



**House Bill No. 5292**

**Public Act No. 10-18**

**AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDED TECHNICAL CHANGES TO THE PUBLIC HEALTH STATUTES.**

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

Section 1. Subdivision (1) of subsection (c) of section 1-84b of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(1) No public official or state employee [ ] in an executive branch position designated by the Office of State Ethics shall negotiate for, seek or accept employment with any business subject to regulation by his agency.

Sec. 2. Subsection (b) of section 14-227j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) Any person who has been arrested for a violation of subsection (a) of section 14-227a, section 53a-56b, or section 53a-60d, may be ordered by the court not to operate any motor vehicle unless such motor vehicle is equipped with an ignition interlock device. Any such order may be made as a condition of such person's release on bail, as a condition of probation or as a condition of granting such person's

**House Bill No. 5292**

application for participation in the pretrial alcohol education [system] program under section 54-56g, as amended by this act, and may include any other terms and conditions as to duration, use, proof of installation or any other matter that the court determines to be appropriate or necessary.

Sec. 3. Subsection (o) of section 17a-451 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(o) The commissioner shall establish uniform policies and procedures for collecting, standardizing, managing and evaluating data related to substance use, abuse and addiction programs administered by state agencies, state-funded community-based programs and the Judicial Branch, including, but not limited to: (1) The use of prevention, education, treatment and criminal justice services related to substance use, abuse and addiction; (2) client demographic and substance use, abuse and addiction information; and (3) the quality and cost effectiveness of substance use, abuse and addiction services. The commissioner shall, in consultation with the Secretary of the Office of Policy and Management, ensure that the Judicial Branch, all state agencies and state-funded community-based programs with substance use, abuse and addiction programs or services comply with such policies and procedures. Notwithstanding any other provision of the general statutes concerning confidentiality, the commissioner, within available appropriations, shall establish and maintain a central repository for such substance use, abuse and addiction program and service data from the Judicial Branch, state agencies and state-funded community-based programs administering substance use, abuse and addiction programs and services. The central repository shall not disclose any data that reveals the personal identification of any individual. The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667 shall have access to the central

**House Bill No. 5292**

repository for aggregate analysis. The commissioner shall submit a biennial report to the General Assembly, the Office of Policy and Management and the Connecticut Alcohol and Drug Policy Council in accordance with the provisions of section 11-4a. The report shall include, but need not be limited to, a summary of: (A) Client and patient demographic information; (B) trends and [risks] risk factors associated with alcohol and drug use, abuse and dependence; (C) effectiveness of services based on outcome measures; (D) progress made in achieving the measures, benchmarks and goals established in the state substance abuse plan, developed and implemented in accordance with subsection (j) of this section; and (E) a state-wide cost analysis.

Sec. 4. Subsection (b) of section 19a-25h of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) All initial appointments to the committee shall be made on or before October 1, 2009. The initial term for the committee members appointed by the Governor shall be for four years. The initial term for committee members appointed by the speaker of the House of Representatives and the majority leader of the House of Representatives shall be for three years. The initial term for committee members appointed by the minority leader of the House of Representatives and the minority leader of the Senate shall be for two years. The initial term for the committee members appointed by the president pro tempore of the Senate and the majority leader of the Senate shall be for one year. Terms shall expire on September thirtieth in accordance with the provisions of this subsection. Any vacancy shall be filled by the appointing authority for the balance of the unexpired term. Other than an initial term, a committee member shall serve for a term of four years. No committee member, including an initial committee member, may serve for more than two terms. Any member

**House Bill No. 5292**

of the committee may be removed by the appropriate appointing authority for misfeasance, malfeasance or wilful neglect of duty.

Sec. 5. Subdivision (2) of subsection (f) of section 19a-72 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(2) Any hospital, clinical laboratory or health care provider that fails to comply with the provisions of this section shall be liable [to] for a civil penalty not to exceed five hundred dollars for each failure to disclose a reportable tumor, as determined by the commissioner.

Sec. 6. Subdivision (7) of section 19a-175 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(7) "Emergency medical [technician] services instructor" means a person who is certified by the Department of Public Health to teach courses, the completion of which is required in order to become an emergency medical technician;

Sec. 7. Subdivision (13) of section 19a-177 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(13) [The Commissioner of Public Health shall annually] Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical services organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical services organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

**House Bill No. 5292**

Sec. 8. Section 19a-181a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

The state shall save harmless and indemnify any person certified as an emergency medical [technician] services instructor by the Department of Public Health under this chapter from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit or judgment by reason of alleged negligence or other act resulting in personal injury or property damage, which acts are not wanton, reckless or malicious, provided such person at the time of the acts resulting in such injury or damage was acting in the discharge of his duties in providing emergency medical technician training and instruction.

Sec. 9. Subsection (a) of section 19a-195a of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) The Commissioner of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to provide that emergency medical technicians shall be recertified every three years. For the purpose of maintaining an acceptable level of proficiency, each emergency medical [services] technician who is recertified for a three-year period shall complete thirty hours of refresher training approved by the commissioner, or meet such other requirements as may be prescribed by the commissioner.

Sec. 10. Subsection (a) of section 19a-308a of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) As used in this section, "abandoned cemetery" means a cemetery (1) in which no burial has occurred during the previous forty years and in which the lots or graves have not been maintained during the

**House Bill No. 5292**

previous ten years except for maintenance rendered by the municipality in which such cemetery is located, (2) in which one burial has occurred in the past forty years, for which a permit was issued under section 7-65 after such burial, or (3) in which no lots have been sold in the previous forty years and in which most lots and graves have not been maintained during the previous ten years except for maintenance rendered by the municipality in which such cemetery is located.

Sec. 11. Subsection (b) of section 19a-517 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) The department may take action under section 19a-17 for any of the following reasons: (1) The license holder has employed or knowingly cooperated in fraud or material deception in order to obtain his license or has engaged in fraud or material deception in the course of professional services or activities; (2) the license holder is suffering from physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process, or is suffering from the abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (3) illegal, incompetent or negligent conduct in his practice; (4) violation of any provision of state or federal law governing the license holder's practices within a nursing home; or (5) violation of any provision of this chapter or any regulation adopted hereunder. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is being investigated. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 12. Subsection (b) of section 19a-634 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu

**House Bill No. 5292**

thereof (*Effective October 1, 2010*):

(b) The office, in consultation with such other state agencies as the Commissioner of Public Health deems appropriate, shall establish and maintain a state-wide health care facilities plan. Such plan may include, but not be limited to: (1) An assessment of the availability of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care [L] and clinic care; (2) an evaluation of the unmet needs of persons at risk and vulnerable populations as determined by the commissioner; (3) a projection of future demand for health care services and the impact that technology may have on the demand, capacity or need for such services; and (4) recommendations for the expansion, reduction or modification of health care facilities or services. In the development of the plan, the office shall consider the recommendations of any advisory bodies which may be established by the commissioner. The commissioner may also incorporate the recommendations of authoritative organizations whose mission is to promote policies based on best practices or evidence-based research. The commissioner, in consultation with hospital representatives, shall develop a process that encourages hospitals to incorporate the state-wide health care facilities plan into hospital long-range planning and shall facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning. The office shall update the state-wide health care facilities plan on or before July 1, 2012, and every five years thereafter. Said plan shall be considered part of the state health plan for purposes of office deliberations pursuant to section 19a-637.

Sec. 13. Subdivision (3) of subsection (a) of section 19a-639b of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(3) The commissioner, executive director, chairman or chief court

**House Bill No. 5292**

administrator of the state agency or department that has identified the specific need confirms, in writing, to the office that (A) the agency or department has identified a specific need with a detailed description of that need and that the agency or department believes that the need continues to exist, (B) the activity in question meets all or part of the identified need and specifies how much of that need the proposal meets, (C) in the case where the activity is the relocation of services, the agency or department has determined that the needs of the area previously served will continue to be met in a better or satisfactory manner and specifies how that is to be done, (D) in the case where a facility or institution seeks to transfer its ownership or control, [that] the agency or department has investigated the proposed change and the person or entity requesting the change and has determined that the change would be in the best interests of the state and the patients or clients, and (E) the activity will be cost-effective and well managed; and

Sec. 14. Subdivision (1) of section 19a-710 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

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

Sec. 15. Subsection (b) of section 19a-712 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

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

**House Bill No. 5292**

authority authorized and empowered:

(1) To adopt guidelines, policies and regulations in accordance with chapter 54 that are necessary to implement the provisions of sections 19a-710 to 19a-723, inclusive, as amended by this act;

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

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

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

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

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

**House Bill No. 5292**

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

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

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

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

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

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

(13) To evaluate the implementation of an individual mandate in

**House Bill No. 5292**

concert with guaranteed issue, the elimination of preexisting condition exclusions [,] and the implementation of auto-enrollment;

(14) To apply for and receive federal funds and raise funds from private and public sources outside of the state budget to contribute toward support of its mission and operations;

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

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

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

Sec. 16. Subsections (a) to (d), inclusive, of section 19a-714 of the 2010 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) For purposes of this section: (1) "Subscribing provider" means a licensed health care provider that: (A) Either is a participating provider in the SustiNet Plan or provides services in this state; and (B) enters into a binding agreement to pay a proportionate share of the cost of the goods and services described in this section, consistent with guidelines adopted by the board; and (2) "approved software" means electronic medical records software approved by the board [,] after receiving recommendations from the information technology advisory committee [,] established pursuant to this section.

**House Bill No. 5292**

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

(c) The committee shall consult with health information technology specialists, physicians, nurses, hospitals and other health care providers, as deemed appropriate by the committee, to identify potential software and hardware options that meet the needs of the full array of health care practices in the state. Any electronic medical record package that the committee recommends for future possible purchase shall include, to the maximum extent feasible: (1) A full set of functionalities for pertinent provider categories, including practice management, patient scheduling, claims submission, billing, issuance and tracking of laboratory orders and prescriptions; (2) automated patient reminders concerning upcoming appointments; (3) recommended preventive care services; (4) automated provision of test results to patients, when appropriate; (5) decision support, including a notice of recommended services not yet received by a patient; (6)

**House Bill No. 5292**

notice of potentially duplicative tests and other services; (7) in the case of prescriptions, notice of potential interactions with other drugs and past patient adverse reactions to similar medications; (8) notice of possible violation of patient wishes for end-of-life care; (9) notice of services provided inconsistently with care guidelines adopted pursuant to section 19a-717, along with options that permit the convenient recording of reasons why such guidelines are not being followed; and (10) such additional functions as may be approved by the information technology advisory committee.

(d) The committee shall offer recommendations on the procurement and development of approved software. Such recommendations may include that any approved software have the capacity to: (1) Gather information pertinent to assessing health care outcomes, including activity limitations, self-reported health status and other quality of life indicators; and (2) allow the board of directors to track the accomplishment of clinical care objectives at all levels. The board of directors shall ensure that SustiNet Plan providers who use approved software are able to electronically transmit to, and receive information from, all laboratories and pharmacies participating in the SustiNet Plan [.] without the need to construct interfaces, other than those constructed by the public authority.

Sec. 17. Subsections (c) to (e), inclusive, of section 19a-718 of the 2010 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

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

**House Bill No. 5292**

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

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

Sec. 18. Subdivision (5) of subsection (a) of section 19a-904 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(5) "Emergency medical technician" means any class of emergency medical technician certified under regulations adopted pursuant to section 19a-179, including, but not limited to, any [emergency medical technician-intermediate] advanced emergency medical technician or [medical response technician] emergency medical responder;

Sec. 19. Subsection (d) of section 20-7a of the 2010 supplement to the

**House Bill No. 5292**

general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(d) No person or entity, other than a physician licensed under chapter 370, a clinical laboratory, as defined in section 19a-30, or a referring clinical laboratory, shall directly or indirectly charge, bill or otherwise solicit payment for the provision of anatomic pathology services, unless such services were personally rendered by or under the direct supervision of such physician, clinical laboratory or referring laboratory in accordance with section 353 of the Public Health Service Act, (42 USC 263a). A clinical laboratory or referring laboratory may only solicit payment for anatomic pathology services from the patient, a hospital, the responsible insurer of a third party payor, or a governmental agency or such agency's public or private agent that is acting on behalf of the recipient of such services. Nothing in this subsection shall be construed to prohibit a clinical laboratory from billing a referring clinical laboratory when specimens are transferred between such laboratories for histologic or cytologic processing or consultation. No patient or other third party payor, as described in this subsection, shall be required to reimburse any provider for charges or claims submitted in violation of this section. For purposes of this subsection, (1) "referring clinical laboratory" means a clinical laboratory that refers a patient specimen for consultation or anatomic pathology services, excluding the laboratory of a physician's office or group practice that takes a patient specimen and does not perform the professional diagnostic component of the anatomic pathology services involved, and (2) "anatomic pathology services" means the gross and microscopic examination and histologic or cytologic processing of human specimens, including histopathology or surgical pathology, cytopathology, hematology, subcellular pathology or molecular pathology or blood banking service performed by a pathologist.

Sec. 20. Subsection (b) of section 20-74mm of the 2010 supplement to

**House Bill No. 5292**

the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) Nothing in chapter 370 shall be construed to prohibit a radiologist assistant from performing radiologic procedures under the direct supervision and direction of a physician who is licensed pursuant to chapter 370 and who is board certified in radiology. A radiologist assistant may perform radiologic procedures delegated by a supervising radiologist provided: (1) The supervising radiologist is satisfied as to the ability and competency of the radiologist assistant; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice; (3) the supervising radiologist shall assume full control and responsibility for all procedures performed by the radiologist assistant; and (4) such procedures shall be performed under the oversight, control and direction of the supervising radiologist. Delegated procedures shall be implemented in accordance with written protocols established by the supervising radiologist. In addition to those procedures that the supervising radiologist deems appropriate to be performed under personal supervision, the following procedures, including contrast media administration and needle or catheter placement, must be performed under personal supervision: (A) Lumbar puncture under fluoroscopic guidance, (B) lumbar myelogram, (C) thoracic or cervical myelogram, (D) nontunneled venous central line placement, (E) venous catheter placement for dialysis, (F) breast needle localization, and [(E)] (G) ductogram.

Sec. 21. Subsection (e) of section 20-7400 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(e) No license shall be issued under this section to any applicant against [who] whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this or any other state

**House Bill No. 5292**

or territory.

Sec. 22. Section 20-126e of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Each dentist licensed in this state, who either makes or directs to be made a removable prosthetic denture, bridge, appliance or other structure to be worn in a person's mouth, shall offer to the patient for whom the prosthesis is to be made the opportunity to have such prosthesis marked with the patient's name or initials. Such markings shall be accomplished at the time the prosthesis is made and the location and methods used to apply or implant such markings shall be determined by the dentist or person directed to act on behalf of the dentist. Such marking shall be permanent, legible and cosmetically acceptable. A dentist shall advise the patient of any additional charges that may be incurred to obtain such markings on the prosthesis. Notwithstanding the provisions of this section, if in the professional judgment of the dentist or the entity that is making the prosthesis, such markings are not practicable or clinically safe, the identifying marks may be omitted entirely.

Sec. 23. Subsection (a) of section 20-395f of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) The commissioner may refuse to issue a license or may suspend or revoke the license of any licensee or take any of the actions set forth in section 19a-17 in circumstances which have endangered or are likely to endanger the health, welfare [ ] or safety of the public. Such circumstances include, but are not limited to, the following:

(1) Obtaining a license by means of fraud or material misrepresentation or engaging in fraud or material deception in the

**House Bill No. 5292**

course of professional services or activities;

(2) Violation of professional conduct guidelines or code of ethics as established by regulations adopted by the department;

(3) Violation of any provision of sections 20-395a to 20-395g, inclusive, or regulations of Connecticut state agencies;

(4) Physical or mental illness or emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process;

(5) Abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or

(6) Illegal, incompetent or negligent conduct in the practice of audiology.

Sec. 24. Subsections (a) to (c), inclusive, of section 54-56g of the 2010 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) There shall be a pretrial alcohol education program for persons charged with a violation of section 14-227a, 14-227g, 15-132a, 15-133, 15-140l or 15-140n. Upon application by any such person for participation in such [system] program and payment to the court of an application fee of one hundred dollars and a nonrefundable evaluation fee of one hundred dollars, the court shall, but only as to the public, order the court file sealed, provided such person states under oath, in open court or before any person designated by the clerk and duly authorized to administer oaths, under penalties of perjury that: (1) If such person is charged with a violation of section 14-227a, such person has not had such [system] program invoked in such person's behalf within the preceding ten years for a violation of section 14-227a, (2) if such person is charged with a violation of section 14-227g, such person

**House Bill No. 5292**

has never had such [system] program invoked in such person's behalf for a violation of section 14-227a or 14-227g, (3) such person has not been convicted of a violation of section 53a-56b or 53a-60d, a violation of subsection (a) of section 14-227a before or after October 1, 1981, or a violation of subdivision (1) or (2) of subsection (a) of section 14-227a on or after October 1, 1985, and (4) such person has not been convicted in any other state at any time of an offense the essential elements of which are substantially the same as section 53a-56b or 53a-60d or subdivision (1) or (2) of subsection (a) of section 14-227a. Unless good cause is shown, a person shall be ineligible for participation in such pretrial alcohol education [system] program if such person's alleged violation of section 14-227a or 14-227g caused the serious physical injury, as defined in section 53a-3, of another person. The application fee imposed by this subsection shall be credited to the Criminal Injuries Compensation Fund established by section 54-215. The evaluation fee shall be credited to the pretrial account established under section 54-56k.

(b) The court, after consideration of the recommendation of the state's attorney, assistant state's attorney or deputy assistant state's attorney in charge of the case, may, in its discretion, grant such application. If the court grants such application, the court shall refer such person to the Court Support Services Division for assessment and confirmation of the eligibility of the applicant and to the Department of Mental Health and Addiction Services for evaluation. The Court Support Services Division, in making its assessment and confirmation, may rely on the representations made by the applicant under oath in open court with respect to convictions in other states of offenses specified in subsection (a) of this section. Upon confirmation of eligibility and receipt of the evaluation report, the defendant shall be referred to the Department of Mental Health and Addiction Services by the Court Support Services Division for placement in an appropriate alcohol intervention program for one year, or be placed in

**House Bill No. 5292**

a state-licensed substance abuse treatment program. The alcohol intervention program shall include a ten-session intervention program and a fifteen-session intervention program. Any person who enters the [system] program shall agree: (1) To the tolling of the statute of limitations with respect to such crime, (2) to a waiver of such person's right to a speedy trial, (3) to complete ten or fifteen counseling sessions in an alcohol intervention program or successfully complete a substance abuse treatment program of not less than twelve sessions pursuant to this section dependent upon the evaluation report and the court order, (4) to commence participation in an alcohol intervention program or substance abuse treatment program not later than ninety days after the date of entry of the court order unless granted a delayed entry into a program by the court, (5) upon completion of participation in the alcohol intervention program, to accept placement in a treatment program upon recommendation of a provider under contract with the Department of Mental Health and Addiction Services pursuant to subsection (f) of this section or placement in a state-licensed treatment program which meets standards established by the Department of Mental Health and Addiction Services, if the Court Support Services Division deems it appropriate, and (6) if ordered by the court, to participate in at least one victim impact panel. The suspension of the motor vehicle operator's license of any such person pursuant to section 14-227b shall be effective during the period such person is participating in such program, provided such person shall have the option of not commencing the participation in such program until the period of such suspension is completed. If the Court Support Services Division informs the court that the defendant is ineligible for the [system] pretrial alcohol education program and the court makes a determination of ineligibility or if the program provider certifies to the court that the defendant did not successfully complete the assigned program or is no longer amenable to treatment and such person does not pursue, or the court denies, program reinstatement under subsection (e) of this section, the court shall order the court file to be

**House Bill No. 5292**

unsealed, enter a plea of not guilty for such defendant and immediately place the case on the trial list. If such defendant satisfactorily completes the assigned program, such defendant may apply for dismissal of the charges against such defendant and the court, on reviewing the record of the defendant's participation in such program submitted by the Court Support Services Division and on finding such satisfactory completion, shall dismiss the charges. If the defendant does not apply for dismissal of the charges against such defendant after satisfactorily completing the assigned program the court, upon receipt of the record of the defendant's participation in such program submitted by the Court Support Services Division, may on its own motion make a finding of such satisfactory completion and dismiss the charges. Upon motion of the defendant and a showing of good cause, the court may extend the one-year placement period for a reasonable period for the defendant to complete the assigned program. A record of participation in such program shall be retained by the Court Support Services Division for a period of seven years from the date of application. The Court Support Services Division shall transmit to the Department of Motor Vehicles a record of participation in such program for each person who satisfactorily completes such program. The Department of Motor Vehicles shall maintain for a period of ten years the record of a person's participation in such program as part of such person's driving record. The Court Support Services Division shall transmit to the Department of Environmental Protection the record of participation of any person who satisfactorily completes such program who has been charged with a violation of the provisions of section 15-132a, 15-133, 15-140l or 15-140n. The Department of Environmental Protection shall maintain for a period of ten years the record of a person's participation in such program as a part of such person's boater certification record.

(c) At the time the court grants the application for participation in the alcohol intervention program, such person shall also pay to the

**House Bill No. 5292**

court a nonrefundable program fee of three hundred fifty dollars if such person is ordered to participate in the ten-session program and a nonrefundable program fee of five hundred dollars if such person is ordered to participate in the fifteen-session program. If the court grants participation in a treatment program, such person shall be responsible for the costs associated with participation in such program. No person may be excluded from either program for inability to pay such fee or cost, provided (1) such person files with the court an affidavit of indigency or inability to pay, (2) such indigency or inability to pay is confirmed by the Court Support Services Division, and (3) the court enters a finding thereof. If the court finds that a person is indigent or unable to pay for a treatment program, the costs of such program shall be paid for from the pretrial account established under section 54-56k. If the court denies the application, such person shall not be required to pay the program fee. If the court grants the application, and such person is later determined to be ineligible for participation in such pretrial alcohol education [system] program or fails to complete the assigned program, the program fee shall not be refunded. All program fees shall be credited to the pretrial account established under section 54-56k.

Sec. 25. Subsection (d) of section 54-56i of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(d) Upon confirmation of eligibility and receipt of the evaluation required pursuant to subsection (c) of this section, such person shall be referred to the Department of Mental Health and Addiction Services by the Court Support Services Division for placement in the drug education program. Participants in the drug education program shall receive appropriate drug intervention services or substance abuse treatment program services, as recommended by the evaluation conducted pursuant to subsection (c) of this section, and ordered by

**House Bill No. 5292**

the court. Placement in the drug education program pursuant to this section shall not exceed one year. Persons receiving substance abuse treatment program services in accordance with the provisions of this section shall only receive such services at state licensed substance abuse treatment program facilities that are in compliance with all state standards governing the operation of such facilities. Any person who enters the program shall agree: (1) To the tolling of the statute of limitations with respect to such crime; (2) to a waiver of such person's right to a speedy trial; (3) to complete participation in the ten-session drug intervention program, fifteen-session drug intervention program or substance abuse treatment program, as recommended by the evaluation conducted pursuant to subsection (c) of this section, and ordered by the court; (4) to commence participation in the drug education program not later than ninety days after the date of entry of the court order unless granted a delayed entry into the program by the court; and (5) upon completion of participation in the pretrial drug education program, to accept placement in a treatment program upon the recommendation of a provider under contract with the Department of Mental Health and Addiction Services or placement in a treatment program that has standards substantially similar to, or higher than, a program of a provider under contract with the Department of Mental Health and Addiction Services if the Court Support Services Division deems it appropriate. The department shall require as a condition of participation in the drug education program that any person participating in the ten-session drug intervention program or the substance abuse treatment program also participate in the community service labor program, established pursuant to section 53a-39c, for not less than five days; and that any person participating in the fifteen-session drug intervention program also participate in said community service labor program, for not less than ten days.

Sec. 26. Subsection (g) of section 54-56i of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu

**House Bill No. 5292**

thereof (*Effective October 1, 2010*):

(g) At the time the court grants the application for participation in the pretrial drug education program, such person shall pay to the court a nonrefundable program fee of three hundred fifty dollars if such person is ordered to participate in the ten-session drug intervention program or five hundred dollars if such person is ordered to participate in the fifteen-session drug intervention program. If the court orders participation in a drug treatment program, such person shall be responsible for the costs associated with such program. No person may be excluded from any such program for inability to pay such fee, provided (1) such person files with the court an affidavit of indigency or inability to pay, (2) such indigency or inability to pay is confirmed by the Court Support Services Division, and (3) the court enters a finding thereof. The court may waive all or any portion of such fee depending on such person's ability to pay. If the court denies the application, such person shall not be required to pay the program fee. If the court grants the application, and such person is later determined to be ineligible for participation in such pretrial drug education program or fails to complete the assigned program, the program fees shall not be refunded. All such program fees shall be credited to the pretrial account established under section 54-56k.

Sec. 27. Section 54-66a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Any bail bond posted in any criminal proceeding in this state shall be automatically terminated and released whenever the defendant: (1) Is granted accelerated rehabilitation pursuant to section 54-56e; (2) is granted admission to the pretrial alcohol education [system] program pursuant to section 54-56g, as amended by this act; (3) is granted admission to the pretrial family violence education program pursuant to section 46b-38c; (4) is granted admission to the community service labor program pursuant to section 53a-39c; (5) is granted admission to

**House Bill No. 5292**

the pretrial drug education program pursuant to section 54-56i, as amended by this act; (6) has the complaint or information filed against such defendant dismissed; (7) is acquitted; (8) is sentenced by the court; (9) is granted admission to the pretrial school violence prevention program pursuant to section 54-56j; or (10) is charged with a violation of section 29-33 and prosecution has been suspended pursuant to subsection (h) of section 29-33.

Approved May 5, 2010