
888 adults;

889 (7) One appointed by the Governor who shall be an academic expert
890 in tobacco use by children and adults; and

891 (8) The Commissioners of Public Health, Social Services and
892 Economic and Community Development and a representative of the
893 Sustinet board of directors shall be ex-officio, nonvoting members of
894 the task force.

895 (c) Any member of the task force appointed under subdivision (1),
896 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
897 of the General Assembly.

898 (d) All appointments to the task force shall be made no later than
899 thirty days after the effective date of this section. Any vacancy shall be
900 filled by the appointing authority.

901 (e) The members of the task force appointed by the speaker of the
902 House of Representatives and the president pro tempore of the Senate
903 shall serve as the chairpersons of the task force. Such chairpersons
904 shall schedule the first meeting of the task force, which shall be held no
905 later than thirty days after the effective date of this section.

906 (f) The administrative staff of the joint standing committee of the
907 General Assembly having cognizance of matters relating to public
908 health shall serve as administrative staff of the task force.

909 (g) Not later than July 1, 2010, the task force shall submit a report on

910 its findings and recommendations to the board of directors and the
911 joint standing committee of the General Assembly having cognizance
912 of matters relating to public health, human services and appropriations
913 and the budgets of state agencies in accordance with the provisions of
914 section 11-4a of the general statutes. The task force shall terminate on
915 the date that it submits such report or January 1, 2011, whichever is
916 later.

917 Sec. 18. (*Effective from passage*) (a) There is established a task force to
918 study the state's health care workforce. The task force shall develop a
919 comprehensive plan for preventing and remedying state-wide,
920 regional and local shortage of necessary medical personnel, including,
921 physicians, nurses and allied health professionals.

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

923 (1) One appointed by the speaker of the House of Representatives,
924 who shall represent a consumer group with expertise in health care;

925 (2) One appointed by the president pro tempore of the Senate, who
926 shall be an academic expert on the health care workforce;

927 (3) One appointed by the majority leader of the House of
928 Representatives, who shall be a representative of the business
929 community with expertise in health care;

930 (4) One appointed by the majority leader of the Senate, who shall be
931 a health care practitioner;

932 (5) One appointed by the minority leader of the House of
933 Representatives, who shall be a representative of the business
934 community with expertise in health care;

935 (6) One appointed by the minority leader of the Senate, who shall be
936 a primary care physician;

937 (7) One appointed by the Governor who shall be an academic expert
938 in health care; and

939 (8) The Commissioners of Public Health, Social Services and
940 Economic and Community Development, the president of The
941 University of Connecticut, the chancellor of the Connecticut State
942 University System, the chancellor of the Regional Community-
943 Technical Colleges, and a representative of the SustiNet board of
944 directors shall be ex-officio, nonvoting members of the task force.

945 (c) Any member of the task force appointed under subdivision (1),
946 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
947 of the General Assembly.

948 (d) All appointments to the task force shall be made no later than
949 thirty days after the effective date of this section. Any vacancy shall be
950 filled by the appointing authority.

951 (e) The members of the task force appointed by the speaker of the
952 House of Representatives and the president pro tempore of the Senate
953 shall serve as the chairpersons of the task force. Such chairpersons
954 shall schedule the first meeting of the task force, which shall be held no
955 later than thirty days after the effective date of this section.

956 (f) The administrative staff of the joint standing committee of the
957 General Assembly having cognizance of matters relating to public
958 health shall serve as administrative staff of the task force.

959 (g) Not later than July 1, 2010, the task force shall submit a report on
960 its findings and recommendations to the board of directors and the
961 joint standing committee of the General Assembly having cognizance
962 of matters relating to public health, human services and appropriations
963 and the budgets of state agencies in accordance with the provisions of
964 section 11-4a of the general statutes. The task force shall terminate on
965 the date that it submits such report or January 1, 2011, whichever is
966 later."

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2009</i>	New section
Sec. 2	<i>July 1, 2009</i>	New section
Sec. 3	<i>July 1, 2009</i>	New section
Sec. 4	<i>July 1, 2009</i>	New section
Sec. 5	<i>July 1, 2009</i>	New section
Sec. 6	<i>July 1, 2009</i>	New section
Sec. 7	<i>July 1, 2009</i>	New section
Sec. 8	<i>July 1, 2009</i>	New section
Sec. 9	<i>July 1, 2009</i>	New section
Sec. 10	<i>July 1, 2009</i>	New section
Sec. 11	<i>July 1, 2009</i>	New section
Sec. 12	<i>July 1, 2009</i>	New section
Sec. 13	<i>July 1, 2011</i>	New section
Sec. 14	<i>July 1, 2011</i>	New section
Sec. 15	<i>July 1, 2011</i>	17b-297b
Sec. 16	<i>from passage</i>	New section
Sec. 17	<i>from passage</i>	New section
Sec. 18	<i>from passage</i>	New section