



General Assembly

Bill No. 494

February Session, 2010

LCO No. 5638

*05638 _____ *

Referred to Committee on No Committee

Introduced by:

SEN. WILLIAMS, 29th Dist.

REP. DONOVAN, 84th Dist.

**AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR
THE FISCAL YEAR ENDING JUNE 30, 2011.**

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

1 Section 1. Section 11 of public act 09-3 of the June special session, as
2 amended by sections 3 and 20 of public act 09-7 of the September
3 special session, section 58 of public act 09-6 of the September special
4 session, section 9 of public act 09-1 of the December special session and
5 sections 1 and 2 of public act 10-3, is amended to read as follows
6 (*Effective July 1, 2010*):

T1 **GENERAL FUND**

T2 **2010- 2011**

T3

T4 **\$**

T5

T6	LEGISLATIVE		
T7			
T8	LEGISLATIVE MANAGEMENT		
T9	PERSONAL SERVICES	[46,413,050]	<u>46,313,050</u>
T10	OTHER EXPENSES	[16,264,317]	<u>15,664,317</u>
T11	EQUIPMENT	983,000	
T12	FLAG RESTORATION	50,000	
T13	MINOR CAPITAL IMPROVEMENTS	[825,000]	<u>125,000</u>
T14	INTERIM SALARY/CAUCUS OFFICES	461,000	
T15	REDISTRICTING	400,000	
T16	[CONNECTICUT ACADEMY OF SCIENCE AND		
T17	ENGINEERING	100,000]	
T18	OLD STATE HOUSE	583,400	
T19	OTHER THAN PAYMENTS TO LOCAL		
T20	GOVERNMENTS		
T21	INTERSTATE CONFERENCE FUND	378,235	
T22	<u>NEW ENGLAND BOARD OF HIGHER EDUCATION</u>		<u>183,750</u>
T23	AGENCY TOTAL	[66,458,002]	<u>65,141,752</u>
T24			
T25	AUDITORS OF PUBLIC ACCOUNTS		
T26	PERSONAL SERVICES	12,569,724	
T27	OTHER EXPENSES	806,647	

T28	<i>EQUIPMENT</i>	<i>50,000</i>	
T29	<i>AGENCY TOTAL</i>	<i>13,426,371</i>	
T30			
T31	<i>COMMISSION ON AGING</i>		
T32	<i>PERSONAL SERVICES</i>	<i>[216,207]</i>	<u><i>248,207</i></u>
T33	<i>OTHER EXPENSES</i>	<i>[39,864]</i>	<u><i>7,864</i></u>
T34	<i>AGENCY TOTAL</i>	<i>256,071</i>	
T35			
T36	<i>PERMANENT COMMISSION ON THE</i>		
T37	<i>STATUS OF WOMEN</i>		
T38	<i>PERSONAL SERVICES</i>	<i>[389,217]</i>	<u><i>441,217</i></u>
T39	<i>OTHER EXPENSES</i>	<i>[116,203]</i>	<u><i>64,203</i></u>
T40	<i>AGENCY TOTAL</i>	<i>505,420</i>	
T41			
T42	<i>COMMISSION ON CHILDREN</i>		
T43	<i>PERSONAL SERVICES</i>	<i>457,745</i>	
T44	<i>OTHER EXPENSES</i>	<i>72,675</i>	
T45	<i>AGENCY TOTAL</i>	<i>530,420</i>	
T46			
T47	<i>LATINO AND PUERTO RICAN AFFAIRS</i>		
T48	<i>COMMISSION</i>		
T49	<i>PERSONAL SERVICES</i>	<i>280,797</i>	
T50	<i>OTHER EXPENSES</i>	<i>38,994</i>	

T51	<i>AGENCY TOTAL</i>	<i>319,791</i>	
T52			
T53	<i>AFRICAN-AMERICAN AFFAIRS</i>		
T54	<i>COMMISSION</i>		
T55	<i>PERSONAL SERVICES</i>	<i>184,780</i>	
T56	<i>OTHER EXPENSES</i>	<i>27,456</i>	
T57	<i>AGENCY TOTAL</i>	<i>212,236</i>	
T58			
T59	<i>ASIAN PACIFIC AMERICAN AFFAIRS</i>		
T60	<i>COMMISSION</i>		
T61	<i>PERSONAL SERVICES</i>	<i>49,810</i>	
T62	<i>OTHER EXPENSES</i>	<i>2,500</i>	
T63	<i>AGENCY TOTAL</i>	<i>52,310</i>	
T64			
T65	<i>TOTAL</i>	<i>[81,760,621]</i>	<i><u>80,444,371</u></i>
T66	<i>LEGISLATIVE</i>		
T67			
T68	<i>GENERAL GOVERNMENT</i>		
T69			
T70	<i>GOVERNOR'S OFFICE</i>		
T71	<i>PERSONAL SERVICES</i>	<i>[2,613,859]</i>	<i><u>2,405,378</u></i>
T72	<i>OTHER EXPENSES</i>	<i>[236,995]</i>	<i><u>134,660</u></i>
T73	<i>EQUIPMENT</i>	<i>1</i>	

T74	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T75	<i>GOVERNMENTS</i>		
T76	<i>NEW ENGLAND GOVERNORS' CONFERENCE</i>	100,692	
T77	<i>NATIONAL GOVERNORS' ASSOCIATION</i>	119,900	
T78	<i>AGENCY TOTAL</i>	[3,071,447]	<u>2,760,631</u>
T79			
T80	<i>SECRETARY OF THE STATE</i>		
T81	<i>PERSONAL SERVICES</i>	[1,459,000]	<u>1,361,795</u>
T82	<i>OTHER EXPENSES</i>	[843,884]	<u>645,041</u>
T83	<i>EQUIPMENT</i>	1	
T84	<i>COMMERCIAL RECORDING DIVISION</i>	[7,825,000]	<u>5,993,248</u>
T85	<i>AGENCY TOTAL</i>	[10,127,885]	<u>8,000,085</u>
T86			
T87	<i>LIEUTENANT GOVERNOR'S OFFICE</i>		
T88	<i>PERSONAL SERVICES</i>	[441,000]	<u>431,017</u>
T89	<i>OTHER EXPENSES</i>	[87,054]	<u>72,849</u>
T90	<i>EQUIPMENT</i>	1	
T91	<i>AGENCY TOTAL</i>	[528,055]	<u>503,867</u>
T92			
T93	<i>ELECTIONS ENFORCEMENT</i>		
T94	<i>COMMISSION</i>		
T95	<i>PERSONAL SERVICES</i>	[1,632,885]	<u>1,490,556</u>

T96	<i>OTHER EXPENSES</i>	326,396	
T97	<i>CITIZENS' ELECTION FUND ADMIN</i>	3,200,000	
T98	<i>AGENCY TOTAL</i>	[5,159,281]	<u>5,016,952</u>
T99			
T100	<i>OFFICE OF STATE ETHICS</i>		
T101	<i>PERSONAL SERVICES</i>	[1,600,359]	<u>1,546,383</u>
T102	<i>OTHER EXPENSES</i>	245,796	
T103	<i>EQUIPMENT</i>	15,000	
T104	<i>JUDGE TRIAL REFEREE FEES</i>	20,000	
T105	<i>RESERVE FOR ATTORNEY FEES</i>	26,129	
T106	<i>INFORMATION TECHNOLOGY INITIATIVES</i>	50,000	
T107	<i>AGENCY TOTAL</i>	[1,957,284]	<u>1,903,308</u>
T108			
T109	<i>FREEDOM OF INFORMATION</i>		
T110	<i>COMMISSION</i>		
T111	<i>PERSONAL SERVICES</i>	[2,051,870]	<u>2,009,938</u>
T112	<i>OTHER EXPENSES</i>	248,445	
T113	<i>EQUIPMENT</i>	48,500	
T114	<i>AGENCY TOTAL</i>	[2,348,815]	<u>2,306,883</u>
T115			
T116	<i>JUDICIAL SELECTION COMMISSION</i>		
T117	<i>PERSONAL SERVICES</i>	[72,072]	<u>69,676</u>

T118	<i>OTHER EXPENSES</i>	[18,375]	<u>17,456</u>
T119	<i>EQUIPMENT</i>	[6]	<u>1</u>
T120	<i>AGENCY TOTAL</i>	[90,453]	<u>87,133</u>
T121			
T122	<i>CONTRACTING STANDARDS BOARD</i>		
T123	<i>[PERSONAL SERVICES</i>	<i>600,000]</i>	
T124	<i>OTHER EXPENSES</i>	[350,000]	<u>10,000</u>
T125	<i>EQUIPMENT</i>	[100]	<u>1</u>
T126	<i>AGENCY TOTAL</i>	[950,100]	<u>10,001</u>
T127			
T128	<i>STATE TREASURER</i>		
T129	<i>PERSONAL SERVICES</i>	[4,160,240]	<u>3,717,414</u>
T130	<i>OTHER EXPENSES</i>	[282,836]	<u>273,656</u>
T131	<i>EQUIPMENT</i>	[6]	<u>1</u>
T132	<i>AGENCY TOTAL</i>	[4,443,082]	<u>3,991,071</u>
T133			
T134	<i>STATE COMPTROLLER</i>		
T135	<i>PERSONAL SERVICES</i>	[22,603,086]	<u>21,215,407</u>
T136	<i>OTHER EXPENSES</i>	[5,129,692]	<u>4,164,000</u>
T137	<i>EQUIPMENT</i>	1	
T138	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T139	<i>GOVERNMENTS</i>		
T140	<i>GOVERNMENTAL ACCOUNTING</i>	[19,570]	<u>18,591</u>

	<i>STANDARDS BOARD</i>		
T141	<i>AGENCY TOTAL</i>	[27,752,349]	<u>25,397,999</u>
T142			
T143	<i>DEPARTMENT OF REVENUE SERVICES</i>		
T144	<i>PERSONAL SERVICES</i>	[64,705,383]	<u>58,073,874</u>
T145	<i>OTHER EXPENSES</i>	[9,730,972]	<u>8,577,651</u>
T146	<i>EQUIPMENT</i>	1	
T147	<i>COLLECTION AND LITIGATION CONTINGENCY FUND</i>	204,479	
T148	<i>AGENCY TOTAL</i>	[74,640,835]	<u>66,856,005</u>
T149			
T150	<i>DIVISION OF SPECIAL REVENUE</i>		
T151	<i>PERSONAL SERVICES</i>	[5,447,699]	<u>4,136,173</u>
T152	<i>OTHER EXPENSES</i>	[1,014,445]	<u>1,091,442</u>
T153	<i>EQUIPMENT</i>	1	
T154	<i>GAMING POLICY BOARD</i>	2,758	
T155	<i>AGENCY TOTAL</i>	[6,464,903]	<u>5,230,374</u>
T156			
T157	<i>OFFICE OF POLICY AND</i>		
T158	<i>MANAGEMENT</i>		
T159	<i>PERSONAL SERVICES</i>	[14,713,974]	<u>12,234,375</u>
T160	<i>OTHER EXPENSES</i>	[2,768,297]	<u>2,636,252</u>
T161	<i>EQUIPMENT</i>	[100]	<u>1</u>

T162	AUTOMATED BUDGET SYSTEM AND DATA BASE		
T163	LINK	[59,780]	<u>55,075</u>
T164	LEADERSHIP, EDUCATION, ATHLETICS IN		
T165	PARTNERSHIP (LEAP)	850,000	
T166	CASH MANAGEMENT IMPROVEMENT ACT	[100]	<u>95</u>
T167	JUSTICE ASSISTANCE GRANTS	[2,027,750]	<u>1,129,572</u>
T168	NEIGHBORHOOD YOUTH CENTERS	1,487,000	
T169	WATER PLANNING COUNCIL	[110,000]	<u>104,500</u>
T170	CONNECTICUT IMPAIRED DRIVING RECORDS		
T171	INFORMATION SYSTEM	[950,000]	<u>902,857</u>
T172	OTHER THAN PAYMENTS TO LOCAL		
T173	GOVERNMENTS		
T174	TAX RELIEF FOR ELDERLY RENTERS	24,000,000	
T175	REGIONAL PLANNING AGENCIES	200,000	
T176	PAYMENTS TO LOCAL GOVERNMENTS		
T177	REIMBURSEMENT PROPERTY TAX - DISABILITY		
T178	EXEMPTION	400,000	
T179	DISTRESSED MUNICIPALITIES	7,800,000	
T180	PROPERTY TAX RELIEF ELDERLY CIRCUIT BREAKER	20,505,899	
T181	PROPERTY TAX RELIEF ELDERLY FREEZE PROGRAM	560,000	

T182	<i>PROPERTY TAX RELIEF FOR VETERANS</i>	<i>2,970,099</i>	
T183	<i>P.I.L.O.T. - NEW MANUFACTURING MACHINERY</i>		
T184	<i>AND EQUIPMENT</i>	<i>[52,895,199]</i>	<u><i>47,895,199</i></u>
T185	<i>CAPITAL CITY ECONOMIC DEVELOPMENT</i>	<i>6,050,000</i>	
T186	<i>AGENCY TOTAL</i>	<i>[138,348,198]</i>	<u><i>129,780,924</i></u>
T187			
T188	<i>DEPARTMENT OF VETERANS' AFFAIRS</i>		
T189	<i>PERSONAL SERVICES</i>	<i>[25,195,059]</i>	<u><i>23,621,043</i></u>
T190	<i>OTHER EXPENSES</i>	<i>[6,970,217]</i>	<u><i>6,961,795</i></u>
T191	<i>EQUIPMENT</i>	<i>1</i>	
T192	<i>SUPPORT SERVICES FOR VETERANS</i>	<i>190,000</i>	
T193	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T194	<i>GOVERNMENTS</i>		
T195	<i>BURIAL EXPENSES</i>	<i>7,200</i>	
T196	<i>HEADSTONES</i>	<i>370,000</i>	
T197	<i>AGENCY TOTAL</i>	<i>[32,732,477]</i>	<u><i>31,150,039</i></u>
T198			
T199	<i>OFFICE OF WORKFORCE</i>		
T200	<i>COMPETITIVENESS</i>		
T201	<i>PERSONAL SERVICES</i>	<i>[431,474]</i>	<u><i>286,190</i></u>
T202	<i>OTHER EXPENSES</i>	<i>[100,000]</i>	<u><i>78,782</i></u>
T203	<i>CETC WORKFORCE</i>	<i>1,000,000</i>	

T204	<i>JOB FUNNELS PROJECTS</i>	<i>500,000</i>	
T205	<i>NANOTECHNOLOGY STUDY</i>	<i>[150,000]</i>	<i><u>140,000</u></i>
T206	<i>SPANISH-AMERICAN MERCHANTS ASSOCIATION</i>	<i>570,000</i>	
T207	<i>SBIR MATCHING GRANTS</i>	<i>112,500</i>	
T208	<i>AGENCY TOTAL</i>	<i>[2,863,974]</i>	<i><u>2,687,472</u></i>
T209			
T210	<i>BOARD OF ACCOUNTANCY</i>		
T211	<i>PERSONAL SERVICES</i>	<i>[345,306]</i>	<i><u>336,533</u></i>
T212	<i>OTHER EXPENSES</i>	<i>[77,863]</i>	<i><u>47,155</u></i>
T213	<i>AGENCY TOTAL</i>	<i>[423,169]</i>	<i><u>383,688</u></i>
T214			
T215	<i>DEPARTMENT OF ADMINISTRATIVE</i>		
T216	<i>SERVICES</i>		
T217	<i>PERSONAL SERVICES</i>	<i>[23,240,000]</i>	<i><u>20,629,529</u></i>
T218	<i>OTHER EXPENSES</i>	<i>[14,803,653]</i>	<i><u>14,601,570</u></i>
T219	<i>EQUIPMENT</i>	<i>1</i>	
T220	<i>LOSS CONTROL RISK MANAGEMENT</i>	<i>[179,497]</i>	<i><u>143,051</u></i>
T221	<i>EMPLOYEES' REVIEW BOARD</i>	<i>25,135</i>	
T222	<i>SURETY BONDS FOR STATE OFFICIALS AND</i>		
T223	<i>EMPLOYEES</i>	<i>74,400</i>	
T224	<i>REFUNDS OF COLLECTIONS</i>	<i>28,500</i>	
T225	<i>W. C. ADMINISTRATOR</i>	<i>[5,213,554]</i>	<i><u>5,250,000</u></i>

T226	<i>HOSPITAL BILLING SYSTEM</i>	114,950	
T227	<i>CLAIMS COMMISSIONER OPERATIONS</i>	326,208	
T228	<i>AGENCY TOTAL</i>	[44,005,898]	<u>41,193,344</u>
T229			
T230	<i>DEPARTMENT OF INFORMATION</i>		
T231	<i>TECHNOLOGY</i>		
T232	<i>PERSONAL SERVICES</i>	[8,270,961]	<u>7,295,800</u>
T233	<i>OTHER EXPENSES</i>	[6,648,090]	<u>6,431,680</u>
T234	<i>EQUIPMENT</i>	1	
T235	<i>CONNECTICUT EDUCATION NETWORK</i>	4,003,401	
T236	<i>INTERNET AND E-MAIL SERVICES</i>	[5,000,000]	<u>4,995,784</u>
T237	<i>STATEWIDE INFORMATION TECHNOLOGY SERVICES</i>	[23,200,000]	<u>20,266,483</u>
T238	<i>AGENCY TOTAL</i>	[47,122,453]	<u>42,993,149</u>
T239			
T240	<i>DEPARTMENT OF PUBLIC WORKS</i>		
T241	<i>PERSONAL SERVICES</i>	[7,590,198]	<u>6,525,879</u>
T242	<i>OTHER EXPENSES</i>	[26,911,416]	<u>26,881,370</u>
T243	<i>EQUIPMENT</i>	1	
T244	<i>MANAGEMENT SERVICES</i>	[3,836,508]	<u>4,336,508</u>
T245	<i>RENTS AND MOVING</i>	[11,225,596]	<u>11,760,641</u>
T246	<i>CAPITOL DAY CARE CENTER</i>	127,250	
T247	<i>FACILITIES DESIGN EXPENSES</i>	[4,744,945]	<u>5,094,945</u>

T248	<i>AGENCY TOTAL</i>	[54,435,914]	<u>54,726,594</u>
T249			
T250	<i>ATTORNEY GENERAL</i>		
T251	<i>PERSONAL SERVICES</i>	[30,519,013]	<u>28,103,641</u>
T252	<i>OTHER EXPENSES</i>	[1,027,637]	<u>1,019,272</u>
T253	<i>EQUIPMENT</i>	1	
T254	<i>AGENCY TOTAL</i>	[31,546,651]	<u>29,122,914</u>
T255			
T256	<i>DIVISION OF CRIMINAL JUSTICE</i>		
T257	<i>PERSONAL SERVICES</i>	[48,564,021]	<u>44,406,213</u>
T258	<i>OTHER EXPENSES</i>	[2,243,902]	<u>2,836,301</u>
T259	<i>EQUIPMENT</i>	1	
T260	<i>WITNESS PROTECTION</i>	338,247	
T261	<i>TRAINING AND EDUCATION</i>	[109,687]	<u>153,941</u>
T262	<i>EXPERT WITNESSES</i>	198,643	
T263	<i>MEDICAID FRAUD CONTROL</i>	767,282	
T264	<i>CRIMINAL JUSTICE COMMISSION</i>	[650]	<u>617</u>
T265	<i>AGENCY TOTAL</i>	[52,222,433]	<u>48,701,245</u>
T266			
T267	<i>TOTAL</i>	[541,235,656]	<u>502,803,678</u>
T268	<i>GENERAL GOVERNMENT</i>		
T269			
T270	<i>REGULATION AND PROTECTION</i>		

T271			
T272	<i>DEPARTMENT OF PUBLIC SAFETY</i>		
T273	<i>PERSONAL SERVICES</i>	[129,818,773]	<u>118,322,792</u>
T274	<i>OTHER EXPENSES</i>	[30,368,119]	<u>28,311,853</u>
T275	<i>EQUIPMENT</i>	[100]	<u>1</u>
T276	<i>STRESS REDUCTION</i>	23,354	
T277	<i>FLEET PURCHASE</i>	7,035,596	
T278	<i>WORKERS' COMPENSATION CLAIMS</i>	[3,438,787]	<u>5,138,787</u>
T279	<i>COLLECT</i>	48,925	
T280	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T281	<i>GOVERNMENTS</i>		
T282	<i>[CIVIL AIR PATROL</i>	1,746]	
T283	<i>AGENCY TOTAL</i>	[170,735,400]	<u>158,881,308</u>
T284			
T285	<i>POLICE OFFICER STANDARDS AND</i>		
T286	<i>TRAINING COUNCIL</i>		
T287	<i>PERSONAL SERVICES</i>	[2,101,436]	<u>1,695,455</u>
T288	<i>OTHER EXPENSES</i>	[993,398]	<u>992,352</u>
T289	<i>EQUIPMENT</i>	1	
T290	<i>AGENCY TOTAL</i>	[3,094,835]	<u>2,687,808</u>
T291			
T292	<i>BOARD OF FIREARMS PERMIT</i>		
T293	<i>EXAMINERS</i>		

T294	<i>PERSONAL SERVICES</i>	73,536	
T295	<i>OTHER EXPENSES</i>	8,971	
T296	<i>EQUIPMENT</i>	1	
T297	<i>AGENCY TOTAL</i>	82,508	
T298			
T299	<i>MILITARY DEPARTMENT</i>		
T300	<i>PERSONAL SERVICES</i>	[3,450,246]	<u>3,167,505</u>
T301	<i>OTHER EXPENSES</i>	[2,744,995]	<u>2,728,556</u>
T302	<i>EQUIPMENT</i>	1	
T303	<i>FIRING SQUADS</i>	319,500	
T304	<i>VETERAN'S SERVICE BONUSES</i>	306,000	
T305	<i>AGENCY TOTAL</i>	[6,820,742]	<u>6,521,562</u>
T306			
T307	<i>COMMISSION ON FIRE PREVENTION</i>		
T308	<i>AND CONTROL</i>		
T309	<i>PERSONAL SERVICES</i>	[1,683,823]	<u>1,668,322</u>
T310	<i>OTHER EXPENSES</i>	[715,288]	<u>713,102</u>
T311	<i>EQUIPMENT</i>	1	
T312	<i>FIREFIGHTER TRAINING I</i>	295,250	
T313	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T314	<i>GOVERNMENTS</i>		
T315	<i>FIRE TRAINING SCHOOL - WILLIMANTIC</i>	161,798	

T316	<i>FIRE TRAINING SCHOOL - TORRINGTON</i>	81,367	
T317	<i>FIRE TRAINING SCHOOL - NEW HAVEN</i>	48,364	
T318	<i>FIRE TRAINING SCHOOL - DERBY</i>	37,139	
T319	<i>FIRE TRAINING SCHOOL - WOLCOTT</i>	100,162	
T320	<i>FIRE TRAINING SCHOOL - FAIRFIELD</i>	70,395	
T321	<i>FIRE TRAINING SCHOOL - HARTFORD</i>	169,336	
T322	<i>FIRE TRAINING SCHOOL - MIDDLETOWN</i>	59,053	
T323	<i>PAYMENTS TO VOLUNTEER FIRE COMPANIES</i>	105,000	
T324	<i>FIRE TRAINING SCHOOL - STAMFORD</i>	55,432	
T325	<i>AGENCY TOTAL</i>	[3,582,408]	<u>3,564,721</u>
T326			
T327	<i>DEPARTMENT OF CONSUMER</i>		
T328	<i>PROTECTION</i>		
T329	<i>PERSONAL SERVICES</i>	[10,932,757]	<u>9,843,837</u>
T330	<i>OTHER EXPENSES</i>	[1,233,373]	<u>1,154,914</u>
T331	<i>EQUIPMENT</i>	1	
T332	<i>AGENCY TOTAL</i>	[12,166,131]	<u>10,998,752</u>
T333			
T334	<i>LABOR DEPARTMENT</i>		
T335	<i>PERSONAL SERVICES</i>	[8,748,706]	<u>7,774,679</u>
T336	<i>OTHER EXPENSES</i>	[750,000]	<u>731,750</u>
T337	<i>EQUIPMENT</i>	1	

T338	<i>WORKFORCE INVESTMENT ACT</i>	[30,454,160]	<u>28,619,579</u>
T339	<i>CONNECTICUT'S YOUTH EMPLOYMENT PROGRAM</i>	3,500,000	
T340	<i>JOBS FIRST EMPLOYMENT SERVICES</i>	17,557,963	
T341	<i>OPPORTUNITY INDUSTRIAL CENTERS</i>	500,000	
T342	<i>INDIVIDUAL DEVELOPMENT ACCOUNTS</i>	[50,000]	<u>95,000</u>
T343	<i>STRIDE</i>	[270,000]	<u>770,000</u>
T344	<i>APPRENTICESHIP PROGRAM</i>	500,000	
T345	<i>CONNECTICUT CAREER RESOURCE NETWORK</i>	150,363	
T346	<i>21ST CENTURY JOBS</i>	450,000	
T347	<i>INCUMBENT WORKER TRAINING</i>	450,000	
T348	<i>STRIVE</i>	270,000	
T349	<i>AGENCY TOTAL</i>	[63,651,193]	<u>61,369,335</u>
T350			
T351	<i>OFFICE OF THE VICTIM ADVOCATE</i>		
T352	<i>PERSONAL SERVICES</i>	[265,374]	<u>288,762</u>
T353	<i>OTHER EXPENSES</i>	[40,020]	<u>39,752</u>
T354	<i>EQUIPMENT</i>	[6]	<u>1</u>
T355	<i>AGENCY TOTAL</i>	[305,400]	<u>328,515</u>
T356			
T357	<i>COMMISSION ON HUMAN RIGHTS</i>		
T358	<i>AND OPPORTUNITIES</i>		
T359	<i>PERSONAL SERVICES</i>	5,789,994	

T360	<i>OTHER EXPENSES</i>	[663,076]	<u>582,133</u>
T361	<i>EQUIPMENT</i>	1	
T362	<i>MARTIN LUTHER KING, JR. COMMISSION</i>	6,650	
T363	<i>AGENCY TOTAL</i>	[6,459,721]	<u>6,378,778</u>
T364			
T365	<i>OFFICE OF PROTECTION AND</i>		
T366	<i>ADVOCACY FOR PERSONS WITH</i>		
T367	<i>DISABILITIES</i>		
T368	<i>PERSONAL SERVICES</i>	[2,292,590]	<u>2,258,397</u>
T369	<i>OTHER EXPENSES</i>	[369,483]	<u>353,174</u>
T370	<i>EQUIPMENT</i>	[100]	<u>1</u>
T371	<i>AGENCY TOTAL</i>	[2,662,173]	<u>2,611,572</u>
T372			
T373	<i>OFFICE OF THE CHILD ADVOCATE</i>		
T374	<i>PERSONAL SERVICES</i>	[645,160]	<u>628,556</u>
T375	<i>OTHER EXPENSES</i>	[162,016]	<u>110,320</u>
T376	<i>EQUIPMENT</i>	1	
T377	<i>CHILD FATALITY REVIEW PANEL</i>	95,010	
T378	<i>AGENCY TOTAL</i>	[902,187]	<u>833,887</u>
T379			
T380	<i>DEPARTMENT OF EMERGENCY</i>		
T381	<i>MANAGEMENT AND HOMELAND</i>		

T382	<i>SECURITY</i>		
T383	<i>PERSONAL SERVICES</i>	[3,407,563]	<u>3,154,353</u>
T384	<i>OTHER EXPENSES</i>	[854,460]	<u>630,168</u>
T385	<i>EQUIPMENT</i>	1	
T386	<i>AGENCY TOTAL</i>	[4,262,024]	<u>3,784,522</u>
T387			
T388	<i>TOTAL</i>	[274,724,722]	<u>258,043,268</u>
T389	<i>REGULATION AND PROTECTION</i>		
T390			
T391	<i>CONSERVATION AND DEVELOPMENT</i>		
T392			
T393	<i>DEPARTMENT OF AGRICULTURE</i>		
T394	<i>PERSONAL SERVICES</i>	[3,930,000]	<u>3,510,657</u>
T395	<i>OTHER EXPENSES</i>	400,000	
T396	<i>EQUIPMENT</i>	1	
T397	<i>VIBRIO BACTERIUM PROGRAM</i>	[100]	<u>1</u>
T398	<i>SENIOR FOOD VOUCHERS</i>	300,000	
T399	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T400	<i>GOVERNMENTS</i>		
T401	<i>WIC PROGRAM FOR FRESH PRODUCE FOR SENIORS</i>	104,500	
T402	<i>COLLECTION OF AGRICULTURAL STATISTICS</i>	[1,080]	<u>1,026</u>
T403	<i>TUBERCULOSIS AND BRUCELLOSIS INDEMNITY</i>	900	

T404	<i>FAIR TESTING</i>	<i>4,040</i>	
T405	<i>CONNECTICUT GROWN PRODUCT PROMOTION</i>	<i>10,000</i>	
T406	<i>WIC COUPON PROGRAM FOR FRESH PRODUCE</i>	<i>184,090</i>	
T407	<i>AGENCY TOTAL</i>	<i>[4,934,711]</i>	<i><u>4,515,215</u></i>
T408			
T409	<i>DEPARTMENT OF ENVIRONMENTAL</i>		
T410	<i>PROTECTION</i>		
T411	<i>PERSONAL SERVICES</i>	<i>[34,410,000]</i>	<i><u>31,902,495</u></i>
T412	<i>OTHER EXPENSES</i>	<i>[3,468,259]</i>	<i><u>3,466,520</u></i>
T413	<i>EQUIPMENT</i>	<i>[100]</i>	<i><u>1</u></i>
T414	<i>STREAM GAGING</i>	<i>202,355</i>	
T415	<i>MOSQUITO CONTROL</i>	<i>[300,000]</i>	<i><u>285,000</u></i>
T416	<i>STATE SUPERFUND SITE MAINTENANCE</i>	<i>[371,450]</i>	<i><u>352,877</u></i>
T417	<i>LABORATORY FEES</i>	<i>[248,289]</i>	<i><u>235,875</u></i>
T418	<i>DAM MAINTENANCE</i>	<i>[128,067]</i>	<i><u>121,443</u></i>
T419	<i>COUNCILS, DISTRICTS AND ERTS LAND USE</i>	<i>[550,000]</i>	<i><u>400,000</u></i>
T420	<i>EMERGENCY SPILL RESPONSE ACCOUNT</i>	<i>10,591,753</i>	
T421	<i>SOLID WASTE MANAGEMENT ACCOUNT</i>	<i>[2,832,429]</i>	<i><u>2,690,808</u></i>
T422	<i>UNDERGROUND STORAGE TANK ACCOUNT</i>	<i>3,156,104</i>	
T423	<i>CLEAN AIR ACCOUNT</i>	<i>[4,907,534]</i>	<i><u>4,662,379</u></i>

T424	ENVIRONMENTAL CONSERVATION ACCOUNT	[7,969,509]	<u>8,724,509</u>
T425	ENVIRONMENTAL QUALITY FEES ACCOUNT	9,472,114	
T426	OTHER THAN PAYMENTS TO LOCAL		
T427	GOVERNMENTS		
T428	[AGREEMENT USGS-GEOLOGICAL INVESTIGATION	47,000]	
T429	AGREEMENT USGS - HYDROLOGICAL STUDY	157,632	
T430	NEW ENGLAND INTERSTATE WATER POLLUTION		
T431	COMMISSION	8,400	
T432	NORTHEAST INTERSTATE FOREST FIRE COMPACT	2,040	
T433	CONNECTICUT RIVER VALLEY FLOOD CONTROL		
T434	COMMISSION	40,200	
T435	THAMES RIVER VALLEY FLOOD CONTROL		
T436	COMMISSION	48,281	
T437	AGREEMENT USGS-WATER QUALITY STREAM		
T438	MONITORING	218,428	
T439	PAYMENTS TO LOCAL GOVERNMENTS		
T440	LOBSTER RESTORATION	200,000	
T441	AGENCY TOTAL	[79,329,944]	<u>76,939,214</u>
T442			

T443	<i>COUNCIL ON ENVIRONMENTAL</i>		
T444	<i>QUALITY</i>		
T445	<i>PERSONAL SERVICES</i>	[163,355]	<u>160,075</u>
T446	<i>OTHER EXPENSES</i>	[5,602]	<u>3,634</u>
T447	<i>EQUIPMENT</i>	1	
T448	<i>AGENCY TOTAL</i>	[168,958]	<u>163,710</u>
T449			
T450	<i>COMMISSION ON CULTURE AND</i>		
T451	<i>TOURISM</i>		
T452	<i>PERSONAL SERVICES</i>	2,726,406	
T453	<i>OTHER EXPENSES</i>	[857,658]	<u>646,860</u>
T454	<i>EQUIPMENT</i>	1	
T455	<i>STATE-WIDE MARKETING</i>	1	
T456	<i>CONNECTICUT ASSOCIATION FOR THE PERFORMING</i>		
T457	<i>ARTS/ SHUBERT THEATER</i>	[406,125]	<u>378,712</u>
T458	<i>HARTFORD URBAN ARTS GRANT</i>	[406,125]	<u>378,712</u>
T459	<i>NEW BRITAIN ARTS ALLIANCE</i>	[81,225]	<u>75,743</u>
T460	<i>[FILM INDUSTRY TRAINING PROGRAM</i>	250,000]	
T461	<i>IVORYTON PLAYHOUSE</i>	[47,500]	<u>44,294</u>
T462	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T463	<i>GOVERNMENTS</i>		
T464	<i>DISCOVERY MUSEUM</i>	[406,125]	<u>378,712</u>

T465	NATIONAL THEATRE FOR THE DEAF	[162,450]	<u>151,484</u>
T466	CULTURE, TOURISM, AND ARTS GRANT	[2,000,000]	<u>1,879,708</u>
T467	CT TRUST FOR HISTORIC PRESERVATION	[225,625]	<u>210,396</u>
T468	CONNECTICUT SCIENCE CENTER	[676,250]	<u>630,603</u>
T469	PAYMENTS TO LOCAL GOVERNMENTS		
T470	GREATER HARTFORD ARTS COUNCIL	[101,531]	<u>94,677</u>
T471	STAMFORD CENTER FOR THE ARTS	[406,125]	<u>378,712</u>
T472	STEPPING STONE CHILD MUSEUM	[47,500]	<u>44,294</u>
T473	MARITIME CENTER AUTHORITY	[570,000]	<u>531,525</u>
T474	BASIC CULTURAL RESOURCES GRANT	[1,500,000]	<u>1,398,750</u>
T475	TOURISM DISTRICTS	[1,800,000]	<u>1,687,500</u>
T476	CONNECTICUT HUMANITIES COUNCIL	[2,256,250]	<u>2,103,953</u>
T477	AMISTAD COMMITTEE FOR THE FREEDOM TRAIL	[47,500]	<u>44,294</u>
T478	AMISTAD VESSEL	[406,125]	<u>378,712</u>
T479	NEW HAVEN FESTIVAL OF ARTS AND IDEAS	[855,000]	<u>797,287</u>
T480	NEW HAVEN ARTS COUNCIL	[101,531]	<u>94,677</u>
T481	PALACE THEATER	[406,125]	<u>378,712</u>
T482	BEARDSLEY ZOO	[380,000]	<u>354,350</u>
T483	MYSTIC AQUARIUM	[665,000]	<u>620,112</u>
T484	QUINEBAUG TOURISM	[50,000]	<u>46,375</u>
T485	NORTHWESTERN TOURISM	[50,000]	<u>46,375</u>

T486	<i>EASTERN TOURISM</i>	[50,000]	<u>46,375</u>
T487	<i>CENTRAL TOURISM</i>	[50,000]	<u>46,375</u>
T488	<i>TWAIN/STOWE HOMES</i>	[102,600]	<u>95,674</u>
T489	<i>AGENCY TOTAL</i>	[18,090,778]	<u>16,690,361</u>
T490			
T491	<i>DEPARTMENT OF ECONOMIC AND</i>		
T492	<i>COMMUNITY DEVELOPMENT</i>		
T493	<i>PERSONAL SERVICES</i>	[7,514,161]	<u>6,030,047</u>
T494	<i>OTHER EXPENSES</i>	[1,505,188]	<u>971,939</u>
T495	<i>EQUIPMENT</i>	1	
T496	<i>ELDERLY RENTAL REGISTRY AND COUNSELORS</i>	[598,171]	<u>1,098,171</u>
T497	<i>SMALL BUSINESS INCUBATOR PROGRAM</i>	[650,000]	<u>500,000</u>
T498	<i>FAIR HOUSING</i>	[325,000]	<u>308,750</u>
T499	<i>[CCAT - ENERGY APPLICATION RESEARCH</i>	5,000]	
T500	<i>MAIN STREET INITIATIVES</i>	[180,000]	<u>171,000</u>
T501	<i>[RESIDENTIAL SERVICE COORDINATORS</i>	500,000]	
T502	<i>OFFICE OF MILITARY AFFAIRS</i>	[161,587]	<u>153,508</u>
T503	<i>HYDROGEN/FUEL CELL ECONOMY</i>	[237,500]	<u>225,625</u>
T504	<i>SOUTHEAST CT INCUBATOR</i>	[250,000]	<u>175,000</u>
T505	<i><u>FILM INDUSTRY TRAINING PROGRAM</u></i>		<u>237,500</u>
T506	<i>CCAT-CT MANUFACTURING SUPPLY CHAIN</i>	[400,000]	<u>300,000</u>

T507	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T508	<i>GOVERNMENTS</i>		
T509	<i>[ENTREPRENEURIAL CENTERS</i>	<i>6,769]</i>	
T510	<i>SUBSIDIZED ASSISTED LIVING</i>	<i>2,166,000</i>	
	<i>DEMONSTRATION</i>		
T511	<i>CONGREGATE FACILITIES OPERATION</i>	<i>6,884,547</i>	
	<i>COSTS</i>		
T512	<i>HOUSING ASSISTANCE AND</i>	<i>438,500</i>	
	<i>COUNSELING</i>		
T513	<i>PROGRAM</i>		
T514	<i>ELDERLY CONGREGATE RENT SUBSIDY</i>	<i>2,389,796</i>	
T515	<i>CONNSTEP</i>	<i>[800,000]</i>	<u><i>760,000</i></u>
T516	<i>DEVELOPMENT RESEARCH AND</i>		
	<i>ECONOMIC</i>		
T517	<i>ASSISTANCE</i>	<i>178,125</i>	
T518	<i>PAYMENTS TO LOCAL GOVERNMENTS</i>		
T519	<i>TAX ABATEMENT</i>	<i>1,704,890</i>	
T520	<i>PAYMENT IN LIEU OF TAXES</i>	<i>2,204,000</i>	
T521	<i>AGENCY TOTAL</i>	<i>[29,099,235]</i>	<u><i>26,897,399</i></u>
T522			
T523	<i>AGRICULTURAL EXPERIMENT</i>		
	<i>STATION</i>		
T524	<i>PERSONAL SERVICES</i>	<i>[6,170,000]</i>	<u><i>5,622,224</i></u>
T525	<i>OTHER EXPENSES</i>	<i>923,511</i>	
T526	<i>EQUIPMENT</i>	<i>1</i>	
T527	<i>MOSQUITO CONTROL</i>	<i>222,089</i>	

T528	<i>WILDLIFE DISEASE PREVENTION</i>	83,344	
T529	<i>AGENCY TOTAL</i>	[7,398,945]	<u>6,851,169</u>
T530			
T531	<i>TOTAL</i>	[139,022,571]	<u>132,057,068</u>
T532	<i>CONSERVATION AND DEVELOPMENT</i>		
T533			
T534	<i>HEALTH AND HOSPITALS</i>		
T535			
T536	<i>DEPARTMENT OF PUBLIC HEALTH</i>		
T537	<i>PERSONAL SERVICES</i>	[33,709,718]	<u>30,919,398</u>
T538	<i>OTHER EXPENSES</i>	[5,549,136]	<u>7,826,574</u>
T539	<i>EQUIPMENT</i>	1	
T540	<i>NEEDLE AND SYRINGE EXCHANGE PROGRAM</i>	455,072	
T541	<i>CHILDREN'S HEALTH INITIATIVES</i>	1,481,766	
T542	<i>CHILDHOOD LEAD POISONING</i>	1,098,172	
T543	<i>AIDS SERVICES</i>	4,952,598	
T544	<i>BREAST AND CERVICAL CANCER DETECTION AND</i>		
T545	<i>TREATMENT</i>	2,426,775	
T546	<i>[SERVICES FOR CHILDREN AFFECTED BY AIDS</i>	245,029]	
T547	<i>CHILDREN WITH SPECIAL HEALTH CARE NEEDS</i>	1,271,627	
T548	<i>MEDICAID ADMINISTRATION</i>	3,782,177	

T549	<i>FETAL AND INFANT MORTALITY REVIEW</i>	<i>315,000</i>	
T550	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T551	<i>GOVERNMENTS</i>		
T552	<i>COMMUNITY HEALTH SERVICES</i>	<i>6,986,052</i>	
T553	<i>RAPE CRISIS</i>	<i>439,684</i>	
T554	<i>X-RAY SCREENING AND TUBERCULOSIS CARE</i>	<i>379,899</i>	
T555	<i>GENETIC DISEASES PROGRAMS</i>	<i>877,416</i>	
T556	<i>IMMUNIZATION SERVICES</i>	<i>9,044,950</i>	
T557	<i>PAYMENTS TO LOCAL GOVERNMENTS</i>		
T558	<i>LOCAL AND DISTRICT DEPARTMENTS OF HEALTH</i>	<i>4,264,470</i>	
T559	<i>VENEREAL DISEASE CONTROL</i>	<i>195,210</i>	
T560	<i>SCHOOL BASED HEALTH CLINICS</i>	<i>10,440,646</i>	
T561	<i>AGENCY TOTAL</i>	<i>[87,915,398]</i>	<i><u>87,157,487</u></i>
T562			
T563	<i>OFFICE OF THE CHIEF MEDICAL</i>		
T564	<i>EXAMINER</i>		
T565	<i>PERSONAL SERVICES</i>	<i>[5,247,978]</i>	<i><u>4,839,356</u></i>
T566	<i>OTHER EXPENSES</i>	<i>[706,703]</i>	<i><u>706,282</u></i>
T567	<i>EQUIPMENT</i>	<i>4,750</i>	
T568	<i>MEDICOLEGAL INVESTIGATIONS</i>	<i>100,039</i>	
T569	<i>AGENCY TOTAL</i>	<i>[6,059,470]</i>	<i><u>5,650,427</u></i>
T570			

T571	<i>DEPARTMENT OF DEVELOPMENTAL</i>		
T572	<i>SERVICES</i>		
T573	<i>PERSONAL SERVICES</i>	[297,783,572]	<u>267,718,147</u>
T574	<i>OTHER EXPENSES</i>	[27,199,636]	<u>26,416,396</u>
T575	<i>EQUIPMENT</i>	[100]	<u>1</u>
T576	<i>HUMAN RESOURCE DEVELOPMENT</i>	219,790	
T577	<i>FAMILY SUPPORT GRANTS</i>	3,280,095	
T578	<i>COOPERATIVE PLACEMENTS PROGRAM</i>	21,639,755	
T579	<i>CLINICAL SERVICES</i>	[4,812,372]	<u>4,642,372</u>
T580	<i>EARLY INTERVENTION</i>	[28,588,242]	<u>37,888,242</u>
T581	<i>COMMUNITY TEMPORARY SUPPORT SERVICES</i>	67,315	
T582	<i>COMMUNITY RESPITE CARE PROGRAMS</i>	330,345	
T583	<i>WORKERS' COMPENSATION CLAIMS</i>	[14,246,035]	<u>16,246,035</u>
T584	<i>PILOT PROGRAM FOR AUTISM SERVICES</i>	1,525,176	
T585	<i>VOLUNTARY SERVICES</i>	30,996,026	
T586	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T587	<i>GOVERNMENTS</i>		
T588	<i>RENT SUBSIDY PROGRAM</i>	4,537,554	
T589	<i>FAMILY REUNION PROGRAM</i>	[137,900]	<u>134,900</u>
T590	<i>EMPLOYMENT OPPORTUNITIES AND DAY</i>	[185,041,617]	<u>179,095,617</u>
T591	<i>SERVICES</i>		

T592	<i>COMMUNITY RESIDENTIAL SERVICES</i>	[390,498,055]	<u>406,938,055</u>
T593	<i>AGENCY TOTAL</i>	[1,010,903,585]	<u>1,001,675,821</u>
T594			
T595	<i>DEPARTMENT OF MENTAL HEALTH</i>		
T596	<i>AND ADDICTION SERVICES</i>		
T597	<i>PERSONAL SERVICES</i>	[208,030,535]	<u>185,062,304</u>
T598	<i>OTHER EXPENSES</i>	[34,606,253]	<u>36,714,152</u>
T599	<i>EQUIPMENT</i>	[100]	<u>1</u>
T600	<i>HOUSING SUPPORTS AND SERVICES</i>	[13,224,867]	<u>13,424,867</u>
T601	<i>MANAGED SERVICE SYSTEM</i>	[37,083,898]	<u>38,883,898</u>
T602	<i>LEGAL SERVICES</i>	[550,275]	<u>539,269</u>
T603	<i>CONNECTICUT MENTAL HEALTH CENTER</i>	[8,638,491]	<u>8,540,721</u>
T604	<i>PROFESSIONAL SERVICES</i>	[9,688,898]	<u>11,788,898</u>
T605	<i>GENERAL ASSISTANCE MANAGED CARE</i>	[86,346,032]	<u>105,746,032</u>
T606	<i>WORKERS' COMPENSATION CLAIMS</i>	12,344,566	
T607	<i>NURSING HOME SCREENING</i>	622,784	
T608	<i>YOUNG ADULT SERVICES</i>	54,374,159	
T609	<i>TBI COMMUNITY SERVICES</i>	9,402,612	
T610	<i>JAIL DIVERSION</i>	4,426,568	
T611	<i>BEHAVIORAL HEALTH MEDICATIONS</i>	8,669,095	
T612	<i>PRISON OVERCROWDING</i>	6,231,683	
T613	<i>MEDICAID ADULT REHABILITATION OPTION</i>	[4,044,234]	<u>3,963,349</u>

		Bill No.	494
T614	<i>DISCHARGE AND DIVERSION SERVICES</i>	[3,080,116]	<u>8,962,116</u>
T615	<i>HOME AND COMMUNITY BASED SERVICES</i>	4,625,558	
T616	<i>PERSISTENT VIOLENT FELONY OFFENDERS ACT</i>	703,333	
T617	<i><u>NEXT STEPS SUPPORTIVE HOUSING</u></i>		<u>1,000,000</u>
T618	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T619	<i>GOVERNMENTS</i>		
T620	<i>GRANTS FOR SUBSTANCE ABUSE SERVICES</i>	25,277,766	
T621	<i>GRANTS FOR MENTAL HEALTH SERVICES</i>	76,394,230	
T622	<i>EMPLOYMENT OPPORTUNITIES</i>	[10,630,353]	<u>10,417,746</u>
T623	<i>AGENCY TOTAL</i>	[618,996,406]	<u>628,115,707</u>
T624			
T625	<i>PSYCHIATRIC SECURITY REVIEW</i>		
T626	<i>BOARD</i>		
T627	<i>PERSONAL SERVICES</i>	[321,454]	<u>314,314</u>
T628	<i>OTHER EXPENSES</i>	39,441	
T629	<i>EQUIPMENT</i>	[100]	<u>1</u>
T630	<i>AGENCY TOTAL</i>	[360,995]	<u>353,756</u>
T631			
T632	<i>TOTAL</i>	[1,724,235,854]	<u>1,722,953,198</u>
T633	<i>HEALTH AND HOSPITALS</i>		
T634			

T635	<i>HUMAN SERVICES</i>		
T636			
T637	<i>DEPARTMENT OF SOCIAL SERVICES</i>		
T638	<i>PERSONAL SERVICES</i>	[121,676,293]	<u>109,804,483</u>
T639	<i>OTHER EXPENSES</i>	[88,098,799]	<u>86,202,393</u>
T640	<i>EQUIPMENT</i>	1	
T641	<i>CHILDREN'S TRUST FUND</i>	[13,673,147]	<u>15,426,372</u>
T642	<i>CHILDREN'S HEALTH COUNCIL</i>	218,317	
T643	<i>HUSKY OUTREACH</i>	[370,887]	<u>335,564</u>
T644	<i>GENETIC TESTS IN PATERNITY ACTIONS</i>	[201,202]	<u>191,142</u>
T645	<i>STATE FOOD STAMP SUPPLEMENT</i>	[511,357]	<u>816,357</u>
T646	<i>DAY CARE PROJECTS</i>	478,820	
T647	<i>HUSKY PROGRAM</i>	[35,253,900]	<u>37,412,000</u>
T648	<i>CHARTER OAK HEALTH PLAN</i>	[15,310,000]	<u>17,350,000</u>
T649	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T650	<i>GOVERNMENTS</i>		
T651	<i>VOCATIONAL REHABILITATION</i>	7,386,668	
T652	<i>MEDICAID</i>	[3,665,809,574]	<u>3,844,989,000</u>
T653	<i>LIFESTAR HELICOPTER</i>	1,388,190	
T654	<i>OLD AGE ASSISTANCE</i>	[38,110,566]	<u>34,955,566</u>
T655	<i>AID TO THE BLIND</i>	[753,000]	<u>729,000</u>
T656	<i>AID TO THE DISABLED</i>	[62,720,424]	<u>61,575,424</u>

T657	<i>TEMPORARY ASSISTANCE TO FAMILIES - TANF</i>	<i>[119,158,385]</i>	<u><i>130,358,385</i></u>
T658	<i>EMERGENCY ASSISTANCE</i>	<i>[500]</i>	<u><i>475</i></u>
T659	<i>FOOD STAMP TRAINING EXPENSES</i>	<i>[32,397]</i>	<u><i>12,000</i></u>
T660	<i>CONNECTICUT PHARMACEUTICAL ASSISTANCE</i>		
T661	<i>CONTRACT TO THE ELDERLY</i>	<i>[6,813,755]</i>	<u><i>9,488,700</i></u>
T662	<i>HEALTHY START</i>	<i>1,490,220</i>	
T663	<i>DMHAS-DISPROPORTIONATE SHARE</i>	<i>105,935,000</i>	
T664	<i>CONNECTICUT HOME CARE PROGRAM</i>	<i>[75,724,600]</i>	<u><i>74,850,000</i></u>
T665	<i>HUMAN RESOURCE DEVELOPMENT-HISPANIC</i>		
T666	<i>PROGRAMS</i>	<i>1,040,365</i>	
T667	<i>SERVICES TO THE ELDERLY</i>	<i>4,619,548</i>	
T668	<i>SAFETY NET SERVICES</i>	<i>2,100,897</i>	
T669	<i>TRANSPORTATION FOR EMPLOYMENT</i>		
T670	<i>INDEPENDENCE PROGRAM</i>	<i>[3,321,613]</i>	<u><i>3,155,532</i></u>
T671	<i>TRANSITIONARY RENTAL ASSISTANCE</i>	<i>[1,186,680]</i>	<u><i>572,680</i></u>
T672	<i>REFUNDS OF COLLECTIONS</i>	<i>[187,150]</i>	<u><i>177,792</i></u>
T673	<i>SERVICES FOR PERSONS WITH DISABILITIES</i>	<i>[695,309]</i>	<u><i>660,544</i></u>
T674	<i>CHILD CARE SERVICES-TANF/CCDBG</i>	<i>[95,915,536]</i>	<u><i>103,415,536</i></u>
T675	<i>NUTRITION ASSISTANCE</i>	<i>447,663</i>	
T676	<i>HOUSING/HOMELESS SERVICES</i>	<i>[47,306,657]</i>	<u><i>50,272,657</i></u>
T677	<i>EMPLOYMENT OPPORTUNITIES</i>	<i>[1,231,379]</i>	<u><i>1,169,810</i></u>

T678	<i>HUMAN RESOURCE DEVELOPMENT</i>	38,581	
T679	<i>CHILD DAY CARE</i>	10,617,392	
T680	<i>INDEPENDENT LIVING CENTERS</i>	[665,927]	<u>643,927</u>
T681	<i>AIDS DRUG ASSISTANCE</i>	606,678	
T682	<i>DISPROPORTIONATE SHARE-MEDICAL EMERGENCY</i>		
T683	<i>ASSISTANCE</i>	51,725,000	
T684	<i>DSH-URBAN HOSPITALS IN DISTRESSED</i>		
T685	<i>MUNICIPALITIES</i>	31,550,000	
T686	<i>STATE ADMINISTERED GENERAL ASSISTANCE</i>	[302,439,556]	<u>323,265,000</u>
T687	<i>SCHOOL READINESS</i>	4,619,697	
T688	<i>CONNECTICUT CHILDREN'S MEDICAL CENTER</i>	11,020,000	
T689	<i>COMMUNITY SERVICES</i>	3,239,013	
T690	<i>ALZHEIMER RESPITE CARE</i>	[2,294,388]	<u>2,794,388</u>
T691	<i>HUMAN SERVICE INFRASTRUCTURE COMMUNITY</i>		
T692	<i>ACTION PROGRAM</i>	[3,998,796]	<u>3,798,856</u>
T693	<i>TEEN PREGNANCY PREVENTION</i>	1,527,384	
T694	<i>[MEDICARE PART D SUPPLEMENTAL NEEDS</i>		
T695	<i>FUND</i>	4,330,000]	
T696	<i>PAYMENTS TO LOCAL GOVERNMENTS</i>		
T697	<i>CHILD DAY CARE</i>	5,263,706	

T698	<i>HUMAN RESOURCE DEVELOPMENT</i>	31,034	
T699	<i>HUMAN RESOURCE DEVELOPMENT- HISPANIC</i>		
T700	<i>PROGRAMS</i>	5,900	
T701	<i>TEEN PREGNANCY PREVENTION</i>	870,326	
T702	<i>SERVICES TO THE ELDERLY</i>	44,405	
T703	<i>HOUSING/HOMELESS SERVICES</i>	686,592	
T704	<i>COMMUNITY SERVICES</i>	116,358	
T705	<i>AGENCY TOTAL</i>	[4,954,859,532]	<u>5,161,491,338</u>
T706			
T707	<i>STATE DEPARTMENT ON AGING</i>		
T708	<i>[PERSONAL SERVICES</i>	334,615]	
T709	<i>[OTHER EXPENSES</i>	118,250]	
T710	<i>EQUIPMENT</i>	[1]	<u>2</u>
T711	<i>AGENCY TOTAL</i>	[452,866]	<u>2</u>
T712			
T713	<i>TOTAL</i>	[4,955,312,398]	<u>5,161,491,340</u>
T714	<i>HUMAN SERVICES</i>		
T715			
T716	<i>EDUCATION, MUSEUMS, LIBRARIES</i>		
T717			
T718	<i>DEPARTMENT OF EDUCATION</i>		
T719	<i>PERSONAL SERVICES</i>	[148,382,064]	<u>143,500,000</u>

		Bill No.	494
T720	<i>OTHER EXPENSES</i>	[16,689,076]	<u>17,476,121</u>
T721	<i>EQUIPMENT</i>	[6]	<u>1</u>
T722	<i>BASIC SKILLS EXAM TEACHERS IN TRAINING</i>	1,239,559	
T723	<i>TEACHERS' STANDARDS IMPLEMENTATION</i>	2,896,508	
T724	<i>PROGRAM</i>		
T725	<i>EARLY CHILDHOOD PROGRAM</i>	5,007,354	
T726	<i>DEVELOPMENT OF MASTERY EXAMS GRADES 4,</i>		
T727	<i>6, AND 8</i>	18,786,664	
T728	<i>PRIMARY MENTAL HEALTH</i>	507,294	
T729	<i>ADULT EDUCATION ACTION</i>	[253,355]	<u>240,687</u>
T730	<i>VOCATIONAL TECHNICAL SCHOOL TEXTBOOKS</i>	500,000	
T731	<i>REPAIR OF INSTRUCTIONAL EQUIPMENT</i>	232,386	
T732	<i>MINOR REPAIRS TO PLANT</i>	370,702	
T733	<i>CONNECTICUT PRE-ENGINEERING PROGRAM</i>	262,500	
T734	<i>CONNECTICUT WRITING PROJECT</i>	50,000	
T735	<i>RESOURCE EQUITY ASSESSMENTS</i>	283,654	
T736	<i>[EARLY CHILDHOOD ADVISORY CABINET</i>	3,750]	
T737	<i>LONGITUDINAL DATA SYSTEMS</i>	[775,000]	<u>648,502</u>
T738	<i>SCHOOL ACCOUNTABILITY</i>	[1,855,062]	<u>1,803,284</u>
T739	<i>SHEFF SETTLEMENT</i>	26,662,844	

T740	<i>COMMUNITY PLANS FOR EARLY CHILDHOOD</i>	<i>[450,000]</i>	<u><i>427,500</i></u>
T741	<i>IMPROVING EARLY LITERACY</i>	<i>150,000</i>	
T742	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T743	<i>GOVERNMENTS</i>		
T744	<i>AMERICAN SCHOOL FOR THE DEAF</i>	<i>[9,979,202]</i>	<u><i>9,480,242</i></u>
T745	<i>REGIONAL EDUCATION SERVICES</i>	<i>[1,474,451]</i>	<u><i>1,384,613</i></u>
T746	<i>[OMNIBUS EDUCATION GRANTS STATE</i>		
T747	<i>SUPPORTED SCHOOLS</i>	<i>6,748,146]</i>	
T748	<i>HEAD START SERVICES</i>	<i>2,748,150</i>	
T749	<i>HEAD START ENHANCEMENT</i>	<i>1,773,000</i>	
T750	<i>FAMILY RESOURCE CENTERS</i>	<i>6,041,488</i>	
T751	<i>CHARTER SCHOOLS</i>	<i>53,047,200</i>	
T752	<i>YOUTH SERVICE BUREAU ENHANCEMENT</i>	<i>625,000</i>	
T753	<i>HEAD START - EARLY CHILDHOOD LINK</i>	<i>[2,200,000]</i>	<u><i>2,090,000</i></u>
T754	<u><i>INSTITUTIONAL STUDENT AID</i></u>		<u><i>882,000</i></u>
T755	<u><i>CHILD NUTRITION STATE MATCH</i></u>		<u><i>2,354,000</i></u>
T756	<u><i>HEALTH FOODS INITIATIVE</i></u>		<u><i>3,512,146</i></u>
T757	<i>PAYMENTS TO LOCAL GOVERNMENTS</i>		
T758	<i>VOCATIONAL AGRICULTURE</i>	<i>4,560,565</i>	
T759	<i>TRANSPORTATION OF SCHOOL CHILDREN</i>	<i>[47,964,000]</i>	<u><i>28,649,720</i></u>
T760	<i>ADULT EDUCATION</i>	<i>20,594,371</i>	

T761	HEALTH AND WELFARE SERVICES PUPILS PRIVATE		
T762	SCHOOLS	4,297,500	
T763	EDUCATION EQUALIZATION GRANTS	1,889,609,057	
T764	BILINGUAL EDUCATION	1,916,130	
T765	PRIORITY SCHOOL DISTRICTS	117,237,188	
T766	YOUNG PARENTS PROGRAM	229,330	
T767	INTERDISTRICT COOPERATION	11,127,369	
T768	SCHOOL BREAKFAST PROGRAM	1,634,103	
T769	EXCESS COST - STUDENT BASED	[120,491,451]	<u>139,805,731</u>
T770	NON-PUBLIC SCHOOL TRANSPORTATION	3,995,000	
T771	SCHOOL TO WORK OPPORTUNITIES	213,750	
T772	YOUTH SERVICE BUREAUS	2,947,268	
T773	OPEN CHOICE PROGRAM	14,465,002	
T774	MAGNET SCHOOLS	[174,631,395]	<u>174,131,395</u>
T775	AFTER SCHOOL PROGRAM	[5,000,000]	<u>4,500,000</u>
T776	AGENCY TOTAL	[2,730,907,894]	<u>2,724,896,878</u>
T777			
T778	BOARD OF EDUCATION AND SERVICES		
T779	FOR THE BLIND		
T780	PERSONAL SERVICES	[4,356,971]	<u>4,114,407</u>
T781	OTHER EXPENSES	[816,317]	<u>805,071</u>
T782	EQUIPMENT	1	

T783	EDUCATIONAL AID FOR BLIND AND VISUALLY		
T784	HANDICAPPED CHILDREN	[4,641,842]	<u>4,633,943</u>
T785	ENHANCED EMPLOYMENT OPPORTUNITIES	673,000	
T786	OTHER THAN PAYMENTS TO LOCAL		
T787	GOVERNMENTS		
T788	SUPPLEMENTARY RELIEF AND SERVICES	103,925	
T789	VOCATIONAL REHABILITATION	890,454	
T790	SPECIAL TRAINING FOR THE DEAF BLIND	298,585	
T791	CONNECTICUT RADIO INFORMATION SERVICE	87,640	
T792	AGENCY TOTAL	[11,868,735]	<u>11,607,026</u>
T793			
T794	COMMISSION ON THE DEAF AND		
T795	HEARING IMPAIRED		
T796	PERSONAL SERVICES	[617,089]	<u>461,868</u>
T797	OTHER EXPENSES	[159,588]	<u>125,199</u>
T798	EQUIPMENT	1	
T799	PART-TIME INTERPRETERS	316,944	
T800	AGENCY TOTAL	[1,093,622]	<u>904,012</u>
T801			
T802	STATE LIBRARY		
T803	PERSONAL SERVICES	[6,369,643]	<u>5,153,918</u>

T804	<i>OTHER EXPENSES</i>	817,111	
T805	<i>EQUIPMENT</i>	1	
T806	<i>STATE-WIDE DIGITAL LIBRARY</i>	1,973,516	
T807	<i>INTERLIBRARY LOAN DELIVERY SERVICE</i>	266,434	
T808	<i>LEGAL/LEGISLATIVE LIBRARY MATERIALS</i>	[1,140,000]	<u>1,083,000</u>
T809	<i>STATE-WIDE DATA BASE PROGRAM</i>	674,696	
T810	<i>INFO ANYTIME</i>	42,500	
T811	<i>COMPUTER ACCESS</i>	190,000	
T812	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T813	<i>GOVERNMENTS</i>		
T814	<i>SUPPORT COOPERATING LIBRARY SERVICE UNITS</i>	350,000	
T815	<i>PAYMENTS TO LOCAL GOVERNMENTS</i>		
T816	<i>GRANTS TO PUBLIC LIBRARIES</i>	347,109	
T817	<i>CONNECTICARD PAYMENTS</i>	1,226,028	
T818	<i>AGENCY TOTAL</i>	[13,397,038]	<u>12,124,313</u>
T819			
T820	<i>DEPARTMENT OF HIGHER EDUCATION</i>		
T821	<i>PERSONAL SERVICES</i>	2,384,731	
T822	<i>OTHER EXPENSES</i>	[167,022]	<u>166,939</u>
T823	<i>EQUIPMENT</i>	1	
T824	<i>MINORITY ADVANCEMENT PROGRAM</i>	2,405,666	
T825	<i>ALTERNATE ROUTE TO</i>	100,000	

CERTIFICATION

T826	<i>NATIONAL SERVICE ACT</i>	328,365	
T827	<i>INTERNATIONAL INITIATIVES</i>	66,500	
T828	<i>MINORITY TEACHER INCENTIVE PROGRAM</i>	471,374	
T829	<i>EDUCATION AND HEALTH INITIATIVES</i>	522,500	
T830	<i>COMMPACT SCHOOLS</i>	712,500	
T831	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T832	<i>GOVERNMENTS</i>		
T833	<i>CAPITOL SCHOLARSHIP PROGRAM</i>	8,902,779	
T834	<i>AWARDS TO CHILDREN OF DECEASED/ DISABLED</i>		
T835	<i>VETERANS</i>	4,000	
T836	<i>CONNECTICUT INDEPENDENT COLLEGE STUDENT</i>		
T837	<i>GRANT</i>	23,413,860	
T838	<i>CONNECTICUT AID FOR PUBLIC COLLEGE STUDENTS</i>	30,208,469	
T839	<i>[NEW ENGLAND BOARD OF HIGHER EDUCATION</i>	183,750]	
T840	<i>CONNECTICUT AID TO CHARTER OAK</i>	59,393	
T841	<i><u>KIRKLYN M. KERR GRANT PROGRAM</u></i>		<u>500,000</u>
T842	<i>WASHINGTON CENTER</i>	1,250	
T843	<i>AGENCY TOTAL</i>	<i>[70,432,160]</i>	<u>70,248,327</u>
T844			
T845	<i>UNIVERSITY OF CONNECTICUT</i>		

T846	<i>OPERATING EXPENSES</i>	<i>[222,447,810]</i>	<u><i>219,793,819</i></u>
T847	<i>TUITION FREEZE</i>	<i>4,741,885</i>	
T848	<i>REGIONAL CAMPUS ENHANCEMENT</i>	<i>8,375,559</i>	
T849	<i>VETERINARY DIAGNOSTIC LABORATORY</i>	<i>100,000</i>	
T850	<i>AGENCY TOTAL</i>	<i>[235,665,254]</i>	<u><i>233,011,263</i></u>
T851			
T852	<i>UNIVERSITY OF CONNECTICUT</i>		
T853	<i>HEALTH CENTER</i>		
T854	<i>OPERATING EXPENSES</i>	<i>[120,841,356]</i>	<u><i>118,840,640</i></u>
T855	<i>AHEC</i>	<i>505,707</i>	
T856	<i>AGENCY TOTAL</i>	<i>[121,347,063]</i>	<u><i>119,346,347</i></u>
T857			
T858	<i>CHARTER OAK STATE COLLEGE</i>		
T859	<i>OPERATING EXPENSES</i>	<i>[2,237,098]</i>	<u><i>2,156,847</i></u>
T860	<i>DISTANCE LEARNING CONSORTIUM</i>	<i>690,786</i>	
T861	<u><i>DOC DISTANCE LEARNING</i></u>		<u><i>50,000</i></u>
T862	<i>AGENCY TOTAL</i>	<i>[2,927,884]</i>	<u><i>2,897,633</i></u>
T863			
T864	<i>TEACHERS' RETIREMENT BOARD</i>		
T865	<i>PERSONAL SERVICES</i>	<i>[1,968,345]</i>	<u><i>1,667,745</i></u>
T866	<i>OTHER EXPENSES</i>	<i>[776,322]</i>	<u><i>762,674</i></u>
T867	<i>EQUIPMENT</i>	<i>1</i>	

T868	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T869	<i>GOVERNMENTS</i>		
T870	<i>RETIREMENT CONTRIBUTIONS</i>	581,593,215	
T871	<i>AGENCY TOTAL</i>	[584,337,883]	<u>584,023,635</u>
T872			
T873	<i>REGIONAL COMMUNITY - TECHNICAL</i>		
T874	<i>COLLEGES</i>		
T875	<i>OPERATING EXPENSES</i>	[157,388,071]	<u>155,817,336</u>
T876	<i>TUITION FREEZE</i>	2,160,925	
T877	<i>MANUFACTURING TECHNOLOGY PROGRAM -</i>		
T878	<i>ASNUNTUCK</i>	345,000	
T879	<i>EXPAND MANUFACTURING TECHNOLOGY</i>	200,000	
T880	<i>PROGRAM</i>		
T881	<i>AGENCY TOTAL</i>	[160,093,996]	<u>158,523,261</u>
T882			
T883	<i>CONNECTICUT STATE UNIVERSITY</i>		
T884	<i>OPERATING EXPENSES</i>	[155,508,164]	<u>154,875,922</u>
T885	<i>TUITION FREEZE</i>	6,561,971	
T886	<i>WATERBURY-BASED DEGREE PROGRAM</i>	1,079,339	
T887	<i>AGENCY TOTAL</i>	[163,149,474]	<u>162,517,232</u>
T888			
T889	<i>TOTAL</i>	[4,095,221,003]	<u>4,080,099,927</u>

T890	<i>EDUCATION, MUSEUMS, LIBRARIES</i>		
T891			
T892	<i>CORRECTIONS</i>		
T893			
T894	<i>DEPARTMENT OF CORRECTION</i>		
T895	<i>PERSONAL SERVICES</i>	[417,157,898]	<u>393,636,757</u>
T896	<i>OTHER EXPENSES</i>	[82,322,977]	<u>80,600,230</u>
T897	<i>EQUIPMENT</i>	[100]	<u>1</u>
T898	<i>WORKERS' COMPENSATION CLAIMS</i>	[24,898,513]	<u>29,898,513</u>
T899	<i>INMATE MEDICAL SERVICES</i>	98,624,298	
T900	<i>PAROLE STAFFING AND OPERATIONS</i>	6,197,800	
T901	<i>MENTAL HEALTH AIC</i>	[300,000]	<u>60,000</u>
T902	<i>DISTANCE LEARNING</i>	[250,000]	<u>10,000</u>
T903	<i>CHILDREN OF INCARCERATED PARENTS</i>	[700,000]	<u>350,000</u>
T904	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T905	<i>GOVERNMENTS</i>		
T906	<i>AID TO PAROLED AND DISCHARGED INMATES</i>	9,500	
T907	<i>LEGAL SERVICES TO PRISONERS</i>	870,595	
T908	<i>VOLUNTEER SERVICES</i>	170,758	
T909	<i>COMMUNITY SUPPORT SERVICES</i>	40,370,121	
T910	<i>AGENCY TOTAL</i>	[671,872,560]	<u>650,798,573</u>
T911			

T912	DEPARTMENT OF CHILDREN AND		
T913	FAMILIES		
T914	PERSONAL SERVICES	[289,599,056]	<u>274,459,779</u>
T915	OTHER EXPENSES	[46,262,706]	<u>40,946,929</u>
T916	EQUIPMENT	1	
T917	SHORT-TERM RESIDENTIAL TREATMENT	713,129	
T918	SUBSTANCE ABUSE SCREENING	1,823,490	
T919	WORKERS' COMPENSATION CLAIMS	8,627,393	
T920	LOCAL SYSTEMS OF CARE	[2,297,676]	<u>2,057,676</u>
T921	FAMILY SUPPORT SERVICES	11,221,507	
T922	EMERGENCY NEEDS	[1,800,000]	<u>1,710,000</u>
T923	<u>HOMELESS YOUTH ACCOUNT</u>		<u>1,000,000</u>
T924	OTHER THAN PAYMENTS TO LOCAL		
T925	GOVERNMENTS		
T926	HEALTH ASSESSMENT AND CONSULTATION	965,667	
T927	GRANTS FOR PSYCHIATRIC CLINICS FOR CHILDREN	[14,202,249]	<u>14,120,807</u>
T928	DAY TREATMENT CENTERS FOR CHILDREN	5,797,630	
T929	JUVENILE JUSTICE OUTREACH SERVICES	[10,728,838]	<u>13,477,488</u>
T930	CHILD ABUSE AND NEGLECT INTERVENTION	5,379,261	
T931	[COMMUNITY EMERGENCY SERVICES	84,694]	

T932	<i>COMMUNITY BASED PREVENTION PROGRAMS</i>	4,850,529	
T933	<i>FAMILY VIOLENCE OUTREACH AND COUNSELING</i>	1,873,779	
T934	<i>SUPPORT FOR RECOVERING FAMILIES</i>	[14,026,730]	<u>13,964,107</u>
T935	<i>NO NEXUS SPECIAL EDUCATION</i>	8,682,808	
T936	<i>FAMILY PRESERVATION SERVICES</i>	5,385,396	
T937	<i>SUBSTANCE ABUSE TREATMENT</i>	4,479,269	
T938	<i>CHILD WELFARE SUPPORT SERVICES</i>	[3,279,484]	<u>3,221,072</u>
T939	<i>BOARD AND CARE FOR CHILDREN - ADOPTION</i>	[85,514,152]	<u>83,014,152</u>
T940	<i>BOARD AND CARE FOR CHILDREN - FOSTER</i>	[115,122,667]	<u>117,006,882</u>
T941	<i>BOARD AND CARE FOR CHILDREN - RESIDENTIAL</i>	[192,155,287]	<u>183,237,447</u>
T942	<i>INDIVIDUALIZED FAMILY SUPPORTS</i>	17,536,968	
T943	<i>COMMUNITY KIDCARE</i>	[25,946,425]	<u>24,244,167</u>
T944	<i>COVENANT TO CARE</i>	166,516	
T945	<i>NEIGHBORHOOD CENTER</i>	261,010	
T946	<i>AGENCY TOTAL</i>	[878,784,317]	<u>850,224,859</u>
T947			
T948	<i>TOTAL</i>	[1,550,656,877]	<u>1,501,023,432</u>
T949	<i>CORRECTIONS</i>		
T950			
T951	<i>JUDICIAL</i>		
T952			

T953	JUDICIAL DEPARTMENT		
T954	PERSONAL SERVICES	[324,564,876]	<u>307,746,440</u>
T955	OTHER EXPENSES	[74,943,156]	<u>74,239,391</u>
T956	EQUIPMENT	[44,350]	<u>219,350</u>
T957	FORENSIC SEX EVIDENCE EXAMS	1,021,060	
T958	ALTERNATIVE INCARCERATION PROGRAM	[55,157,826]	<u>55,518,949</u>
T959	JUSTICE EDUCATION CENTER, INC.	293,111	
T960	JUVENILE ALTERNATIVE INCARCERATION	30,169,861	
T961	JUVENILE JUSTICE CENTERS	3,104,877	
T962	PROBATE COURT	11,250,000	
T963	YOUTHFUL OFFENDER SERVICES	9,512,151	
T964	VICTIM SECURITY ACCOUNT	73,000	
T965	<u>CHILDREN OF INCARCERATED PARENTS</u>		<u>350,000</u>
T966	AGENCY TOTAL	[510,134,268]	<u>493,498,190</u>
T967			
T968	PUBLIC DEFENDER SERVICES		
T969	COMMISSION		
T970	PERSONAL SERVICES	[39,095,094]	<u>36,364,561</u>
T971	OTHER EXPENSES	[1,471,223]	<u>1,466,812</u>
T972	EQUIPMENT	6	
T973	SPECIAL PUBLIC DEFENDERS - CONTRACTUAL	[3,144,467]	<u>3,094,467</u>

		Bill No.	494
T974	<i>SPECIAL PUBLIC DEFENDERS - NON- CONTRACTUAL</i>	[5,270,289]	<u>5,000,000</u>
T975	<i>EXPERT WITNESSES</i>	1,535,646	
T976	<i>TRAINING AND EDUCATION</i>	[86,843]	<u>81,000</u>
T977	<i>AGENCY TOTAL</i>	[50,603,568]	<u>47,542,492</u>
T978			
T979	<i>CHILD PROTECTION COMMISSION</i>		
T980	<i>PERSONAL SERVICES</i>	[656,631]	<u>647,577</u>
T981	<i>OTHER EXPENSES</i>	[175,047]	<u>173,325</u>
T982	<i>EQUIPMENT</i>	1	
T983	<i>TRAINING FOR CONTRACTED ATTORNEYS</i>	42,750	
T984	<i>CONTRACTED ATTORNEYS</i>	[10,295,218]	<u>9,709,490</u>
T985	<i>CONTRACTED ATTORNEYS RELATED EXPENSES</i>	[108,713]	<u>158,713</u>
T986	<i>FAMILY CONTRACTED ATTORNEYS/AMC</i>	736,310	
T987	<i>AGENCY TOTAL</i>	[12,014,670]	<u>11,468,166</u>
T988			
T989	<i>TOTAL</i>	[572,752,506]	<u>552,508,848</u>
T990	<i>JUDICIAL</i>		
T991			
T992	<i>NON-FUNCTIONAL</i>		
T993			
T994	<i>MISCELLANEOUS APPROPRIATION TO</i>		

T995	<i>THE GOVERNOR</i>		
T996	<i>GOVERNOR'S CONTINGENCY ACCOUNT</i>	[100]	<u>1</u>
T997			
T998	<i>DEBT SERVICE - STATE TREASURER</i>		
T999	<i>DEBT SERVICE</i>	[1,491,545,564]	<u>1,485,726,346</u>
T1000	<i>UCONN 2000 - DEBT SERVICE</i>	116,617,639	
T1001	<i>CHEFA DAY CARE SECURITY</i>	5,000,000	
T1002	<i>PENSION OBLIGATION BONDS - TRB</i>	65,349,255	
T1003	<i>AGENCY TOTAL</i>	[1,678,512,458]	<u>1,672,693,240</u>
T1004			
T1005	<i>STATE COMPTROLLER -</i>		
T1006	<i>MISCELLANEOUS</i>		
T1007	<i>OTHER THAN PAYMENTS TO LOCAL</i>		
T1008	<i>GOVERNMENTS</i>		
T1009	<i>MAINTENANCE OF COUNTY BASE FIRE RADIO</i>		
T1010	<i>NETWORK</i>	25,176	
T1011	<i>MAINTENANCE OF STATE-WIDE FIRE RADIO</i>		
T1012	<i>NETWORK</i>	16,756	
T1013	<i>EQUAL GRANTS TO THIRTY-FOUR NON-PROFIT</i>		
T1014	<i>GENERAL HOSPITALS</i>	31	
T1015	<i>POLICE ASSOCIATION OF CONNECTICUT</i>	190,000	

T1016	CONNECTICUT STATE FIREFIGHTER'S ASSOCIATION	194,711	
T1017	INTERSTATE ENVIRONMENTAL COMMISSION	48,783	
T1018	PAYMENTS TO LOCAL GOVERNMENTS		
T1019	REIMBURSEMENT TO TOWNS FOR LOSS OF TAXES		
T1020	ON STATE PROPERTY	73,519,215	
T1021	REIMBURSEMENTS TO TOWNS FOR LOSS OF TAXES		
T1022	ON PRIVATE TAX-EXEMPT PROPERTY	115,431,737	
T1023	AGENCY TOTAL	189,426,409	
T1024			
T1025	STATE COMPTROLLER - FRINGE		
T1026	BENEFITS		
T1027	UNEMPLOYMENT COMPENSATION	6,323,979	
T1028	STATE EMPLOYEES RETIREMENT CONTRIBUTIONS	[663,329,057]	<u>563,329,057</u>
T1029	HIGHER EDUCATION ALTERNATIVE RETIREMENT		
T1030	SYSTEM	[29,152,201]	<u>31,152,201</u>
T1031	PENSIONS AND RETIREMENTS - OTHER STATUTORY	1,965,000	
T1032	INSURANCE - GROUP LIFE	8,254,668	
T1033	EMPLOYERS SOCIAL SECURITY TAX	[249,792,582]	<u>232,281,222</u>
T1034	STATE EMPLOYEES HEALTH SERVICE COST	[516,797,061]	<u>490,632,020</u>

T1035	RETIRED STATE EMPLOYEES HEALTH SERVICE	[546,985,000]	<u>595,252,100</u>
T1036	COST		
T1037	TUITION REIMBURSEMENT - TRAINING AND	900,000	
T1038	TRAVEL		
T1039	AGENCY TOTAL	[2,023,499,548]	<u>1,930,090,247</u>
T1040			
T1041	RESERVE FOR SALARY ADJUSTMENTS		
T1042	RESERVE FOR SALARY ADJUSTMENTS	153,524,525	
T1043			
T1044	WORKERS' COMPENSATION CLAIMS -		
T1045	DEPARTMENT OF ADMINISTRATIVE		
T1046	SERVICES		
T1047	WORKERS' COMPENSATION CLAIMS	[24,706,154]	<u>26,206,154</u>
T1048			
T1049	JUDICIAL REVIEW COUNCIL		
T1050	PERSONAL SERVICES	[142,514]	<u>120,981</u>
T1051	OTHER EXPENSES	27,449	
T1052	EQUIPMENT	100	
T1053	AGENCY TOTAL	[170,063]	<u>148,530</u>
T1054			
T1055	TOTAL	[4,069,839,257]	<u>3,972,089,106</u>
T1056	NON-FUNCTIONAL		

T1057			
T1058	TOTAL	[18,004,761,465]	<u>17,963,514,236</u>
T1059	GENERAL FUND		
T1060			
T1061	LESS:		
T1062			
T1063	[REDUCE OUTSIDE CONSULTANT CONTRACTS	-95,000,000]	
T1064	<u>REDUCE OUTSIDE CONSULTANT CONTRACTS -</u>		<u>-492,305</u>
T1065	<u>LEGISLATIVE</u>		
T1066	<u>REDUCE OUTSIDE CONSULTANT CONTRACTS -</u>		<u>-91,874,920</u>
T1067	<u>EXECUTIVE</u>		
T1068	<u>REDUCE OUTSIDE CONSULTANT CONTRACTS -</u>		<u>-2,632,775</u>
T1069	<u>JUDICIAL</u>		
T1070	ESTIMATED UNALLOCATED LAPSES	-87,780,000	
T1071	[GENERAL PERSONAL SERVICES REDUCTION	-14,000,000]	
T1072	<u>GENERAL PERSONAL SERVICES REDUCTION -</u>		<u>-476,000</u>
T1073	<u>LEGISLATIVE</u>		
T1074	<u>GENERAL PERSONAL SERVICES REDUCTION -</u>		<u>-11,538,800</u>
T1075	<u>EXECUTIVE</u>		
T1076	<u>GENERAL PERSONAL SERVICES</u>		<u>-1,985,200</u>

	<u>REDUCTION -</u>	
T1077	<u>JUDICIAL</u>	
T1078	[GENERAL OTHER EXPENSES REDUCTIONS	-11,000,000]
T1079	<u>GENERAL OTHER EXPENSES REDUCTIONS -</u>	<u>-2,380</u>
T1080	<u>LEGISLATIVE</u>	
T1081	<u>GENERAL OTHER EXPENSES REDUCTIONS -</u>	<u>-7,899,008</u>
T1082	<u>EXECUTIVE</u>	
T1083	<u>GENERAL OTHER EXPENSES REDUCTIONS -</u>	<u>-3,098,612</u>
T1084	<u>JUDICIAL</u>	
T1085	[PERSONAL SERVICES REDUCTIONS	-193,664,492]
T1086	LEGISLATIVE UNALLOCATED LAPSES	-2,700,000
T1087	[DOIT LAPSE	-31,718,598]
T1088	ENHANCE AGENCY OUTCOMES	-50,000,000
T1089	[MANAGEMENT REDUCTION	-12,500,000]
T1090	[REDUCE OTHER EXPENSES TO FY 07 LEVELS	-32,000,000]
T1091	<u>REDUCE OTHER EXPENSES TO FY 07 LEVELS -</u>	<u>-9,639</u>
T1092	<u>LEGISLATIVE</u>	
T1093	<u>REDUCE OTHER EXPENSES TO FY 07 LEVELS -</u>	<u>-31,990,361</u>
T1094	<u>EXECUTIVE</u>	
T1095	<u>PERSONAL SVCS RDCTNS -</u>	<u>-1,205,311</u>

LEGISLATIVE AGENCIES

T1096	<u>DOIT LAPSE - LEGISLATIVE AGENCIES</u>	<u>-25,175</u>
T1097	<u>MANAGEMENT REDUCTION -</u> <u>LEGISLATIVE</u>	<u>-903,521</u>
T1098	<u>AGENCIES</u>	
T1099		
T1100	NET -	[17,474,398,375] <u>17,668,900,229</u>
T1101	GENERAL FUND	

7 Sec. 2. Section 12 of public act 09-3 of the June special session, as
 8 amended by section 4 of public act 09-7 of the September special
 9 session, is amended to read as follows (*Effective July 1, 2010*):

T1102	SPECIAL TRANSPORTATION FUND	
T1103		2010- 2011
T1104		
T1105		\$
T1106		
T1107	GENERAL GOVERNMENT	
T1108		
T1109	DEPARTMENT OF ADMINISTRATIVE	
T1110	SERVICES	
T1111	OTHER EXPENSES	2,717,500
T1112		
T1113	TOTAL	2,717,500

T1114	<i>GENERAL GOVERNMENT</i>		
T1115			
T1116	<i>REGULATION AND PROTECTION</i>		
T1117			
T1118	<i>DEPARTMENT OF MOTOR VEHICLES</i>		
T1119	<i>PERSONAL SERVICES</i>	[45,045,027]	<u>39,006,604</u>
T1120	<i>OTHER EXPENSES</i>	[14,120,716]	<u>13,115,716</u>
T1121	<i>EQUIPMENT</i>	[638,869]	<u>609,071</u>
T1122	<i>COMMERCIAL VEHICLE INFORMATION SYSTEMS AND</i>		
T1123	<i>NETWORKS PROJECT</i>	[268,850]	<u>255,407</u>
T1124	<i>AGENCY TOTAL</i>	[60,073,462]	<u>52,986,798</u>
T1125			
T1126	<i>TOTAL</i>	[60,073,462]	<u>52,986,798</u>
T1127	<i>REGULATION AND PROTECTION</i>		
T1128			
T1129	<i>TRANSPORTATION</i>		
T1130			
T1131	<i>DEPARTMENT OF TRANSPORTATION</i>		
T1132	<i>PERSONAL SERVICES</i>	[157,723,930]	<u>148,049,749</u>
T1133	<i>OTHER EXPENSES</i>	[43,426,685]	<u>46,926,685</u>
T1134	<i>EQUIPMENT</i>	1,911,500	
T1135	<i>MINOR CAPITAL PROJECTS</i>	332,500	

T1136	<i>HIGHWAY AND BRIDGE RENEWAL-EQUIPMENT</i>	6,000,000	
T1137	<i>HIGHWAY PLANNING AND RESEARCH</i>	2,819,969	
T1138	<i>RAIL OPERATIONS</i>	[127,726,327]	<u>137,901,327</u>
T1139	<i>BUS OPERATIONS</i>	132,955,915	
T1140	<i>HIGHWAY AND BRIDGE RENEWAL</i>	12,402,843	
T1141	<i>TWEED-NEW HAVEN AIRPORT GRANT</i>	1,500,000	
T1142	<i>ADA PARA-TRANSIT PROGRAM</i>	25,565,960	
T1143	<i>NON-ADA DIAL-A-RIDE PROGRAM</i>	576,361	
T1144	<i>AGENCY TOTAL</i>	[512,941,990]	<u>516,942,809</u>
T1145			
T1146	<i>TOTAL</i>	[512,941,990]	<u>516,942,809</u>
T1147	<i>TRANSPORTATION</i>		
T1148			
T1149	<i>NON-FUNCTIONAL</i>		
T1150			
T1151	<i>DEBT SERVICE - STATE TREASURER</i>		
T1152	<i>DEBT SERVICE</i>	[467,246,486]	<u>458,839,454</u>
T1153			
T1154	<i>STATE COMPTROLLER - FRINGE</i>		
T1155	<i>BENEFITS</i>		
T1156	<i>UNEMPLOYMENT COMPENSATION</i>	[334,000]	<u>345,000</u>
T1157	<i>STATE EMPLOYEES RETIREMENT CONTRIBUTIONS</i>	82,437,000	

T1158	<i>INSURANCE - GROUP LIFE</i>	<i>324,000</i>	
T1159	<i>EMPLOYERS SOCIAL SECURITY TAX</i>	<i>[20,652,971]</i>	<i><u>19,611,180</u></i>
T1160	<i>STATE EMPLOYEES HEALTH SERVICE COST</i>	<i>[37,104,290]</i>	<i><u>34,032,200</u></i>
T1161	<i>AGENCY TOTAL</i>	<i>[140,852,261]</i>	<i><u>136,749,380</u></i>
T1162			
T1163	<i>RESERVE FOR SALARY ADJUSTMENTS</i>		
T1164	<i>RESERVE FOR SALARY ADJUSTMENTS</i>	<i>12,947,130</i>	
T1165			
T1166	<i>WORKERS' COMPENSATION CLAIMS -</i>		
T1167	<i>DEPARTMENT OF ADMINISTRATIVE</i>		
T1168	<i>SERVICES</i>		
T1169	<i>WORKERS' COMPENSATION CLAIMS</i>	<i>[5,200,783]</i>	<i><u>6,700,783</u></i>
T1170			
T1171	<i>TOTAL</i>	<i>[1,201,979,612]</i>	<i><u>1,187,883,854</u></i>
T1172	<i>SPECIAL TRANSPORTATION FUND</i>		
T1173			
T1174	<i>LESS:</i>		
T1175			
T1176	<i>ESTIMATED UNALLOCATED LAPSES</i>	<i>-11,000,000</i>	
T1177	<i>[PERSONAL SERVICES REDUCTIONS</i>	<i>-10,413,528]</i>	
T1178			
T1179	<i>NET -</i>	<i>[1,180,566,084]</i>	<i><u>1,176,883,854</u></i>

T1180 *SPECIAL TRANSPORTATION FUND*

10 Sec. 3. Section 14 of public act 09-3 of the June special session is
 11 amended to read as follows (*Effective July 1, 2010*):

T1181 *SOLDIERS, SAILORS AND MARINES'*

T1182 *FUND*

T1183 *2010- 2011*

T1184

T1185 \$

T1186

T1187 *HUMAN SERVICES*

T1188

T1189 *SOLDIERS, SAILORS AND MARINES'*

T1190 *FUND*

T1191	<i>PERSONAL SERVICES</i>	[565,291]	<u>568,991</u>
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T1192	<i>OTHER EXPENSES</i>	[82,799]	<u>63,960</u>
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T1193	<i>AWARD PAYMENTS TO VETERANS</i>	1,979,800	
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T1194	<i>FRINGE BENEFITS</i>	[369,653]	<u>380,653</u>
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T1195	<i>AGENCY TOTAL</i>	[2,997,543]	<u>2,993,404</u>
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T1196

T1197	<i>TOTAL</i>	[2,997,543]	<u>2,993,404</u>
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T1198 *HUMAN SERVICES*

T1199

T1200	<i>TOTAL</i>	[2,997,543]	<u>2,993,404</u>
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T1201 **SOLDIERS, SAILORS AND MARINES'**

T1202 **FUND**

12 Sec. 4. Section 15 of public act 09-3 of the June special session is
 13 amended to read as follows (*Effective July 1, 2010*):

T1203 **REGIONAL MARKET OPERATION**

T1204 **FUND**

T1205 **2010- 2011**

T1206

T1207 \$

T1208

T1209 **CONSERVATION AND DEVELOPMENT**

T1210

T1211 **DEPARTMENT OF AGRICULTURE**

T1212 **PERSONAL SERVICES** **370,000**

T1213 **OTHER EXPENSES** **271,507**

T1214 **EQUIPMENT** **[100]** **1**

T1215 **FRINGE BENEFITS** **[251,942]** **245,942**

T1216 **AGENCY TOTAL** **[893,549]** **887,450**

T1217

T1218 **TOTAL** **[893,549]** **887,450**

T1219 **CONSERVATION AND DEVELOPMENT**

T1220

T1221 **NON-FUNCTIONAL**

T1222			
T1223	DEBT SERVICE - STATE TREASURER		
T1224	DEBT SERVICE	63,524	
T1225			
T1226	TOTAL	63,524	
T1227	NON-FUNCTIONAL		
T1228			
T1229	TOTAL	[957,073]	<u>950,974</u>
T1230	REGIONAL MARKET OPERATION FUND		
14	Sec. 5. Section 16 of public act 09-3 of the June special session is		
15	amended to read as follows (<i>Effective July 1, 2010</i>):		
T1231	BANKING FUND		
T1232		2010- 2011	
T1233			
T1234		\$	
T1235			
T1236	REGULATION AND PROTECTION		
T1237			
T1238	DEPARTMENT OF BANKING		
T1239	PERSONAL SERVICES	11,072,611	
T1240	OTHER EXPENSES	1,885,735	
T1241	EQUIPMENT	21,708	
T1242	FRINGE BENEFITS	[6,187,321]	<u>6,137,321</u>

T1264			
T1265		\$	
T1266			
T1267	<u>GENERAL GOVERNMENT</u>		
T1268			
T1269	<u>OFFICE OF POLICY AND MANAGEMENT</u>		
T1270	<u>PERSONAL SERVICES</u>		<u>248,140</u>
T1271	<u>OTHER EXPENSES</u>		<u>6,900</u>
T1272	<u>FRINGE BENEFITS</u>		<u>125,725</u>
T1273	<u>AGENCY TOTAL</u>		<u>380,765</u>
T1274			
T1275	<u>TOTAL</u>		<u>380,765</u>
T1276	<u>GENERAL GOVERNMENT</u>		
T1277			
T1278	<u>REGULATION AND PROTECTION</u>		
T1279			
T1280	<u>INSURANCE DEPARTMENT</u>		
T1281	<u>PERSONAL SERVICES</u>	[13,685,483]	<u>13,460,483</u>
T1282	<u>OTHER EXPENSES</u>	[2,397,280]	<u>1,920,280</u>
T1283	<u>EQUIPMENT</u>	[101,375]	<u>51,256</u>
T1284	<u>FRINGE BENEFITS</u>	[8,169,016]	<u>8,029,516</u>
T1285	<u>INDIRECT OVERHEAD</u>	[395,204]	<u>701,396</u>
T1286	<u>AGENCY TOTAL</u>	[24,748,358]	<u>24,162,931</u>

T1287			
T1288	<i>OFFICE OF THE HEALTHCARE</i>		
T1289	<i>ADVOCATE</i>		
T1290	<i>PERSONAL SERVICES</i>	757,235	
T1291	<i>OTHER EXPENSES</i>	[204,838]	<u>136,373</u>
T1292	<i>EQUIPMENT</i>	[2,400]	<u>2,280</u>
T1293	<i>FRINGE BENEFITS</i>	380,821	
T1294	<i>INDIRECT OVERHEAD</i>	[24,000]	<u>1</u>
T1295	<i>AGENCY TOTAL</i>	[1,369,294]	<u>1,276,710</u>
T1296			
T1297	<i>TOTAL</i>	[26,117,652]	<u>25,439,641</u>
T1298	<i>REGULATION AND PROTECTION</i>		
T1299			
T1300	<i>HUMAN SERVICES</i>		
T1301			
T1302	<i>DEPARTMENT OF SOCIAL SERVICES</i>		
T1303	<i>OTHER EXPENSES</i>	[500,000]	<u>475,000</u>
T1304			
T1305	<i>TOTAL</i>	[500,000]	<u>475,000</u>
T1306	<i>HUMAN SERVICES</i>		
T1307			
T1308	<i>TOTAL</i>	[26,617,652]	<u>26,295,406</u>
T1309	<i>INSURANCE FUND</i>		

18 Sec. 7. Section 18 of public act 09-3 of the June special session is
 19 amended to read as follows (*Effective July 1, 2010*):

T1310	<i>CONSUMER COUNSEL AND PUBLIC</i>		
T1311	<i>UTILITY CONTROL FUND</i>		
T1312		<i>2010- 2011</i>	
T1313			
T1314		\$	
T1315			
T1316	<u><i>GENERAL GOVERNMENT</i></u>		
T1317			
T1318	<u><i>OFFICE OF POLICY AND MANAGEMENT</i></u>		
T1319	<u><i>PERSONAL SERVICES</i></u>		<u><i>746,000</i></u>
T1320	<u><i>OTHER EXPENSES</i></u>		<u><i>27,443</i></u>
T1321	<u><i>FRINGE BENEFITS</i></u>		<u><i>432,680</i></u>
T1322	<u><i>AGENCY TOTAL</i></u>		<u><i>1,206,123</i></u>
T1323			
T1324	<u><i>TOTAL</i></u>		<u><i>1,206,123</i></u>
T1325	<u><i>GENERAL GOVERNMENT</i></u>		
T1326			
T1327	<i>REGULATION AND PROTECTION</i>		
T1328			
T1329	<i>OFFICE OF CONSUMER COUNSEL</i>		
T1330	<i>PERSONAL SERVICES</i>	<i>[1,523,895]</i>	<u><i>1,415,588</i></u>

		Bill No. 494	
T1331	<i>OTHER EXPENSES</i>	[556,971]	<u>529,482</u>
T1332	<i>EQUIPMENT</i>	[9,500]	<u>9,000</u>
T1333	<i>FRINGE BENEFITS</i>	[918,729]	<u>859,161</u>
T1334	<i>INDIRECT OVERHEAD</i>	[215,039]	<u>423,906</u>
T1335	<i>AGENCY TOTAL</i>	[3,224,134]	<u>3,237,137</u>
T1336			
T1337	<i>DEPARTMENT OF PUBLIC UTILITY</i>		
T1338	<i>CONTROL</i>		
T1339	<i>PERSONAL SERVICES</i>	[11,796,389]	<u>11,594,389</u>
T1340	<i>OTHER EXPENSES</i>	[1,594,642]	<u>1,584,642</u>
T1341	<i>EQUIPMENT</i>	[80,500]	<u>57,475</u>
T1342	<i>FRINGE BENEFITS</i>	[6,850,941]	<u>6,733,781</u>
T1343	<i>INDIRECT OVERHEAD</i>	[410,780]	<u>85,872</u>
T1344	<i>AGENCY TOTAL</i>	[20,733,252]	<u>20,056,159</u>
T1345			
T1346	<i>TOTAL</i>	[23,957,386]	<u>23,293,296</u>
T1347	<i>REGULATION AND PROTECTION</i>		
T1348			
T1349	<i>TOTAL</i>	[23,957,386]	<u>24,499,419</u>
T1350	<i>CONSUMER COUNSEL AND PUBLIC</i>		
T1351	<i>UTILITY CONTROL FUND</i>		

20 Sec. 8. Section 19 of public act 09-3 of the June special session is
21 amended to read as follows (*Effective July 1, 2010*):

T1352	WORKERS' COMPENSATION FUND		
T1353		2010- 2011	
T1354			
T1355		\$	
T1356			
T1357	GENERAL GOVERNMENT		
T1358			
T1359	DIVISION OF CRIMINAL JUSTICE		
T1360	PERSONAL SERVICES	[590,714]	<u>349,182</u>
T1361	OTHER EXPENSES	[22,776]	<u>21,653</u>
T1362	EQUIPMENT	[600]	<u>1</u>
T1363	<u>FRINGE BENEFITS</u>		<u>212,051</u>
T1364	AGENCY TOTAL	[614,090]	<u>582,887</u>
T1365			
T1366	TOTAL	[614,090]	<u>582,887</u>
T1367	GENERAL GOVERNMENT		
T1368			
T1369	REGULATION AND PROTECTION		
T1370			
T1371	LABOR DEPARTMENT		
T1372	OCCUPATIONAL HEALTH CLINICS	674,587	
T1373			
T1374	WORKERS' COMPENSATION		

T1375	COMMISSION		
T1376	PERSONAL SERVICES	10,040,000	
T1377	OTHER EXPENSES	2,558,530	
T1378	EQUIPMENT	[137,000]	<u>87,150</u>
T1379	REHABILITATIVE SERVICES	[2,320,098]	<u>1,275,913</u>
T1380	FRINGE BENEFITS	5,805,640	
T1381	INDIRECT OVERHEAD	[922,446]	<u>1,202,971</u>
T1382	AGENCY TOTAL	[21,783,714]	<u>20,970,204</u>
T1383			
T1384	TOTAL	[22,458,301]	<u>21,644,791</u>
T1385	REGULATION AND PROTECTION		
T1386			
T1387	TOTAL	[23,072,391]	<u>22,227,678</u>
T1388	WORKERS' COMPENSATION FUND		

22 Sec. 9. (*Effective from passage*) The amounts appropriated to the
 23 following agencies in section 1 of public act 09-7 of the September
 24 special session are reduced by the following amounts for the fiscal year
 25 ending June 30, 2010:

T1389	GENERAL FUND	
T1390		\$
T1391	DEBT SERVICE-STATE TREASURER	
T1392	Debt Service	26,000,000
T1393	UConn 2000-Debt Service	2,500,000
T1394	CHEFA Day Care Security	2,500,000
T1395		
T1396	STATE COMPTROLLER - FRINGE BENEFITS	
T1397	State Employees Retirement Contributions	32,230,000

T1398	Employers Social Security Tax	10,854,730
T1399		
T1400	TOTAL - GENERAL FUND	74,084,730

26 Sec. 10. (*Effective from passage*) The amounts appropriated to the
27 following agencies in section 2 of public act 09-3 of the June special
28 session are reduced by the following amounts for the fiscal year
29 ending June 30, 2010:

T1401	SPECIAL TRANSPORTATION FUND	
T1402		\$
T1403	DEBT SERVICE - STATE TREASURER	
T1404	Debt Service	2,000,000
T1405		
T1406	TOTAL - SPECIAL TRANSPORTATION FUND	2,000,000

30 Sec. 11. (*Effective from passage*) The following sums are appropriated
31 for the purposes herein specified for the fiscal year ending June 30,
32 2010:

T1407	GENERAL FUND	
T1408		\$
T1409	OFFICE OF THE VICTIM ADVOCATE	
T1410	Personal Services	34,000
T1411		
T1412	DEPARTMENT OF SOCIAL SERVICES	
T1413	Medicaid	71,550,730
T1414		
T1415	WORKERS' COMPENSATION CLAIMS -	
T1416	DEPARTMENT OF ADMINISTRATIVE SERVICES	
T1417	Workers' Compensation Claims	2,500,000
T1418		
T1419	TOTAL - GENERAL FUND	74,084,730

33 Sec. 12. (*Effective from passage*) The following sums are appropriated
34 for the purposes herein specified for the fiscal year ending June 30,
35 2010:

T1420	SPECIAL TRANSPORTATION FUND	
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T1421		\$
T1422	WORKERS' COMPENSATION CLAIMS -	
T1423	DEPARTMENT OF ADMINISTRATIVE SERVICES	
T1424	Workers' Compensation Claims	2,000,000
T1425		
T1426	TOTAL - SPECIAL TRANSPORTATION FUND	2,000,000

36 Sec. 13. (*Effective July 1, 2010*) (a) Notwithstanding the provisions of
37 section 9-701 of the general statutes, on or after January 1, 2011, the
38 sum of \$5,000,000 shall be transferred from the Citizens' Election Fund
39 and credited to the resources of the General Fund for the fiscal year
40 ending June 30, 2011.

41 (b) The sum of \$4,000,000 shall be transferred from the Workers'
42 Compensation Fund and credited to the General Fund for the fiscal
43 year ending June 30, 2011.

44 (c) The sum of \$9,000,000 shall be transferred from the Banking
45 Fund, established under section 36a-65 of the general statutes, and
46 credited to the resources of the General Fund for the fiscal year ending
47 June 30, 2011.

48 (d) Notwithstanding the provisions of section 4-66aa of the general
49 statutes, the sum of \$5,000,000 shall be transferred from the
50 community investment account and credited to the resources of the
51 General Fund for the fiscal year ending June 30, 2011.

52 Sec. 14. (*Effective July 1, 2010*) The unexpended balance of funds
53 appropriated in section 21 of public act 07-1 of the June special session,
54 and carried forward in section 506 of public act 09-3 of the June special
55 session, to the Department of Economic and Community
56 Development, Home CT, shall not lapse on June 30, 2010, and shall be
57 available for expenditure in accordance with sections 38 to 50,
58 inclusive, of public act 07-4 of the June special session during the fiscal
59 year ending June 30, 2011.

60 Sec. 15. Section 107 of public act 09-7 of the September special
61 session, as amended by section 27 of public act 10-3 is repealed and the
62 following is substituted in lieu thereof (*Effective from passage*):

63 (a) There is established a Medical Inefficiency Committee to advise
64 the Department of Social Services on the amended definition of
65 "medically necessary" and "medical necessity", pursuant to section 22
66 of this act, for purposes of the administration of the medical assistance
67 programs by the Department of Social Services and the
68 implementation of such definition and to provide feedback to the
69 department and the General Assembly on the impact of the amended
70 definition.

71 (b) The committee shall consist of the following members: Four
72 appointed by the Governor, two appointed by the speaker of the
73 House of Representatives, two appointed by the president pro tempore
74 of the Senate and one each appointed by the majority leaders of the
75 House of Representatives and the Senate and the minority leaders of
76 the House of Representatives and the Senate.

77 (c) All appointments to the committee shall be made no later than
78 thirty days after the effective date of this section. Any vacancy shall be
79 filled by the appointing authority, except that vacancies left unfilled
80 for more than sixty days may be filled by joint appointment of the
81 speaker of the House of Representatives and the president pro tempore
82 of the Senate.

83 (d) The speaker of the House of Representatives and the president
84 pro tempore of the Senate shall jointly select the chairpersons of the
85 committee from among the members of the committee. The Governor
86 shall appoint a third chairperson. Such chairpersons shall schedule the
87 first meeting of the committee, which shall be held no later than sixty
88 days after October 5, 2009.

89 (e) The administrative staff of the joint standing committee of the
90 General Assembly having cognizance of matters relating to human

91 services shall serve as administrative staff of the committee.

92 (f) Not later than January 1, 2010, January 1, 2011, and January 1,
93 2012, the committee shall submit a report on its findings and
94 recommendations to the Governor and the joint standing committees
95 of the General Assembly having cognizance of matters relating to
96 public health, human services and appropriations and the budgets of
97 state agencies, in accordance with the provisions of section 11-4a of the
98 general statutes. The committee shall terminate on the date that it
99 submits the third such report or January 1, 2012, whichever is later.

100 Sec. 16. Section 33 of public act 10-3 is repealed and the following is
101 substituted in lieu thereof (*Effective from passage*):

102 (a) The Commissioner of Higher Education shall establish and
103 administer the Kirklyn M. Kerr program to [provide grants to] support
104 the veterinary medicine education of not more than five veterinary
105 students per cohort. Each cohort may be funded for a four-year period.
106 [Grant recipients] In order to participate in the Kirklyn M. Kerr
107 program, a student shall commit, in writing, to work as a veterinarian
108 in this state for five years following graduation from an accredited
109 veterinary medicine program or agree to repay the cost to the state of
110 such student's veterinary medicine education. Students who do not
111 practice veterinary medicine in [Connecticut] this state for at least five
112 years shall repay the [grant pursuant to subsection (c) of this section]
113 amount of state support. For the purposes of this section, "veterinary
114 student" means an in-state resident enrolled in an accredited
115 veterinary graduate school who plans to practice veterinary medicine
116 in Connecticut.

117 (b) No [grant] support awarded pursuant to this section shall exceed
118 twenty thousand dollars annually or eighty thousand dollars for the
119 four years of the veterinary graduate school program.

120 (c) The Commissioner of Higher Education shall treat [grants]
121 support awarded pursuant to this section as loans for any [grant

122 recipient] student who does not practice veterinary medicine in
123 [Connecticut] this state for at least five years beginning not later than
124 six months following the recipient's date of graduation from veterinary
125 school. [, except that, if the recipient intends to pursue additional
126 veterinary training or education outside of Connecticut, the
127 commissioner may permit the recipient to begin practicing veterinary
128 medicine in Connecticut at a later date designated by the
129 commissioner. The commissioner shall determine the amount of the
130 grant, including interest, to be repaid by grant recipients who practice
131 veterinary medicine for the following periods as follows: (1) For less
132 than one year, one hundred per cent, (2) for at least one year, but less
133 than two years, ninety per cent, (3) for at least two years, but less than
134 three years, seventy-five per cent, (4) for at least three years, but less
135 than four years, fifty-five per cent, and (5) for at least four years, but
136 less than five years, thirty per cent.] The commissioner shall determine
137 the manner of the repayment of the state support by students who do
138 not practice in this state for five years provided, for each year of such
139 five year period that the student does not practice in this state, the
140 student shall owe to the state not less than twenty per cent of the
141 amount of the state support.

142 [(d) Grant recipients required to pay back grants pursuant to
143 subsection (c) of this section shall (1) make a minimum monthly
144 payment of fifty dollars, unless the commissioner grants an exception,
145 and (2) have a repayment period not to exceed five years, except that,
146 if the commissioner determines that repayment would present an
147 unjust hardship, such repayment period may be extended not to
148 exceed seven years. The commissioner may grant repayment
149 deferments if said commissioner determines that repayment would
150 present an unjust hardship to the recipient. Deferment periods shall
151 not be included in the repayment period and interest shall not accrue
152 during such deferment periods. The commissioner may forgive grant
153 repayment if the commissioner determines that such action is required
154 due to the death or disability of the recipient or the repayment being
155 deemed uncollectible in accordance with generally accepted

156 accounting principles.]

157 Sec. 17. Section 24 of public act 10-3 is repealed and the following is
158 substituted in lieu thereof (*Effective from passage*):

159 A pharmacy provider enrolled in any medical assistance program
160 administered by the Department of Social Services, when billing the
161 department for a good or service, shall bill the department the lowest
162 amount [routinely] accepted from any [individual, class, group or
163 other entity for a similar good or service] member of the general public
164 who participates in the pharmacy provider's savings or discount
165 program. For purposes of this section, "savings or discount program"
166 means any program, club or buying group offered by a pharmacy
167 provider to any member of the general public for the purpose of
168 obtaining a lower charge for any good or service than the charge made
169 to any member of the general public who does not participate in such
170 program.

171 Sec. 18. Subdivision (3) of subsection (c) of section 10-264l of the
172 2010 supplement to the general statutes is repealed and the following
173 is substituted in lieu thereof (*Effective from passage*):

174 (3) (A) Except as otherwise provided in subparagraphs (C) to (F),
175 inclusive, of this subdivision, each interdistrict magnet school operated
176 by a regional educational service center that enrolls less than fifty-five
177 per cent of the school's students from a single town shall receive a per
178 pupil grant in the amount of (i) six thousand two hundred fifty dollars
179 for the fiscal year ending June 30, 2006, (ii) six thousand five hundred
180 dollars for the fiscal year ending June 30, 2007, (iii) seven thousand
181 sixty dollars for the fiscal year ending June 30, 2008, and (iv) seven
182 thousand six hundred twenty dollars for the fiscal year ending June 30,
183 2009, and each fiscal year thereafter.

184 (B) Except as otherwise provided in subparagraphs (C) to (F),
185 inclusive, of this subdivision, each interdistrict magnet school operated
186 by a regional educational service center that enrolls at least fifty-five

187 per cent of the school's students from a single town shall receive a per
188 pupil grant for each enrolled student who is not a resident of the
189 district that enrolls at least fifty-five per cent of the school's students in
190 the amount of (i) six thousand sixteen dollars for the fiscal year ending
191 June 30, 2008, and (ii) six thousand seven hundred thirty dollars for the
192 fiscal year ending June 30, 2009, and each fiscal year thereafter. The per
193 pupil grant for each enrolled student who is a resident of the district
194 that enrolls at least fifty-five per cent of the school's students shall be
195 three thousand dollars.

196 (C) Each interdistrict magnet school operated by a regional
197 educational service center that began operations for the school year
198 commencing July 1, 1998, and that for the school year commencing
199 July 1, 2008, enrolled at least fifty-five per cent, but no more than
200 seventy per cent of the school's students from a single town shall
201 receive a per pupil grant for each enrolled student who is a resident of
202 the district that enrolls at least fifty-five per cent, but no more than
203 seventy per cent of the school's students in the amount of four
204 thousand eight hundred ninety-four dollars for the fiscal year ending
205 June 30, 2010, and four thousand two hundred sixty-three dollars for
206 the fiscal year ending June 30, 2011, and a per pupil grant for each
207 enrolled student who is not a resident of the district that enrolls at least
208 fifty-five per cent, but no more than seventy per cent of the school's
209 students in the amount of six thousand seven hundred thirty dollars
210 for the fiscal [year] years ending June 30, 2010, and [each fiscal year
211 thereafter] June 30, 2011.

212 (D) Each interdistrict magnet school operated by a regional
213 educational service center that began operations for the school year
214 commencing July 1, 2001, and that for the school year commencing
215 July 1, 2008, enrolled at least fifty-five per cent, but no more than
216 eighty per cent of the school's students from a single town shall receive
217 a per pupil grant for each enrolled student who is a resident of the
218 district that enrolls at least fifty-five per cent, but no more than eighty
219 per cent of the school's students in the amount of four thousand two

220 hundred fifty dollars for the fiscal year ending June 30, 2010, and three
221 thousand eight hundred thirty-three dollars for the fiscal year ending
222 June 30, 2011, and a per pupil grant for each enrolled student who is
223 not a resident of the district that enrolls at least fifty-five per cent, but
224 no more than eighty per cent of the school's students in the amount of
225 six thousand seven hundred thirty dollars for the fiscal [year] years
226 ending June 30, 2010, and [each fiscal year thereafter] June 30, 2011.

227 (E) Each interdistrict magnet school operated by (i) a regional
228 educational service center, (ii) the Board of Trustees of the
229 Community-Technical Colleges on behalf of a regional community-
230 technical college, (iii) the Board of Trustees of the Connecticut State
231 University System on behalf of a state university, (iv) the Board of
232 Trustees for The University of Connecticut on behalf of the university,
233 (v) the board of governors for an independent college or university, as
234 defined in section 10a-37, or the equivalent of such a board, on behalf
235 of the independent college or university, (vi) cooperative arrangements
236 pursuant to section 10-158a, and (vii) any other third-party not-for-
237 profit corporation approved by the commissioner that enrolls less than
238 sixty per cent of its students from Hartford pursuant to the 2008
239 stipulation and order for Milo Sheff, et al. v. William A. O'Neill, et al.,
240 shall receive a per pupil grant in the amount of (I) nine thousand six
241 hundred ninety-five dollars for the fiscal year ending June 30, 2010,
242 and (II) ten thousand four hundred forty-three dollars for the fiscal
243 year ending June 30, 2011.

244 (F) Each interdistrict magnet school operated by the Hartford school
245 district, pursuant to the 2008 stipulation and order for Milo Sheff, et al.
246 v. William A. O'Neill, et al., shall receive a per pupil grant for each
247 enrolled student who is not a resident of the district in the amount of
248 (i) twelve thousand dollars for the fiscal year ending June 30, 2010, and
249 (ii) thirteen thousand fifty-four dollars for the fiscal year ending June
250 30, 2011.

251 (G) In addition to the grants described in subparagraph (F) of this

252 subdivision, for the fiscal year ending June 30, 2010, the commissioner
253 may, subject to the approval of the Secretary of the Office of Policy and
254 Management and the Finance Advisory Committee, established
255 pursuant to section 4-93, provide supplemental grants to the Hartford
256 school district of up to one thousand fifty-four dollars for each student
257 enrolled at an interdistrict magnet school operated by the Hartford
258 school district who is not a resident of such district.

259 Sec. 19. (*Effective July 1, 2010*) The unexpended balance of funds
260 appropriated in public act 09-3 of the June special session, as amended
261 by section 1 of public act 09-7 of the September special session, section
262 58 of public act 09-6 of the September special session, sections 1, 9 and
263 13 of public act 09-1 of the December special session and section 1 of
264 public act 10-3, to Legislative Management, for Redistricting, shall not
265 lapse and shall continue to be available for expenditure for such
266 purpose during the fiscal year ending June 30, 2011.

267 Sec. 20. (NEW) (*Effective July 1, 2010*) The Commissioner of Social
268 Services may contract with one or more administrative services
269 organizations to provide care coordination, utilization management,
270 disease management, customer service and review of grievances for
271 recipients of assistance under Medicaid, HUSKY Plan, Parts A and B,
272 and the Charter Oak Health Plan. Such organization may also provide
273 network management, credentialing of providers, monitoring of
274 copayments and premiums and other services as required by the
275 commissioner. Subject to approval by applicable federal authority, the
276 Department of Social Services shall utilize the contracted
277 organization's provider network and billing systems in the
278 administration of the program.

279 Sec. 21. Subdivision (2) of subsection (i) of section 17b-342 of the
280 2010 supplement to the general statutes is repealed and the following
281 is substituted in lieu thereof (*Effective July 1, 2010*):

282 (2) Except for persons residing in affordable housing under the
283 assisted living demonstration project established pursuant to section

284 17b-347e, as provided in subdivision (3) of this subsection, any person
285 whose income is at or below two hundred per cent of the federal
286 poverty level and who is ineligible for Medicaid shall contribute
287 [fifteen] six per cent of the cost of his or her care. Any person whose
288 income exceeds two hundred per cent of the federal poverty level shall
289 contribute [fifteen] six per cent of the cost of his or her care in addition
290 to the amount of applied income determined in accordance with the
291 methodology established by the Department of Social Services for
292 recipients of medical assistance. Any person who does not contribute
293 to the cost of care in accordance with this subdivision, shall be
294 ineligible to receive services under this subsection. Notwithstanding
295 any provision of the general statutes, the department shall not be
296 required to provide an administrative hearing to a person found
297 ineligible for services under this subsection because of a failure to
298 contribute to the cost of care.

299 Sec. 22. Subsection (a) of section 17b-295 of the general statutes, as
300 amended by section 8 of public act 10-3, is repealed and the following
301 is substituted in lieu thereof (*Effective July 1, 2010*):

302 (a) The commissioner shall impose cost-sharing requirements,
303 including the payment of a premium or copayment, in connection with
304 services provided under the HUSKY Plan, Part B, to the extent
305 permitted by federal law. Copayments under the HUSKY Plan, Part B,
306 shall be the same as those in effect for active state employees enrolled
307 in a point-of-enrollment health care plan, provided the family's annual
308 combined premiums and copayments do not exceed the maximum
309 annual aggregate cost-sharing requirement. The cost-sharing
310 requirements imposed by the commissioner shall be in accordance
311 with the following limitations:

312 (1) The commissioner may increase the maximum annual aggregate
313 cost-sharing requirements, provided such cost-sharing requirements
314 shall not exceed five per cent of the family's gross annual income.

315 (2) The commissioner may impose a premium requirement on

316 families whose income exceeds two hundred thirty-five per cent of the
317 federal poverty level as a component of the family's cost-sharing
318 responsibility, provided: (A) The family's annual combined premiums
319 and copayments do not exceed the maximum annual aggregate cost-
320 sharing requirement, and (B) premium requirements shall not exceed
321 the sum of [thirty] thirty-eight dollars [per month per] for families
322 with one child, with a maximum premium of [fifty] sixty dollars per
323 month per family. The commissioner shall not impose a premium
324 requirement on families whose income exceeds one hundred eighty-
325 five per cent of the federal poverty level but does not exceed two
326 hundred thirty-five per cent of the federal poverty level; and

327 [(2)] (3) The commissioner shall [require each managed care plan to]
328 monitor copayments and premiums under the provisions of
329 subdivision (1) of this subsection.

330 Sec. 23. Subsection (a) of section 17b-280 of the 2010 supplement to
331 the general statutes is repealed and the following is substituted in lieu
332 thereof (*Effective from passage*):

333 (a) The state shall reimburse for all legend drugs provided under
334 the Medicaid, state-administered general assistance, ConnPACE and
335 Connecticut AIDS drug assistance programs at the lower of (1) the rate
336 established by the Centers for Medicare and Medicaid Services as the
337 federal acquisition cost, (2) the average wholesale price minus fourteen
338 per cent, or (3) an equivalent percentage as established under the
339 Medicaid state plan. The commissioner shall also establish a
340 professional fee of two dollars and [sixty-five] ninety cents for each
341 prescription to be paid to licensed pharmacies for dispensing drugs to
342 Medicaid, state-administered general assistance, ConnPACE and
343 Connecticut AIDS drug assistance recipients in accordance with
344 federal regulations; and on and after September 4, 1991, payment for
345 legend and nonlegend drugs provided to Medicaid recipients shall be
346 based upon the actual package size dispensed. Effective October 1,
347 1991, reimbursement for over-the-counter drugs for such recipients

348 shall be limited to those over-the-counter drugs and products
349 published in the Connecticut Formulary, or the cross reference list,
350 issued by the commissioner. The cost of all over-the-counter drugs and
351 products provided to residents of nursing facilities, chronic disease
352 hospitals, and intermediate care facilities for the mentally retarded
353 shall be included in the facilities' per diem rate. Notwithstanding the
354 provisions of this subsection, no dispensing fee shall be issued for a
355 prescription drug dispensed to a ConnPACE or Medicaid recipient
356 who is a Medicare Part D beneficiary when the prescription drug is a
357 Medicare Part D drug, as defined in Public Law 108-173, the Medicare
358 Prescription Drug, Improvement, and Modernization Act of 2003.

359 Sec. 24. Section 17a-317 of the 2010 supplement to the general
360 statutes is repealed and the following is substituted in lieu thereof
361 (*Effective July 1, 2010*):

362 (a) Effective July 1, [2010] 2011, there shall be established a
363 Department on Aging which shall be under the direction and
364 supervision of the Commissioner on Aging who shall be appointed by
365 the Governor in accordance with the provisions of sections 4-5 to 4-8,
366 inclusive, with the powers and duties prescribed in said sections. The
367 commissioner shall be knowledgeable and experienced with respect to
368 the conditions and needs of elderly persons and shall serve on a full-
369 time basis.

370 (b) The Commissioner on Aging shall administer all laws under the
371 jurisdiction of the Department on Aging and shall employ the most
372 efficient and practical means for the provision of care and protection of
373 elderly persons. The commissioner shall have the power and duty to
374 do the following: (1) Administer, coordinate and direct the operation
375 of the department; (2) adopt and enforce regulations, in accordance
376 with chapter 54, as necessary to implement the purposes of the
377 department as established by statute; (3) establish rules for the internal
378 operation and administration of the department; (4) establish and
379 develop programs and administer services to achieve the purposes of

380 the department; (5) contract for facilities, services and programs to
381 implement the purposes of the department; (6) act as advocate for
382 necessary additional comprehensive and coordinated programs for
383 elderly persons; (7) assist and advise all appropriate state, federal, local
384 and area planning agencies for elderly persons in the performance of
385 their functions and duties pursuant to federal law and regulation; (8)
386 plan services and programs for elderly persons; (9) coordinate
387 outreach activities by public and private agencies serving elderly
388 persons; and (10) consult and cooperate with area and private
389 planning agencies.

390 (c) The functions, powers, duties and personnel of the Division of
391 [Elderly] Aging Services of the Department of Social Services, or any
392 subsequent division or portion of a division with similar functions,
393 powers, personnel and duties, shall be transferred to the Department
394 on Aging pursuant to the provisions of sections 4-38d, 4-38e and 4-39.

395 (d) The Department of Social Services shall administer programs
396 under the jurisdiction of the Department on Aging until the
397 Commissioner on Aging is appointed and administrative staff are
398 hired.

399 (e) The Governor may, with the approval of the Finance Advisory
400 Committee, transfer funds between the Department of Social Services
401 and the Department on Aging pursuant to subsection (b) of section 4-
402 87 during the fiscal year ending June 30, 2012.

403 [(d)] (f) Any order or regulation of the Department of Social Services
404 or the Commission on Aging that is in force on July 1, [2008] 2011, shall
405 continue in force and effect as an order or regulation until amended,
406 repealed or superseded pursuant to law.

407 Sec. 25. Subsection (b) of section 14-41 of the 2010 supplement to the
408 general statutes is repealed and the following is substituted in lieu
409 thereof (*Effective July 1, 2010*):

410 (b) An original operator's license shall expire within a period not
411 exceeding six years following the date of the operator's next birthday.
412 The fee for such original license shall be computed at the rate of forty-
413 four dollars for a four-year license, sixty-six dollars for a six-year
414 license and eleven dollars per year [for] or any part of a year. [thereof.]
415 The commissioner may authorize an automobile club or association,
416 licensed in accordance with the provisions of section 14-67 on or before
417 July 1, 2007, to perform license renewals, renewals of identity cards
418 issued pursuant to section 1-1h and registration transactions at its
419 office facilities. The commissioner may authorize such automobile
420 clubs or associations to charge a convenience fee, which shall not
421 exceed two dollars, to each applicant for a license or identity card
422 renewal or a registration transaction.

423 Sec. 26. Subsection (a) of section 14-18 of the 2010 supplement to the
424 general statutes is repealed and the following is substituted in lieu
425 thereof (*Effective from passage*):

426 (a) (1) Each motor vehicle for which one number plate has been
427 issued shall, while in use or operation upon any public highway,
428 display in a conspicuous place at the rear of such vehicle the number
429 plate. [Each such motor vehicle shall also display a sticker on the
430 number plate or elsewhere] The commissioner may issue a sticker
431 denoting the expiration date of the registration. Such sticker shall be
432 displayed in such place on the vehicle [,] as the commissioner may
433 direct. [, denoting the expiration date of the registration.] Such sticker
434 may contain the corresponding letters and numbers of the registration
435 and number plate [, as assigned] issued by the commissioner.

436 (2) Each motor vehicle for which two number plates have been
437 issued shall, while in use or operation upon any public highway,
438 display in a conspicuous place at the front and the rear of such vehicle
439 the number plates. [Each such motor vehicle shall also display a sticker
440 on the rear number plate or elsewhere] The commissioner may issue a
441 sticker denoting the expiration date of the registration. Such sticker

442 shall be displayed in such place on the vehicle [,] as the commissioner
443 may direct. [, denoting the expiration date of the registration, which]
444 Such sticker may contain the corresponding letters and numbers of the
445 number plate [, as assigned] issued by the commissioner.

446 Sec. 27. (*Effective July 1, 2010*) In addition to any payments made
447 under the provisions of subdivision (2) of subsection (e) of section 10-
448 76d or subsection (b) of section 10-76g of the general statutes, the local
449 and regional board of education of each of the following towns shall
450 receive a grant in the following amount for the fiscal year ending June
451 30, 2011:

T1427	Town	Grant for Fiscal Year 2011
T1428		
T1429	Andover	11,979
T1430	Ansonia	90,043
T1431	Ashford	28,106
T1432	Avon	8,053
T1433	Barkhamsted	15,575
T1434	Berlin	79,218
T1435	Bethany	8,932
T1436	Bethel	59,394
T1437	Bloomfield	73,516
T1438	Bolton	37,762
T1439	Bozrah	11,608
T1440	Branford	67,249
T1441	Bridgeport	972,458
T1442	Bristol	305,418
T1443	Brookfield	16,723
T1444	Brooklyn	125,205
T1445	Canaan	1,617
T1446	Canterbury	76,233
T1447	Canton	37,513
T1448	Chaplin	24,262
T1449	Cheshire	88,999
T1450	Chester	3,480
T1451	Clinton	44,745
T1452	Colchester	147,170
T1453	Colebrook	3,303

T1454	Columbia	35,984
T1455	Cornwall	245
T1456	Coventry	122,259
T1457	Cromwell	47,966
T1458	Danbury	288,061
T1459	Darien	245
T1460	Deep River	5,239
T1461	Derby	58,344
T1462	Eastford	16,271
T1463	East Granby	16,867
T1464	East Haddam	51,623
T1465	East Hampton	94,121
T1466	East Hartford	297,594
T1467	East Haven	164,591
T1468	East Lyme	42,766
T1469	Easton	245
T1470	East Windsor	76,825
T1471	Ellington	140,312
T1472	Enfield	250,062
T1473	Essex	888
T1474	Fairfield	4,065
T1475	Farmington	29,863
T1476	Franklin	11,830
T1477	Glastonbury	79,718
T1478	Granby	49,893
T1479	Greenwich	245
T1480	Griswold	124,737
T1481	Groton	156,706
T1482	Guilford	33,014
T1483	Hamden	430,195
T1484	Hampton	15,410
T1485	Hartford	1,795,813
T1486	Hartland	17,879
T1487	Hebron	31,563
T1488	Kent	246
T1489	Killingly	177,759
T1490	Lebanon	69,781
T1491	Ledyard	160,239
T1492	Lisbon	42,730
T1493	Litchfield	23,157
T1494	Madison	14,681

T1495	Manchester	206,245
T1496	Mansfield	91,029
T1497	Marlborough	12,626
T1498	Meriden	347,246
T1499	Middletown	423,310
T1500	Milford	71,335
T1501	Monroe	55,542
T1502	Montville	169,062
T1503	Naugatuck	225,733
T1504	New Britain	1,012,117
T1505	New Canaan	245
T1506	New Fairfield	22,422
T1507	New Hartford	26,400
T1508	New Haven	1,365,588
T1509	Newington	163,043
T1510	New London	193,786
T1511	New Milford	184,717
T1512	Newtown	66,386
T1513	Norfolk	1,476
T1514	North Branford	122,064
T1515	North Canaan	26,245
T1516	North Haven	117,573
T1517	North Stonington	47,231
T1518	Norwalk	73,850
T1519	Norwich	379,721
T1520	Old Saybrook	5,087
T1521	Orange	9,284
T1522	Oxford	68,962
T1523	Plainfield	188,032
T1524	Plainville	151,213
T1525	Plymouth	168,776
T1526	Pomfret	38,877
T1527	Portland	47,701
T1528	Preston	76,826
T1529	Putnam	79,065
T1530	Redding	245
T1531	Ridgefield	1,380
T1532	Rocky Hill	38,461
T1533	Salem	35,491
T1534	Salisbury	808
T1535	Scotland	16,360

T1536	Seymour	96,416
T1537	Sharon	245
T1538	Shelton	77,572
T1539	Sherman	3,106
T1540	Simsbury	49,498
T1541	Somers	73,004
T1542	Southington	128,809
T1543	South Windsor	120,107
T1544	Sprague	46,144
T1545	Stafford	191,719
T1546	Stamford	48,132
T1547	Sterling	54,282
T1548	Stonington	25,159
T1549	Stratford	176,055
T1550	Suffield	85,779
T1551	Thomaston	44,117
T1552	Thompson	77,498
T1553	Tolland	120,380
T1554	Torrington	282,306
T1555	Trumbull	65,489
T1556	Union	11,162
T1557	Vernon	128,580
T1558	Voluntown	41,611
T1559	Wallingford	231,221
T1560	Waterbury	940,080
T1561	Waterford	29,370
T1562	Watertown	100,103
T1563	Westbrook	3,844
T1564	West Hartford	123,682
T1565	West Haven	390,776
T1566	Weston	3,464
T1567	Westport	256
T1568	Wethersfield	73,219
T1569	Willington	38,215
T1570	Wilton	245
T1571	Winchester	73,854
T1572	Windham	220,595
T1573	Windsor	160,224
T1574	Windsor Locks	55,320
T1575	Wolcott	104,272
T1576	Woodbridge	2,468

T1577	Woodstock	61,337
T1578	District No. 1	1,323
T1579	District No. 4	11,949
T1580	District No. 5	49,743
T1581	District No. 6	23,599
T1582	District No. 7	74,868
T1583	District No. 8	76,432
T1584	District No. 9	7,866
T1585	District No. 10	126,452
T1586	District No. 11	27,908
T1587	District No. 12	26,657
T1588	District No. 13	115,675
T1589	District No. 14	56,943
T1590	District No. 15	124,618
T1591	District No. 16	157,758
T1592	District No. 17	84,727
T1593	District No. 18	20,336
T1594	District No. 19	119,518

452 Sec. 28. (NEW) (*Effective October 1, 2010*) (a) As used in this section:

453 (1) "Homeless youth" means a person under twenty-one years of age
454 who is without shelter where appropriate care and supervision are
455 available and who lacks a fixed, regular and adequate nighttime
456 residence, including youth under the age of eighteen whose parent or
457 legal guardian is unable or unwilling to provide shelter and
458 appropriate care;

459 (2) "Fixed, regular and adequate nighttime residence" means a
460 dwelling at which a person resides on a regular basis that adequately
461 provides safe shelter, but does not include (A) a publicly or privately
462 operated institutional shelter designed to provide temporary living
463 accommodations; (B) transitional housing; (C) a temporary placement
464 with a peer, friend or family member who has not offered a permanent
465 residence, residential lease or temporary lodging for more than thirty
466 days; or (D) a public or private place not designed for or ordinarily
467 used as regular sleeping place by human beings; and

468 (3) "Aftercare services" means continued counseling, guidance or
469 support for not more than six months following the provision of
470 services.

471 (b) The Department of Children and Families, within available
472 appropriations, shall establish a program that provides one or more of
473 the following services for homeless youth: (1) Public outreach, (2)
474 respite housing, and (3) transitional living services for homeless youth
475 and youth at risk of homelessness. The department may enter into a
476 contract with nonprofit organizations or municipalities to implement
477 this section. Such program may have the following components:

478 (1) A public outreach and drop-in component that provides youth
479 drop-in centers with walk-in access to crisis intervention and ongoing
480 supportive services, including one-to-one case management services
481 on a self-referral basis and public outreach that locates, contacts and
482 provides information, referrals and services to homeless youth and
483 youth at risk of homelessness. Such component may include, but not
484 be limited to, information, referrals and services for (A) family
485 reunification services, conflict resolution or mediation counseling; (B)
486 respite housing, case management aimed at obtaining food, clothing,
487 medical care or mental health counseling, counseling regarding
488 violence, prostitution, substance abuse, sexually transmitted diseases,
489 HIV and pregnancy, and referrals to agencies that provide support
490 services to homeless youth and youth at risk of homelessness; (C)
491 education, employment and independent living skills; (D) aftercare
492 services; and (E) specialized services for highly vulnerable homeless
493 youth, including teen parents, sexually-exploited youth and youth
494 with mental illness or developmental disabilities;

495 (2) A respite housing component that provides homeless youth with
496 referrals and walk-in access to respite care on an emergency basis that
497 includes voluntary housing, with private shower facilities, beds and at
498 least one meal each day, and assistance with reunification with family
499 or a legal guardian when required or appropriate. Services provided at

500 respite housing may include, but need not be limited to, (A) family
501 reunification services or referral to safe housing; (B) individual, family
502 and group counseling; (C) assistance in obtaining clothing; (D) access
503 to medical and dental care and mental health counseling; (E) education
504 and employment services; (F) recreational activities; (G) case
505 management, advocacy and referral services; (H) independent living
506 skills training; and (I) aftercare services and transportation; and

507 (3) A transitional living component that (A) assists homeless youth
508 in finding and maintaining safe housing, and (B) includes rental
509 assistance and related supportive services. Such component may
510 include, but not be limited to, (i) educational assessment and referral to
511 educational programs; (ii) career planning, employment, job skills
512 training and independent living skills training; (iii) job placement; (iv)
513 budgeting and money management; (v) assistance in securing housing
514 appropriate to needs and income; (vi) counseling regarding violence,
515 prostitution, substance abuse, sexually transmitted diseases and
516 pregnancy, referral for medical services or chemical dependency
517 treatment; and (vii) parenting skills, self-sufficiency support services or
518 life skills training and aftercare services.

519 Sec. 29. (NEW) (*Effective October 1, 2010*) A public or private agency
520 serving children and youth may provide services to a homeless child
521 or youth, as defined in 42 USC 11434a, unless the parent or guardian
522 does not consent to such services or withdraws such consent. Such
523 agency shall make all reasonable efforts to contact the parent or
524 guardian for consent and shall be immune from liability, civil or
525 criminal, which might otherwise be incurred or imposed, provided the
526 agency provided such services in good faith and not negligently.

527 Sec. 30. (NEW) (*Effective October 1, 2010*) On or before February 1,
528 2012, and annually thereafter, the Commissioner of Children and
529 Families shall submit a report regarding the program established
530 under section 1 of this act, in accordance with section 11-4a of the
531 general statutes, to the select committee of the General Assembly

532 having cognizance of matters relating to children. The report shall
533 include recommendations for any changes to the program to ensure
534 that the best available services are being delivered to homeless youth
535 and youth at risk of homelessness. The report shall include key
536 outcome indicators and measures and shall set benchmarks for
537 evaluating progress in accomplishing the purposes of said section.

538 Sec. 31. Section 4-85 of the 2010 supplement to the general statutes is
539 repealed and the following is substituted in lieu thereof (*Effective July*
540 *1, 2010*):

541 (a) Before an appropriation becomes available for expenditure, each
542 budgeted agency shall submit to the Governor through the Secretary of
543 the Office of Policy and Management, not less than twenty days before
544 the beginning of the fiscal year for which such appropriation was
545 made, a requisition for the allotment of the amount estimated to be
546 necessary to carry out the purposes of such appropriation during each
547 quarter of such fiscal year. Commencing with the fiscal year ending
548 June 30, 2011, the initial allotment requisition for each line item
549 appropriated to the legislative branch and to the judicial branch for
550 any fiscal year shall be based upon the amount appropriated to such
551 line item for such fiscal year minus any amount of budgeted
552 reductions to be achieved by such branch for such fiscal year pursuant
553 to subsection (c) of section 2-35, as amended by this act.
554 Appropriations for capital outlays may be allotted in any manner the
555 Governor deems advisable. Such requisition shall contain any further
556 information required by the Secretary of the Office of Policy and
557 Management. The Governor shall approve such requisitions, subject to
558 the provisions of subsection (b) of this section.

559 (b) Any allotment requisition and any allotment in force shall be
560 subject to the following: (1) If the Governor determines that due to a
561 change in circumstances since the budget was adopted certain
562 reductions should be made in allotment requisitions or allotments in
563 force or that estimated budget resources during the fiscal year will be

564 insufficient to finance all appropriations in full, the Governor may
565 modify such allotment requisitions or allotments in force to the extent
566 the Governor deems necessary. Before such modifications are effected
567 the Governor shall file a report with the joint standing committee
568 having cognizance of matters relating to appropriations and the
569 budgets of state agencies and the joint standing committee having
570 cognizance of matters relating to state finance, revenue and bonding
571 describing the change in circumstances which makes it necessary that
572 certain reductions should be made or the basis for his determination
573 that estimated budget resources will be insufficient to finance all
574 appropriations in full. (2) If the cumulative monthly financial
575 statement issued by the Comptroller pursuant to section 3-115 includes
576 a projected General Fund deficit greater than one per cent of the total
577 of General Fund appropriations, the Governor, within thirty days
578 following the issuance of such statement, shall file a report with such
579 joint standing committees, including a plan which he shall implement
580 to modify such allotments to the extent necessary to prevent a deficit.
581 No modification of an allotment requisition or an allotment in force
582 made by the Governor pursuant to this subsection shall result in a
583 reduction of more than three per cent of the total appropriation from
584 any fund or more than five per cent of any appropriation, except such
585 limitations shall not apply in time of war, invasion or emergency
586 caused by natural disaster.

587 (c) If a plan submitted in accordance with subsection (b) of this
588 section indicates that a reduction of more than three per cent of the
589 total appropriation from any fund or more than five per cent of any
590 appropriation is required to prevent a deficit, the Governor may
591 request that the Finance Advisory Committee approve any such
592 reduction, provided any modification which would result in a
593 reduction of more than five per cent of total appropriations shall
594 require the approval of the General Assembly.

595 (d) The secretary shall submit copies of allotment requisitions thus
596 approved or modified or allotments in force thus modified, with the

597 reasons for any modifications, to the administrative heads of the
598 budgeted agencies concerned, to the Comptroller and to the joint
599 standing committee of the General Assembly having cognizance of
600 appropriations and matters relating to the budgets of state agencies,
601 through the Office of Fiscal Analysis. The Comptroller shall set up
602 such allotments on the Comptroller's books and be governed thereby
603 in the control of expenditures of budgeted agencies.

604 (e) The provisions of this section shall not be construed to authorize
605 the Governor to reduce allotment requisitions or allotments in force
606 concerning (1) aid to municipalities; or (2) any budgeted agency of the
607 legislative or judicial branch, except that the Governor may [require]
608 propose an aggregate allotment reduction of a specified amount in
609 accordance with this section for the legislative or judicial branch, [,
610 which shall be achieved as determined by the Joint Committee on
611 Legislative Management or the Chief Court Administrator, as
612 appropriate. The joint committee or Chief Court Administrator, as
613 appropriate, shall submit reductions to the Governor through the
614 Secretary of the Office of Policy and Management not more than fifteen
615 days after the Governor requires such reductions.] If the Governor
616 proposes to reduce allotment requisitions or allotments in force for any
617 budgeted agency of the legislative or judicial branch, the Secretary of
618 the Office of Policy and Management shall, at least five days before the
619 effective date of such proposed reductions, notify the president pro
620 tempore of the Senate and the speaker of the House of Representatives
621 of any such proposal affecting the legislative branch and the Chief
622 Justice of any such proposal affecting the judicial branch. Such
623 notification shall include the amounts, effective dates and reasons
624 necessitating the proposed reductions. Not later than three days after
625 receipt of such notification, the president pro tempore or the speaker,
626 or both, or the Chief Justice, as appropriate, may notify the Secretary of
627 the Office of Policy and Management and the chairpersons and
628 ranking members of the joint standing committee of the General
629 Assembly having cognizance of matters relating to appropriations and
630 the budgets of state agencies, in writing, of any objection to the

631 proposed reductions. The committee may hold a public hearing on
632 such proposed reductions. Such proposed reductions shall become
633 effective unless they are rejected by a two-thirds vote of the members
634 of the committee not later than fifteen days after receipt of the
635 notification of objection to the proposed reductions. If the committee
636 rejects such proposed reductions, the Secretary of the Office of Policy
637 and Management shall present an alternative plan to achieve such
638 reductions to the president pro tempore and the speaker for any such
639 proposal affecting the legislative branch or to the Chief Justice for any
640 such proposal affecting the judicial branch. If proposed reductions in
641 allotment requisitions or allotments in force for any budgeted agency
642 of the legislative or judicial branch are not rejected, such reductions
643 shall be achieved as determined by the Joint Committee on Legislative
644 Management or the Chief Justice, as appropriate. The Joint Committee
645 on Legislative Management or the Chief Justice, as appropriate, shall
646 submit such reductions to the Governor through the Secretary of the
647 Office of Policy and Management not later than ten days after the
648 proposed reductions become effective.

649 Sec. 32. Section 2-35 of the 2010 supplement to the general statutes is
650 repealed and the following is substituted in lieu thereof (*Effective July*
651 *1, 2010*):

652 (a) All bills carrying or requiring appropriations and favorably
653 reported by any other committee, except for payment of claims against
654 the state, shall, before passage, be referred to the joint standing
655 committee of the General Assembly having cognizance of matters
656 relating to appropriations and the budgets of state agencies, unless
657 such reference is dispensed with by a vote of at least two-thirds of each
658 house of the General Assembly. Resolutions paying the contingent
659 expenses of the Senate and House of Representatives shall be referred
660 to said committee. Said committee may originate and report any bill
661 which it deems necessary and shall, in each odd-numbered year,
662 report such appropriation bills as it deems necessary for carrying on
663 the departments of the state government and for providing for such

664 institutions or persons as are proper subjects for state aid under the
665 provisions of the statutes, for the ensuing biennium. In each even-
666 numbered year, the committee shall originate and report at least one
667 bill which adjusts expenditures for the ensuing fiscal year in such
668 manner as it deems appropriate. Each appropriation bill shall specify
669 the particular purpose for which appropriation is made and shall be
670 itemized as far as practicable. The state budget act may contain any
671 legislation necessary to implement its appropriations provisions,
672 provided no other general legislation shall be made a part of such act.

673 (b) The state budget act passed by the legislature for funding the
674 expenses of operations of the state government in the ensuing
675 biennium shall contain a statement of estimated revenue, based upon
676 the most recent consensus revenue estimate or the revised consensus
677 revenue estimate issued pursuant to section 2-36c, itemized by major
678 source, for each appropriated fund. The statement of estimated
679 revenue applicable to each such fund shall include, for any fiscal year,
680 an estimate of total revenue with respect to such fund, which amount
681 shall be reduced by (1) an estimate of total refunds of taxes to be paid
682 from such revenue in accordance with the authorization in section 12-
683 39f, and (2) an estimate of total refunds of payments to be paid from
684 such revenue in accordance with the provisions of section 4-37. Such
685 statement of estimated revenue, including the estimated refunds of
686 taxes to be offset against such revenue, shall be supplied by the joint
687 standing committee of the General Assembly having cognizance of
688 matters relating to state finance, revenue and bonding. The total
689 estimated revenue for each fund, as adjusted in accordance with this
690 section, shall not be less than the total net appropriations made from
691 each fund. On or before July first of each fiscal year said committee
692 shall, if any revisions in such estimates are required by virtue of
693 legislative amendments to the revenue measures proposed by said
694 committee, changes in conditions or receipt of new information since
695 the original estimate was supplied, meet and revise such estimates
696 and, through its cochairpersons, report to the Comptroller any such
697 revisions.

698 (c) If the state budget act passed by the legislature for funding the
699 expenses of operations of the state government in the ensuing
700 biennium or making adjustments to a previously adopted biennial
701 budget contains state-wide budgeted reductions not allocated by a
702 budgeted agency, such act shall specify the amount of such budgeted
703 reductions to be achieved in each branch of state government.

704 Sec. 33. Section 36 of public act 09-3 of the June special session is
705 repealed and the following is substituted in lieu thereof (*Effective July*
706 *1, 2010*):

707 The unexpended balance of funds appropriated to the Office of
708 Policy and Management in section 43 of public act 08-1 of the January
709 special session for design and implementation of a comprehensive,
710 state-wide information technology system for the sharing of criminal
711 justice information and for costs related to the Criminal Justice
712 Information System Governing Board shall not lapse on June 30, 2009,
713 and such funds shall continue to be available for such purposes during
714 the fiscal [year] years ending June 30, 2010, and June 30, 2011.

715 Sec. 34. Section 17a-17 of the general statutes is repealed and the
716 following is substituted in lieu thereof (*Effective from passage*):

717 (a) The Commissioner of Children and Families may, after
718 consultation with the Commissioner of Administrative Services,
719 establish by regulation a payment system, which shall be adopted in
720 accordance with chapter 54, for the direct payment of the reasonable
721 expense of goods or services determined by said commissioner to be
722 necessary for the care and maintenance of any child in [his] the
723 commissioner's custody, or under [his] the commissioner's
724 guardianship, whether or not the child has income or estate. Ninety
725 per cent of a clean claim for payments shall be made no later than
726 thirty days from receipt of the request for payment and ninety-nine per
727 cent shall be made within ninety days of such receipt. Upon request of
728 the Commissioner of Children and Families, the Comptroller shall
729 draw [his] an order on the Treasurer, from time to time, for such part

730 of the appropriation for care of such children as may be needed in
731 order to enable the commissioner to make such payments. The
732 Department of Administrative Services may bill to and collect from the
733 person in charge of the estate of any child in the custody of the
734 Commissioner of Children and Families or under said commissioner's
735 guardianship, or the payee of such child's income, the total amount
736 expended for care of such child or such portion thereof as any such
737 estate or payee is able to reimburse, provided the department shall not
738 collect from such estate or payee any reimbursement for the cost of
739 care or other expenditures made on behalf of such child from (1) the
740 proceeds of any cause of action received by such child; (2) any lottery
741 proceeds due to such child; (3) any inheritance due to such child; (4)
742 any payment due to such child from a trust other than a trust created
743 pursuant to 42 USC 1396p, as amended from time to time; or (5) the
744 decedent estate of such child. For the purposes of this section "clean
745 claim" means a claim which can be processed without obtaining
746 additional substantiation from the applicant for payment or other
747 person entitled to receive payment. A claim submitted by an applicant
748 who is under investigation for fraud or abuse shall not be considered a
749 clean claim.

750 (b) The Commissioner of Children and Families and the
751 Commissioner of Education shall jointly develop a single cost
752 accounting system, on forms developed jointly by the Department of
753 Children and Families and the Department of Education, which may
754 be the basis for the payment of reasonable expenses for room and
755 board and education by purchase of service agreement to private
756 residential treatment centers that provide on-campus educational
757 services and are licensed pursuant to section 17a-145. The
758 Commissioner of Children and Families, after consultation with the
759 Commissioner of Education, shall adopt regulations in accordance
760 with the provisions of chapter 54 to administer the system which may
761 provide for the combining of procedures within the Department of
762 Children and Families and the Department of Education for
763 administering the system including the holding of joint hearings and

764 reviews. Annually, on or before a date established by the
765 Commissioner of Children and Families, each residential treatment
766 center shall submit to the Department of Children and Families, on
767 forms provided by said department and the Department of Education,
768 the audited costs of its approved programs for the preceding year as
769 certified by a certified public accounting firm. On and after July 1,
770 1983, no additional services shall be included in the calculation of such
771 reasonable expenses unless such services are approved by the
772 Commissioner of Children and Families or the Commissioner of
773 Education.

774 (c) During the two-year period commencing July 1, 1985, the
775 Commissioner of Children and Families and the Commissioner of
776 Education shall implement the cost accounting system developed
777 pursuant to subsection (b) of this section. On and after July 1, 1987,
778 said system shall be the basis for the payment of reasonable expenses
779 for room and board and education, by purchase of service agreement,
780 to private residential treatment centers, provided said system shall not
781 be applicable to any treatment center which does not submit the
782 audited costs of its approved programs for the preceding year in
783 accordance with the provisions of said subsection (b).

784 (d) Any cost-of-living adjustment provided in section 4 of public act
785 98-250 shall be applicable only to the room and board rate and shall
786 not be applicable to the education rate.

787 (e) The Commissioner of Children and Families may establish a
788 performance-based payment system for child-care facilities that serve
789 children in the custody of the commissioner and are licensed pursuant
790 to section 17a-145. Any payments made pursuant to this subsection
791 shall be reinvested in the child-care facility to provide program
792 enhancements and salary increases for direct care staff. Such payments
793 shall not be considered income to the child-care facility for purposes of
794 establishing payments under the single cost accounting system
795 established pursuant to subsection (b) of this section.

796 Sec. 35. (*Effective July 1, 2010*) Up to \$450,000 appropriated to the
797 Department of Social Services in section 1 of this act, for Housing and
798 Homeless Services, shall be made available during the fiscal year
799 ending June 30, 2011, to provide fifty rental assistance program
800 certificates to individuals and families who are frequent users of
801 expensive state services. The Commissioner of Social Services shall
802 coordinate this expenditure with the Commissioner of Mental Health
803 and Addiction Services, the Commissioner of Correction, the executive
804 director of the Court Support Services Division of the Judicial Branch,
805 and a representative of the Supportive Housing Initiative, established
806 pursuant to section 17a-485c of the general statutes.

807 Sec. 36. (NEW) (*Effective from passage*) (a) Any payment made
808 pursuant to the Patient Protection and Affordable Care Act, P.L. 111-
809 148, to an individual who is an applicant for or recipient of benefits or
810 services under any state or local program financed in whole or in part
811 with state funds that provides such benefits or services based on need
812 shall not be counted as income, nor shall any such payment be counted
813 as resources for the month of receipt or the following two months, for
814 the purpose of determining the individual's or any other individual's
815 eligibility for such benefits or services or the amount of such benefits
816 or services.

817 (b) Any such payment shall not be counted as income for purposes
818 of determining the eligibility for, or the benefit level of, such
819 individual under any property tax exemption, property tax credit or
820 rental rebate program financed in whole or in part with state funds,
821 nor shall such payment be counted as income for purposes of any
822 property tax relief program that a municipality may, at its option,
823 offer.

824 Sec. 37. Subsection (a) of section 17b-244 of the 2010 supplement to
825 the general statutes is repealed and the following is substituted in lieu
826 thereof (*Effective July 1, 2010*):

827 (a) The room and board component of the rates to be paid by the

828 state to private facilities and facilities operated by regional education
829 service centers which are licensed to provide residential care pursuant
830 to section 17a-227, but not certified to participate in the Title XIX
831 Medicaid program as intermediate care facilities for persons with
832 mental retardation, shall be determined annually by the Commissioner
833 of Social Services, except that rates effective April 30, 1989, shall
834 remain in effect through October 31, 1989. Any facility with real
835 property other than land placed in service prior to July 1, 1991, shall,
836 for the fiscal year ending June 30, 1995, receive a rate of return on real
837 property equal to the average of the rates of return applied to real
838 property other than land placed in service for the five years preceding
839 July 1, 1993. For the fiscal year ending June 30, 1996, and any
840 succeeding fiscal year, the rate of return on real property for property
841 items shall be revised every five years. The commissioner shall, upon
842 submission of a request by such facility, allow actual debt service,
843 comprised of principal and interest, on the loan or loans in lieu of
844 property costs allowed pursuant to section 17-313b-5 of the regulations
845 of Connecticut state agencies, whether actual debt service is higher or
846 lower than such allowed property costs, provided such debt service
847 terms and amounts are reasonable in relation to the useful life and the
848 base value of the property. In the case of facilities financed through the
849 Connecticut Housing Finance Authority, the commissioner shall allow
850 actual debt service, comprised of principal, interest and a reasonable
851 repair and replacement reserve on the loan or loans in lieu of property
852 costs allowed pursuant to section 17-313b-5 of the regulations of
853 Connecticut state agencies, whether actual debt service is higher or
854 lower than such allowed property costs, provided such debt service
855 terms and amounts are determined by the commissioner at the time
856 the loan is entered into to be reasonable in relation to the useful life
857 and base value of the property. The commissioner may allow fees
858 associated with mortgage refinancing provided such refinancing will
859 result in state reimbursement savings, after comparing costs over the
860 terms of the existing proposed loans. For the fiscal year ending June 30,
861 1992, the inflation factor used to determine rates shall be one-half of

862 the gross national product percentage increase for the period between
863 the midpoint of the cost year through the midpoint of the rate year. For
864 fiscal year ending June 30, 1993, the inflation factor used to determine
865 rates shall be two-thirds of the gross national product percentage
866 increase from the midpoint of the cost year to the midpoint of the rate
867 year. For the fiscal years ending June 30, 1996, and June 30, 1997, no
868 inflation factor shall be applied in determining rates. The
869 Commissioner of Social Services shall prescribe uniform forms on
870 which such facilities shall report their costs. Such rates shall be
871 determined on the basis of a reasonable payment for necessary
872 services. Any increase in grants, gifts, fund-raising or endowment
873 income used for the payment of operating costs by a private facility in
874 the fiscal year ending June 30, 1992, shall be excluded by the
875 commissioner from the income of the facility in determining the rates
876 to be paid to the facility for the fiscal year ending June 30, 1993,
877 provided any operating costs funded by such increase shall not
878 obligate the state to increase expenditures in subsequent fiscal years.
879 Nothing contained in this section shall authorize a payment by the
880 state to any such facility in excess of the charges made by the facility
881 for comparable services to the general public. The service component
882 of the rates to be paid by the state to private facilities and facilities
883 operated by regional education service centers which are licensed to
884 provide residential care pursuant to section 17a-227, but not certified
885 to participate in the Title XIX Medicaid programs as intermediate care
886 facilities for persons with mental retardation, shall be determined
887 annually by the Commissioner of Developmental Services in
888 accordance with section 17b-244a. For the fiscal year ending June 30,
889 2008, no facility shall receive a rate that is more than two per cent
890 greater than the rate in effect for the facility on June 30, 2007, except
891 any facility that would have been issued a lower rate effective July 1,
892 2007, due to interim rate status or agreement with the department,
893 shall be issued such lower rate effective July 1, 2007. For the fiscal year
894 ending June 30, 2009, no facility shall receive a rate that is more than
895 two per cent greater than the rate in effect for the facility on June 30,

896 2008, except any facility that would have been issued a lower rate
897 effective July 1, 2008, due to interim rate status or agreement with the
898 department, shall be issued such lower rate effective July 1, 2008. For
899 the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect
900 for the period ending June 30, 2009, shall remain in effect until June 30,
901 2011, except that (1) the rate paid to a facility may be higher than the
902 rate paid to the facility for the period ending June 30, 2009, if a capital
903 improvement required by the Commissioner of Developmental
904 Services for the health or safety of the residents was made to the
905 facility during the fiscal years ending June 30, 2010, or June 30, 2011,
906 and (2) any facility that would have been issued a lower rate for the
907 fiscal years ending June 30, 2010, or June 30, 2011, due to interim rate
908 status or agreement with the department, shall be issued such lower
909 rate.

910 Sec. 38. (NEW) (*Effective July 1, 2010*) (a) The State Comptroller may
911 transfer from the Employers Social Security Tax account the amount or
912 any portion of the amount of actual or projected savings in said
913 account resulting from employee participation in the flexible savings
914 account program, established in sections 5-264b to 5-264e, inclusive, of
915 the general statutes, to a restrictive grant fund account for payment of
916 administrative and program costs of the flexible spending account
917 program. The total amount transferred for administrative costs
918 pursuant to this subsection shall not exceed two hundred fifty
919 thousand dollars per year.

920 (b) The State Comptroller may transfer from the Employers Social
921 Security Tax account an amount equal to an employee's yearly
922 contribution to the restrictive grant fund account described in
923 subsection (a) of this section, provided such amount is reimbursed to
924 the Employers Social Security Tax account from said restrictive grant
925 fund account not later than eighteen months after such transfer.

926 (c) On or before March 30, 2012, and annually thereafter, the State
927 Comptroller shall report, in accordance with the provisions of section

928 11-4a of the general statutes, to the joint standing committee of the
929 General Assembly having cognizance of matters relating to
930 appropriations and the budgets of state agencies and the Secretary of
931 the Office of Policy and Management on the status of the flexible
932 spending account programs. Each such report shall include, but not be
933 limited to: (1) The number of employees enrolled in such programs, (2)
934 the administrative costs of such programs, (3) the amount of forfeitures
935 in such programs, and (4) the effect of the transfers permitted under
936 subsections (a) and (b) of this section on the Employers Social Security
937 Tax account.

938 Sec. 39. (*Effective July 1, 2010*) (a) The Secretary of the Office of Policy
939 and Management shall identify five million dollars in nonappropriated
940 accounts of the General Fund that shall be available for transfer into
941 the General Fund.

942 (b) Said secretary shall submit such identified funds to be
943 transferred to the speaker of the House of Representatives and the
944 president pro tempore of the Senate. Not later than five days after
945 receipt of the recommendations, the speaker and the president pro
946 tempore shall submit the recommended transfers to the joint standing
947 committee of the General Assembly having cognizance of matters
948 relating to appropriations and the budgets of state agencies. Not later
949 than thirty days after receipt of the secretary's recommended transfers,
950 said committee shall advise the secretary of its approval or
951 disapproval of such recommended transfers. If the committee does not
952 act within thirty days, the recommended transfers shall be deemed
953 approved. Upon approval of the recommended transfers, the secretary
954 and the State Comptroller shall transfer such funds.

955 Sec. 40. (NEW) (*Effective from passage*) (a) For purposes of sections 1-
956 100oo, 1-206, 2-71r, 4-183, 4a-52a, 4a-60q, 4a-63, 4a-100, 4e-34, 4e-35, 7-
957 65, 7-148w, 7-247a, 7-473c, 7-478e, 8-3b, 8-3i, 8-7d, 8-26b, 8-169r, 8-293,
958 9-388, 9-608, 9-623, 10a-22c, 10a-22i, 10a-34a, 10a-109n, 12-35, 12-157,
959 12-242ii, 12-242jj, 13a-80, 13a-85c, 13a-123, 15-11a, 16-41, 16-50c, 16-50d,

17a-103b, 19a-87, 19a-87c, 19a-209c, 19a-332e, 19a-343a, 19a-486a, 19a-486c, 19a-486d, 19a-497, 19a-507b, 20-205a, 20-325a, 21-63, 21-80, 22-7, 22a-6b, 22a-6u, 22a-30, 22a-42d, 22a-42f, 22a-66d, 22a-137, 22a-178, 22a-225, 22a-228, 22a-250, 22a-285b, 22a-354p, 22a-354s, 22a-354t, 22a-361, 22a-371, 22a-401, 22a-403, 22a-433, 22a-436, 22a-449f, 22a-449l, 22a-449n, 22a-504, 22a-626, 23-46, 23-65j, 23-651, 23-65p, 25-32, 25-32e, 25-331, 25-34, 25-204, 25-234, 29-108d, 31-57c, 31-57d, 31-355, 32-613, 33-663, 33-929, 33-1053, 33-1219, 34-521, 35-42, 36a-50, 36a-51, 36a-52, 36a-53, 36a-82, 36a-184, 36a-493, 36b-62, 36b-72, 38-323a, 38a-344, 38a-676, 38a-724, 38a-788, 42-158j, 42-161, 42-181, 42-182, 42-186, 42-271, 45a-716, 46a-82e, 46b-115w, 46b-128, 47-42d, 47-74f, 47-88b, 47-236, 47-284, 47a-11b, 47a-11d, 47a-13a, 47a-14h, 47a-56b, 49-2, 49-4a, 49-8, 49-8a, 49-10b, 49-31b, 49-51, 49-70, 51-90e, 52-57, 52-59b, 52-63, 52-64, 52-195c, 52-350e, 52-351b, 52-361a, 52-362, 52-565a, 52-605, 52-606, 53-401, 53a-128, 53a-128d, 53a-207 and 54-82c of the general statutes and chapter 965 of the general statutes, any reference to certified mail, return receipt requested, shall include mail, electronic, and digital methods of receiving the return receipt, including all methods of receiving the return receipt identified by the Mailing Standards of the United States Postal Service in Chapter 500 of the Domestic Mail Manual or any subsequent corresponding document of the United States Postal Service.

(b) The Legislative Commissioners' Office shall, in codifying the provisions of this section, make such technical, grammatical and punctuation changes and statutory placements and classifications, including, but not listed in subsection (a) of this section as are necessary to carry out the purposes of this section.

Sec. 41. (NEW) (*Effective July 1, 2010*) The Auditors of Public Accounts shall annually conduct an audit of reimbursements made from the Bradley Enterprise Fund to the Department of Public Safety to cover the cost of Troop W operations carried out in accordance with the memorandum of understanding between the Department of Public Safety and the Department of Transportation.

993 Sec. 42. (*Effective from passage*) (a) There is established a task force to
994 study converting legislative documents from paper to electronic form.
995 Such study shall examine the feasibility and available means of
996 electronically producing documents, including, but not limited to,
997 bills, amendments and calendars, currently produced by and for the
998 General Assembly in paper form, taking into consideration the need to
999 make such documents easily available to members and staff of the
1000 General Assembly, members of the public, state libraries and other
1001 interested parties and the cost of producing such documents
1002 electronically.

1003 (b) The task force shall consist of the following members:

1004 (1) The clerks of the House of Representatives and the Senate, or the
1005 clerks' designees;

1006 (2) The State Librarian, or the State Librarian's designee;

1007 (3) Four members of the Association of Connecticut Lobbyists, one
1008 each appointed by the majority leader of each legislative caucus;

1009 (4) The chairpersons of the Joint Committee on Legislative
1010 Management, or the chairpersons' designees;

1011 (5) The Director of the legislative Office of Information Technology
1012 Services, or the director's designee;

1013 (6) The three supervising committee administrators of the General
1014 Assembly; and

1015 (7) Up to two state agency liaisons appointed by the Secretary of the
1016 Office of Policy and Management.

1017 (c) All appointments to the task force shall be made not later than
1018 June 1, 2010. Any vacancy shall be filled by the appointing authority.

1019 (d) The chairpersons of the Joint Committee on Legislative
1020 Management, or the chairpersons' designees, shall be the chairpersons

1021 of the task force. Such chairpersons shall schedule the first meeting of
1022 the task force, which shall be held not later than July 1, 2010.

1023 (e) The administrative staff of the Joint Committee on Legislative
1024 Management shall serve as administrative staff of the task force.

1025 (f) Not later than December 1, 2010, the task force shall submit a
1026 report on its findings and recommendations, including
1027 recommendations for legislation, to the Joint Committee on Legislative
1028 Management, in accordance with the provisions of section 11-4a of the
1029 general statutes. The task force shall terminate on the date that it
1030 submits such report or January 1, 2011, whichever is later.

1031 Sec. 43. Subdivision (2) of subsection (l) of section 74 of public act
1032 09-3 of the June special session, as amended by section 16 of public act
1033 10-3, is repealed and the following is substituted in lieu thereof
1034 (*Effective July 1, 2010*):

1035 (2) (A) The sum of \$1,000,000 shall be transferred from the
1036 Connecticut State University operating reserve account and credited to
1037 the resources of the General Fund for the fiscal year ending June 30,
1038 2010.

1039 (B) The sum of [~~\$2,000,000~~] \$10,000,000 shall be transferred from the
1040 Connecticut State University operating reserve account and credited to
1041 the resources of the General Fund for the fiscal year ending June 30,
1042 2011.

1043 Sec. 44. Section 13b-61c of the 2010 supplement to the general
1044 statutes, as amended by section 15 of public act 10-3, is repealed and
1045 the following is substituted in lieu thereof (*Effective from passage*):

1046 (a) For the fiscal year ending June 30, 2010, the Comptroller shall
1047 transfer the sum of seventy-one million two hundred thousand dollars
1048 from the resources of the General Fund to the Special Transportation
1049 Fund.

1050 (b) For the fiscal years ending June 30, 2011, and June 30, 2012, the
1051 Comptroller shall transfer the sum of one hundred [twenty-four
1052 million fifty thousand] seven million five hundred fifty thousand
1053 dollars from the resources of the General Fund to the Special
1054 Transportation Fund.

1055 (c) For the fiscal year ending June 30, 2013, and annually thereafter,
1056 the Comptroller shall transfer the sum of one hundred seventy-two
1057 million eight hundred thousand dollars from the resources of the
1058 General Fund to the Special Transportation Fund.

1059 Sec. 45. (*Effective July 1, 2010*) Any unappropriated surplus in the
1060 General Fund for the fiscal year ending June 30, 2010, shall not lapse
1061 and shall be credited to the resources of the General Fund for the fiscal
1062 year ending June 30, 2011.

1063 Sec. 46. Section 17b-28 of the 2010 supplement to the general statutes
1064 is repealed and the following is substituted in lieu thereof (*Effective*
1065 *from passage*):

1066 (a) There is established a council on Medicaid care management
1067 oversight which shall advise the Commissioner of Social Services on
1068 the planning and implementation of a system of Medicaid [managed]
1069 care management and shall monitor such planning and
1070 implementation [and shall advise the Waiver Application
1071 Development Council, established pursuant to section 17b-28a,] on
1072 matters including, but not limited to, eligibility standards, benefits,
1073 access and quality assurance. The council shall be composed of the
1074 chairpersons and ranking members of the joint standing committees of
1075 the General Assembly having cognizance of matters relating to human
1076 services, public health and appropriations and the budgets of state
1077 agencies, or their designees; two members of the General Assembly,
1078 one to be appointed by the president pro tempore of the Senate and
1079 one to be appointed by the speaker of the House of Representatives;
1080 the director of the Commission on Aging, or a designee; the director of
1081 the Commission on Children, or a designee; a representative of each

1082 organization that has been selected by the state to provide managed
1083 care and a representative of a primary care case management provider,
1084 to be appointed by the president pro tempore of the Senate; two
1085 representatives of the insurance industry, to be appointed by the
1086 speaker of the House of Representatives; two advocates for persons
1087 receiving Medicaid, one to be appointed by the majority leader of the
1088 Senate and one to be appointed by the minority leader of the Senate;
1089 one advocate for persons with substance use disorders, to be
1090 appointed by the majority leader of the House of Representatives; one
1091 advocate for persons with psychiatric disabilities, to be appointed by
1092 the minority leader of the House of Representatives; two advocates for
1093 the Department of Children and Families foster families, one to be
1094 appointed by the president pro tempore of the Senate and one to be
1095 appointed by the speaker of the House of Representatives; two
1096 members of the public who are currently recipients of Medicaid, one to
1097 be appointed by the majority leader of the House of Representatives
1098 and one to be appointed by the minority leader of the House of
1099 Representatives; two representatives of the Department of Social
1100 Services, to be appointed by the Commissioner of Social Services; two
1101 representatives of the Department of Public Health, to be appointed by
1102 the Commissioner of Public Health; two representatives of the
1103 Department of Mental Health and Addiction Services, to be appointed
1104 by the Commissioner of Mental Health and Addiction Services; two
1105 representatives of the Department of Children and Families, to be
1106 appointed by the Commissioner of Children and Families; two
1107 representatives of the Office of Policy and Management, to be
1108 appointed by the Secretary of the Office of Policy and Management;
1109 and one representative of the office of the State Comptroller, to be
1110 appointed by the State Comptroller. [and the members of the Health
1111 Care Access Board who shall be ex-officio members and who may not
1112 designate persons to serve in their place.] The council shall choose a
1113 chair from among its members. The Joint Committee on Legislative
1114 Management shall provide administrative support to such chair. The
1115 council shall convene its first meeting no later than June 1, 1994.

1116 (b) The council shall make recommendations concerning (1)
1117 guaranteed access to enrollees and effective outreach and client
1118 education; (2) available services comparable to those already in the
1119 Medicaid state plan, including those guaranteed under the federal
1120 Early and Periodic Screening, Diagnostic and Treatment Services
1121 Program under 42 USC 1396d; (3) the sufficiency of provider networks;
1122 (4) the sufficiency of capitated rates provider payments, financing and
1123 staff resources to guarantee timely access to services; (5) participation
1124 in [managed] care management programs by existing community
1125 Medicaid providers; (6) the linguistic and cultural competency of
1126 providers and other program facilitators; (7) quality assurance; (8)
1127 timely, accessible and effective client grievance procedures; (9)
1128 coordination of the Medicaid [managed care plan] care management
1129 programs with state and federal health care reforms; (10) eligibility
1130 levels for inclusion in the [program] programs; (11) cost-sharing
1131 provisions; (12) a benefit package; (13) coordination [with] of coverage
1132 under the HUSKY Plan, Part A, HUSKY Plan, Part B and other health
1133 care programs administered by the Department of Social Services; (14)
1134 the need for program quality studies within the areas identified in this
1135 section and the department's application for available grant funds for
1136 such studies; (15) the [managed care portion of] HUSKY Plan, Part A,
1137 the HUSKY Plan, Part B, HUSKY Primary Care, the state-administered
1138 general assistance program, the Medicaid care management programs
1139 and the Charter Oak Health Plan; (16) other issues pertaining to the
1140 development of a Medicaid Research and Demonstration Waiver
1141 under Section 1115 of the Social Security Act; and (17) the primary care
1142 case management pilot program, established pursuant to section 17b-
1143 307.

1144 (c) The Commissioner of Social Services shall seek a federal waiver
1145 for the Medicaid [managed care plan. Implementation of the Medicaid
1146 managed care plan shall not occur before July 1, 1995] care
1147 management program.

1148 (d) The Commissioner of Social Services may, in consultation with

1149 an educational institution, apply for any available funding, including
1150 federal funding, to support Medicaid [managed] care management
1151 programs.

1152 (e) The Commissioner of Social Services shall provide monthly
1153 reports on the plans and implementation of the Medicaid [managed
1154 care system] care program to the council.

1155 (f) The council shall report its activities and progress once each
1156 quarter to the General Assembly.

1157 Sec. 47. Subsection (b) of section 12-202a of the general statutes is
1158 repealed and the following is substituted in lieu thereof (*Effective July*
1159 *1, 2010*):

1160 (b) Notwithstanding the provisions of subsection (a) of this section,
1161 the tax shall not apply to:

1162 (1) Any new or renewal contract or policy entered into with the state
1163 on or after July 1, 1997, to provide health care coverage to state
1164 employees, retirees and their dependents;

1165 (2) Any subscriber charges received from the federal government to
1166 provide coverage for Medicare patients;

1167 (3) Any subscriber charges received under a contract or policy
1168 entered into with the state to provide health care coverage to Medicaid
1169 recipients [under the Medicaid managed care program established
1170 pursuant to section 17b-28,] which charges are attributable to a period
1171 on or after January 1, 1998;

1172 (4) Any new or renewal contract or policy entered into with the state
1173 on or after April 1, 1998, to provide health care coverage to eligible
1174 beneficiaries under the HUSKY Medicaid Plan Part A [,] or HUSKY
1175 Part B, [or the HUSKY Plus programs,] each as defined in section 17b-
1176 290;

1177 (5) Any new or renewal contract or policy entered into with the state
1178 on or after April 1, 1998, to provide health care coverage to recipients
1179 of state-administered general assistance pursuant to section 17b-192;

1180 (6) Any new or renewal contract or policy entered into with the state
1181 on or after February 1, 2000, to provide health care coverage to retired
1182 teachers, spouses or surviving spouses covered by plans offered by the
1183 state teachers' retirement system;

1184 (7) Any new or renewal contract or policy entered into on or after
1185 July 1, 2001, to provide health care coverage to employees of a
1186 municipality and their dependents under a plan procured pursuant to
1187 section 5-259;

1188 (8) Any new or renewal contract or policy entered into on or after
1189 July 1, 2001, to provide health care coverage to employees of nonprofit
1190 organizations and their dependents under a plan procured pursuant to
1191 section 5-259;

1192 (9) Any new or renewal contract or policy entered into on or after
1193 July 1, 2003, to provide health care coverage to individuals eligible for
1194 a health coverage tax credit and their dependents under a plan
1195 procured pursuant to section 5-259;

1196 (10) Any new or renewal contract or policy entered into on or after
1197 July 1, 2005, to provide health care coverage to employees of
1198 community action agencies and their dependents under a plan
1199 procured pursuant to section 5-259; or

1200 (11) Any new or renewal contract or policy entered into on or after
1201 July 1, 2005, to provide health care coverage to retired members and
1202 their dependents under a plan procured pursuant to section 5-259.

1203 Sec. 48. Section 12 of public act 10-3 is repealed and the following is
1204 substituted in lieu thereof (*Effective from passage*):

1205 Notwithstanding any provision of the general statutes, on and after

1206 [May] June 1, 2010, no payment shall be made under a medical
1207 assistance program administered by the Department of Social Services,
1208 except for the medical assistance program established pursuant to
1209 section 17b-256 of the general statutes, for an over-the-counter drug,
1210 except for insulin and insulin syringes and as may be required by
1211 federal law.

1212 Sec. 49. Section 28 of public act 10-3 is repealed and the following is
1213 substituted in lieu thereof (*Effective from passage*):

1214 To the extent permitted by federal law, no payment shall be
1215 provided by the Department of Social Services under the Medicaid
1216 program for more than one pair of eyeglasses per year. [under any
1217 medical assistance program administered by the Department of Social
1218 Services.] Said department shall [use its best efforts to reduce costs
1219 related to optical devices and services under such programs]
1220 administer the payment for eyeglasses and contact lenses as cost
1221 effectively as possible.

1222 Sec. 50. (*Effective from passage*) For the fiscal years ending June 30,
1223 2010, and June 30, 2011, the Department of Social Services may, in
1224 compliance with an advanced planning document approved by the
1225 federal Department of Health and Human Services to implement
1226 modifications to the Health Insurance Portability and Accountability
1227 Act electronic transaction standards, establish a receivable for the
1228 anticipated cost of such project.

1229 Sec. 51. (*Effective July 1, 2010*) Up to \$178,828 of the unexpended
1230 balance of funds appropriated to the Office of Policy and Management,
1231 for Other Expenses to prevent potential base closures, in subsections
1232 (a) and (c) of section 49 of public act 05-251 and carried forward under
1233 section 30 of public act 07-1 of the June special session, subsection (c) of
1234 section 4-89 of the general statutes and section 34 of public act 09-3 of
1235 the June special session, shall not lapse on June 30, 2010, and such
1236 funds shall continue to be available for such purpose during the fiscal
1237 year ending June 30, 2011.

1238 Sec. 52. (*Effective July 1, 2010*) (a) Up to \$183,228 of the unexpended
1239 balance of funds appropriated in section 1 of public act 09-3 of the June
1240 special session, as amended by section 58 of public act 09-6 of the
1241 September special session, section 1 of public act 09-7 of the September
1242 special session, sections 1, 9 and 13 of public act 09-1 of the December
1243 special session and section 1 of public act 10-3, to the Office of Policy
1244 and Management, for Property Tax Relief for Veterans, shall not lapse
1245 on June 30, 2010, and such funds shall be transferred to the
1246 litigation/settlement account.

1247 (b) Up to \$39,498 of the unexpended balance appropriated in section
1248 1 of public act 09-3 of the June special session, section 58 of public act
1249 09-6 of the September special session, as amended by section 1 of
1250 public act 09-7 of the September special session, sections 1, 9 and 13 of
1251 public act 09-1 of the December special session and section 1 of public
1252 act 10-3, to the Office of Policy and Management, for Reimbursement
1253 Property Tax - Disability Exemption, shall not lapse on June 30, 2010,
1254 and such funds shall be transferred to the litigation/settlement
1255 account.

1256 (c) Up to \$534,708 of the unexpended balance appropriated in
1257 section 1 of public act 09-3 of the June special session, as amended by
1258 section 58 of public act 09-6 of the September special session, section 1
1259 of public act 09-7 of the September special session, sections 1, 9 and 13
1260 of public act 09-1 of the December special session and section 1 of
1261 public act 10-3, to the Office of Policy and Management, for Distressed
1262 Municipalities, shall not lapse on June 30, 2010, and such funds shall be
1263 transferred to the litigation/settlement account.

1264 (d) Up to \$75,503 of the unexpended balance appropriated in section
1265 1 of public act 09-3 of the June special session, as amended by section
1266 58 of public act 09-6 of the September special session, section 1 of
1267 public act 09-7 of the September special session, sections 1, 9 and 13 of
1268 public act 09-1 of the December special session and section 1 of public
1269 act 10-3, to the Office of Policy and Management, for Property Tax

1270 Relief Elderly Freeze Program, shall not lapse on June 30, 2010, and
1271 such funds shall be transferred to the litigation/settlement account.

1272 Sec. 53. (*Effective July 1, 2010*) Up to \$500,000 of the amount
1273 appropriated in section 1 of public act 09-3 of the June special session,
1274 as amended by section 58 of public act 09-6 of the September special
1275 session, section 1 of public act 09-7 of the September special session,
1276 sections 1, 9 and 13 of public act 09-1 of the December special session
1277 and section 1 of public act 10-3, to the Department of Education, for
1278 Other Expenses, for the fiscal year ending June 30, 2010, shall not lapse
1279 and shall be available for the fiscal year ending June 30, 2011, for the
1280 litigation costs associated with the Connecticut Coalition for Justice in
1281 Education Funding v. Rell lawsuit.

1282 Sec. 54. (*Effective July 1, 2010*) Up to \$1,500,000 of the amount
1283 appropriated in section 1 of public act 09-3 of the June special session,
1284 as amended by section 58 of public act 09-6 of the September special
1285 session, section 1 of public act 09-7 of the September special session,
1286 sections 1, 9 and 13 of public act 09-1 of the December special session
1287 and section 1 of public act 10-3, to the Department of Education, for
1288 Other Expenses, for the fiscal year ending June 30, 2010, shall not lapse
1289 and shall be available for the fiscal year ending June 30, 2011, for the
1290 costs associated with meeting the data assurances required for receipt
1291 of federal State Fiscal Stabilization Funding.

1292 Sec. 55. (*Effective from passage*) Up to \$100,000 of the unexpended
1293 balance of funds appropriated to the Department of Banking in section
1294 6 of public act 09-3, for Other Expenses, shall not lapse on June 30,
1295 2010, and such funds shall continue to be available for the purpose of
1296 upgrading software during the fiscal year ending June 30, 2011.

1297 Sec. 56. Section 4 of special act 09-6 is amended to read as follows
1298 (*Effective from passage*):

1299 On or before October 15, 2009, and June 15, 2011, the [Commissioner
1300 of Administrative Services] Secretary of the Office of Policy and

1301 Management, in consultation with the State Comptroller, shall report
1302 on savings realized from implementation of the Retirement Incentive
1303 Program. The report shall include the number of participants, both
1304 union and nonunion, in the program, the savings achieved by each
1305 agency as a result of the program, and the offset to such savings due to
1306 the refill of positions vacated by program participants.

1307 Sec. 57. Section 15-155 of the 2010 supplement to the general statutes
1308 is repealed and the following is substituted in lieu thereof (*Effective July*
1309 *1, 2011*):

1310 (a) (1) All revenue received by the state, annually, for the twelve-
1311 month period from November first to October thirty-first, inclusive, in
1312 fees for the numbering and registration of vessels under section 15-144
1313 shall be paid to the Treasurer and distributed [as follows: (1) Any
1314 balance in excess of the amounts required under subdivision (2) of this
1315 subsection, shall be deposited in the boating account established
1316 pursuant to subsection (b) of this section and (2) an amount equal to
1317 the amount of property tax paid on vessels on the assessment list of
1318 October 1, 1978, in each town, as defined in section 15-127, to the
1319 extent such revenue is sufficient, shall be distributed to such towns in
1320 lieu of property tax on vessels in the manner set forth and as
1321 determined by section 15-155e. In the event that total revenue from
1322 such fees for any period of twelve months from November first to
1323 October thirty-first next following, inclusive, is less than the amount
1324 necessary to make such distribution equivalent to the total of certain
1325 property taxes paid on vessels in each town, as provided under
1326 subdivision (2) of this subsection, the additional amount necessary to
1327 provide for such payment in full shall be allocated for such purpose
1328 from any unallocated funds in the boating account, as determined
1329 immediately following the end of such period of twelve months] to the
1330 Department of Environmental Protection and the Department of Motor
1331 Vehicles for expenses incurred in the administration of this part.

1332 (2) Any remaining revenue not distributed under subdivision (1) of

1333 this subsection shall be distributed to towns as prorated payments
1334 based on the amount of property tax paid on vessels on the assessment
1335 list of October 1, 1978, in each town, as defined in section 15-127.

1336 (b) The fringe benefit costs of the Department of Environmental
1337 Protection and the Department of Motor Vehicles associated with
1338 administering the boating account shall be paid from funds
1339 appropriated to the Comptroller for fringe benefits.

1340 [(b)] (c) There is established an account to be known as the "boating
1341 account" which shall be a separate, nonlapsing account within the
1342 General Fund. The account shall contain any moneys required by law
1343 to be deposited in the account.

1344 [(c)] (d) The boating account shall be used for the following
1345 purposes: (1) All expenses incurred by the Commissioner of Motor
1346 Vehicles and the Commissioner of Environmental Protection in the
1347 administration and enforcement of this part and the laws and
1348 regulations of the state respecting boating safety and water pollution
1349 from vessels, and any payments in accordance with subsection (a) of
1350 this section that may be necessary for purposes of the distribution to
1351 towns in lieu of property tax on vessels. (2) Expenditures for boating
1352 safety, boating education, marine patrols and enforcement training
1353 programs, and for the acquisition, construction, maintenance and
1354 improvement of recreational and navigational facilities related to
1355 boating. (3) Any town which incurs expenses in the enforcement of this
1356 part or any law or regulation of the state respecting boating safety,
1357 vessel theft prevention or recovery, search and rescue or water
1358 pollution from vessels shall be entitled to reimbursement from such
1359 moneys in said account as are not provided for under subdivision (2)
1360 of this subsection. On or before the first day of December each year,
1361 each town desiring such reimbursement shall submit its request to the
1362 Commissioner of Environmental Protection with a verified statement
1363 of expenses so incurred during the preceding year. Upon receipt of
1364 such request on a form prescribed by the Commissioner of

1365 Environmental Protection said commissioner shall allow such
1366 expenses as said commissioner finds were reasonable and necessary
1367 and shall certify such amounts to the Comptroller for payment to the
1368 requesting town. If funds are insufficient to reimburse in full each
1369 town so applying, reimbursement shall be made on a pro rata basis.
1370 The determination of the amounts available for reimbursement under
1371 this subsection shall be made by the Commissioner of Environmental
1372 Protection annually in the month of November. (4) The balance of such
1373 revenue remaining after payment of the foregoing expenses shall be
1374 allocated for use of the several towns for boating safety education and
1375 for the construction, maintenance and improvement of boating
1376 facilities. Any town desiring to obtain such funds shall apply to the
1377 Commissioner of Environmental Protection, giving such information
1378 about the proposed use as said commissioner may require. Said
1379 commissioner may approve payment to any municipality, in amounts
1380 not exceeding two thousand dollars per town per year, upon
1381 satisfactory evidence that the proposed use has been approved as
1382 prescribed by law by the legislative body of the requesting town, that
1383 it is needed for the safety or convenience of the boating public, that it is
1384 not in conflict with any program planned or undertaken by any agency
1385 of the state and that it will not adversely affect any privately-owned
1386 and operated boating facility.

1387 [(d)] (e) The Commissioners of Environmental Protection and Motor
1388 Vehicles shall annually on or before December thirty-first, submit
1389 separate reports to the joint standing committee of the General
1390 Assembly having cognizance of matters relating to state finance,
1391 revenue and bonding, on the operation of the boating account. The
1392 report shall contain a detailed statement of expenditures related to
1393 each of the purposes set forth in subsection (b) for the twelve-month
1394 period ending October thirty-first, a projected budget for such
1395 purposes for the next succeeding twelve-month period and
1396 recommendations, if any, concerning the operation of the account and
1397 the boating safety and enforcement programs.

1398 Sec. 58. Subdivision (4) of subsection (a) of section 10-264i of the
1399 2010 supplement to the general statutes is repealed and the following
1400 is substituted in lieu thereof (*Effective from passage*):

1401 (4) For the fiscal year ending June 30, 2009, in addition to the grants
1402 otherwise provided pursuant to this section, the Commissioner of
1403 Education may provide supplemental transportation grants to regional
1404 educational service centers for the purposes of transportation to
1405 interdistrict magnet schools. Any such grant shall be provided within
1406 available appropriations and after the commissioner has reviewed and
1407 approved the total interdistrict magnet school transportation budget
1408 for a regional education service center, including all revenue and
1409 expenditure estimates. For the fiscal year ending June 30, 2010, in
1410 addition to the grants otherwise provided pursuant to this section, the
1411 Commissioner of Education, with the approval of the Secretary of the
1412 Office of Policy and Management, may provide supplemental
1413 transportation grants to the Hartford school district and the Capitol
1414 Region Education Council for the purposes of transportation of
1415 students who are not residents of Hartford to interdistrict magnet
1416 schools operated by the Hartford school district.

1417 Sec. 59. Subsection (a) of section 17b-492 of the 2010 supplement to
1418 the general statutes is repealed and the following is substituted in lieu
1419 thereof (*Effective from passage*):

1420 (a) Eligibility for participation in the program shall be limited to any
1421 resident (1) who is sixty-five years of age or older or who is disabled,
1422 (2) whose current annual income at the time of application or
1423 redetermination, if unmarried, is less than twenty thousand eight
1424 hundred dollars or whose annual income, if married, when combined
1425 with that of the resident's spouse is less than twenty-eight thousand
1426 one hundred dollars, (3) who is not insured under a policy which
1427 provides full or partial coverage for prescription drugs once a
1428 deductible is met, except for a Medicare prescription drug discount
1429 card endorsed by the Secretary of Health and Human Services in

1430 accordance with Public Law 108-173, the Medicare Prescription Drug,
1431 Improvement, and Modernization Act of 2003, or coverage under
1432 Medicare Part D pursuant to said act, and (4) on and after September
1433 15, 1991, who pays an annual forty-five-dollar registration fee to the
1434 Department of Social Services. On January 1, 2012, and annually
1435 thereafter, the commissioner shall increase the income limits
1436 established under this subsection over those of the previous fiscal year
1437 to reflect the annual inflation adjustment in Social Security income, if
1438 any. Each such adjustment shall be determined to the nearest one
1439 hundred dollars. On and after October 1, 2009, new applications to
1440 participate in the ConnPACE program may be accepted only from the
1441 fifteenth day of November through the [thirtieth] thirty-first day of
1442 December each year, except that individuals may apply within thirty-
1443 one days of (A) reaching sixty-five years of age, or (B) becoming
1444 eligible for Social Security Disability Income or Supplemental Security
1445 Income.

1446 Sec. 60. (NEW) (*Effective July 1, 2010*) The Commissioner of Social
1447 Services, pursuant to section 17b-10 of the general statutes, may
1448 implement policies and procedures to administer the provisions of this
1449 act while in the process of adopting such policies and procedures as
1450 regulation, provided the commissioner prints notice of intent to adopt
1451 regulations in the Connecticut Law Journal not later than twenty days
1452 after the date of implementation. Policies and procedures implemented
1453 pursuant to this section shall be valid until the time final regulations
1454 are adopted.

1455 Sec. 61. Section 17b-266 of the 2010 supplement to the general
1456 statutes is repealed and the following is substituted in lieu thereof
1457 (*Effective July 1, 2010*):

1458 (a) The Commissioner of Social Services may, when the
1459 commissioner finds it to be in the public interest, fund part or all of the
1460 cost of benefits to any recipient under sections 17b-260 to 17b-262,
1461 inclusive, 17b-264 to 17b-285, inclusive, 17b-357 to 17b-361, inclusive,

1462 17b-289 to 17b-303, inclusive, and section 16 of public act 97-1 of the
1463 October 29 special session*, through the purchase of insurance from
1464 any organization authorized to do a health insurance business in this
1465 state or from any organization specified in subsection (b) of this
1466 section.

1467 (b) The Commissioner of Social Services may require recipients of
1468 Medicaid or other public assistance to receive medical care on a
1469 prepayment or per capita basis, in accordance with federal law and
1470 regulations, if such prepayment is anticipated to result in lower
1471 medical assistance costs to the state. The commissioner may enter into
1472 contracts for the provision of comprehensive health care on a
1473 prepayment or per capita basis in accordance with federal law and
1474 regulations, with the following: (1) A health care center subject to the
1475 provisions of chapter 698a; (2) a consortium of federally-qualified
1476 community health centers and other community-based providers of
1477 health services which are funded by the state; (3) other consortia of
1478 providers of health care services established for the purposes of this
1479 subsection; or (4) an integrated service network providing care
1480 management and comprehensive health care on a prepayment or per
1481 capita basis to elderly and disabled recipients of Medicaid who may
1482 also be eligible for Medicare.

1483 (c) Providers of comprehensive health care services as described in
1484 subdivisions (2), (3) and (4) of subsection (b) of this section shall not be
1485 subject to the provisions of chapter 698a or, in the case of an integrated
1486 service network, sections 17b-239 to 17b-245, inclusive, 17b-281, 17b-
1487 340, 17b-342 and 17b-343. Any such provider shall be certified by the
1488 Commissioner of Social Services in accordance with criteria established
1489 by the commissioner, including, but not limited to, minimum reserve
1490 fund requirements.

1491 [(d) The commissioner shall pay all capitation claims which would
1492 otherwise be reimbursed to the health plans described in subsection (b)
1493 of this section in June, 2011, no later than July 31, 2011.]

1494 [(e)] (d) On or after May 1, 2000, the payment to the Commissioner
1495 of Social Services of (1) any monetary sanction imposed by the
1496 commissioner on a managed care organization under the provisions of
1497 a contract between the commissioner and such organization entered
1498 into pursuant to this section or sections 17b-289 to 17b-304, inclusive,
1499 or (2) any sum agreed upon by the commissioner and such an
1500 organization as settlement of a claim brought by the commissioner or
1501 the state against such an organization for failure to comply with the
1502 terms of a contract with the commissioner or fraud affecting the
1503 Department of Social Services shall be deposited in an account
1504 designated for use by the department for expenditures for children's
1505 health programs and services.

1506 Sec. 62. (NEW) (*Effective July 1, 2010*) The Commissioner of Social
1507 Services may contract with one or more administrative services
1508 organizations to provide care coordination, utilization management,
1509 disease management, customer service and review of grievances for
1510 recipients of assistance under Medicaid, HUSKY Plan, Part A and Part
1511 B, and the Charter Oak Health Plan. Such organization may also
1512 provide network management, credentialing of providers, monitoring
1513 of copayments and premiums and other services as required by the
1514 commissioner.

1515 Sec. 63. Section 17b-290 of the general statutes is repealed and the
1516 following is substituted in lieu thereof (*Effective July 1, 2010*):

1517 As used in sections 17b-289 to 17b-303, inclusive, as amended by
1518 this act, and section 16 of public act 97-1 of the October 29 special
1519 session:

1520 (1) "Applicant" means an individual over the age of eighteen years
1521 who is a natural or adoptive parent or a legal guardian; a caretaker
1522 relative, foster parent or stepparent with whom the child resides; or a
1523 noncustodial parent under order of a court or family support
1524 magistrate to provide health insurance, who applies for coverage
1525 under the HUSKY Plan, Part B on behalf of a child and shall include a

1526 child who is eighteen years of age or emancipated in accordance with
1527 the provisions of sections 46b-150 to 46b-150e, inclusive, and who is
1528 applying on his own behalf or on behalf of a minor dependent for
1529 coverage under such plan;

1530 (2) "Child" means an individual under nineteen years of age;

1531 (3) "Coinsurance" means the sharing of health care expenses by the
1532 insured and an insurer in a specified ratio;

1533 (4) "Commissioner" means the Commissioner of Social Services;

1534 (5) "Copayment" means a payment made on behalf of an enrollee for
1535 a specified service under the HUSKY Plan, Part B;

1536 (6) "Cost sharing" means arrangements made on behalf of an
1537 enrollee whereby an applicant pays a portion of the cost of health
1538 services, sharing costs with the state and includes copayments,
1539 premiums, deductibles and coinsurance;

1540 (7) "Deductible" means the amount of out-of-pocket expenses that
1541 would be paid for health services on behalf of an enrollee before
1542 becoming payable by the insurer;

1543 (8) "Department" means the Department of Social Services;

1544 (9) "Durable medical equipment" means durable medical
1545 equipment, as defined in Section 1395x(n) of the Social Security Act;

1546 (10) "Eligible beneficiary" means a child who meets the
1547 requirements specified in section 17b-292, as amended by this act,
1548 except a child excluded under the provisions of Subtitle J of Public
1549 Law 105-33 or a child of any municipal employee eligible for
1550 employer-sponsored insurance on or after October 30, 1997, provided a
1551 child of such a municipal employee may be eligible for coverage under
1552 the HUSKY Plan, Part B if dependent coverage was terminated due to
1553 an extreme economic hardship on the part of the employee, as

1554 determined by the commissioner;

1555 (11) "Enrollee" means an eligible beneficiary who receives services
1556 [from a managed care plan] under the HUSKY Plan, Part B;

1557 (12) "Family" means any combination of the following: (A) An
1558 individual; (B) the individual's spouse; (C) any child of the individual
1559 or such spouse; or (D) the legal guardian of any such child if the
1560 guardian resides with the child;

1561 (13) "HUSKY Plan, Part A" means assistance provided to children,
1562 caretaker relatives and pregnant women pursuant to section 17b-261,
1563 as amended by this act, or 17b-277, as amended by this act;

1564 (14) "HUSKY Plan, Part B" means the health insurance plan for
1565 children established pursuant to the provisions of sections 17b-289 to
1566 17b-303, inclusive, as amended by this act, and section 16 of public act
1567 97-1 of the October 29 special session;

1568 [(15) "HUSKY Plus programs" means two supplemental health
1569 insurance programs established pursuant to section 17b-294 for
1570 medically eligible enrollees of the HUSKY Plan, Part B whose medical
1571 needs cannot be accommodated within the basic benefit package
1572 offered to enrollees. One program shall supplement coverage for those
1573 medically eligible enrollees with intensive physical health needs and
1574 the other program shall supplement coverage for those medically
1575 eligible enrollees with intensive behavioral health needs;]

1576 [(16)] (15) "Income" means income as calculated in the same manner
1577 as under the Medicaid program pursuant to section 17b-261, as
1578 amended by this act;

1579 [(17) "Managed care plan" means a plan offered by an entity that
1580 contracts with the department to provide benefits to enrollees on a
1581 prepaid basis;]

1582 [(18)] (16) "Parent" means a natural parent, stepparent, adoptive

1583 parent, guardian or custodian of a child;

1584 [(19)] (17) "Premium" means any required payment made by an
1585 individual to offset or pay in full the [capitation rate] cost under the
1586 HUSKY Plan, Part B;

1587 [(20)] (18) "Preventive care and services" means: (A) Child
1588 preventive care, including periodic and interperiodic well-child visits,
1589 routine immunizations, health screenings and routine laboratory tests;
1590 (B) prenatal care, including care of all complications of pregnancy; (C)
1591 care of newborn infants, including attendance at high-risk deliveries
1592 and normal newborn care; (D) WIC evaluations; (E) child abuse
1593 assessment required under sections 17a-106a and 46b-129a; (F)
1594 preventive dental care for children; and (G) periodicity schedules and
1595 reporting based on the standards specified by the American Academy
1596 of Pediatrics;

1597 [(21)] (19) "Primary and preventive health care services" means the
1598 services of licensed physicians, optometrists, nurses, nurse
1599 practitioners, midwives and other related health care professionals
1600 which are provided on an outpatient basis, including routine well-
1601 child visits, diagnosis and treatment of illness and injury, laboratory
1602 tests, diagnostic x-rays, prescription drugs, radiation therapy,
1603 chemotherapy, hemodialysis, emergency room services, and outpatient
1604 alcohol and substance abuse services, as defined by the commissioner;

1605 [(22)] (20) "Qualified entity" means any entity: (A) Eligible for
1606 payments under a state plan approved under Medicaid and which
1607 provides medical services under the HUSKY Plan, Part A, or (B) that is
1608 a qualified entity, as defined in 42 USC 1396r-1a, as amended by
1609 Section 708 of Public Law 106-554 and that is determined by the
1610 commissioner to be capable of making the determination of eligibility.
1611 The commissioner shall provide qualified entities with such forms as
1612 are necessary for an application to be made on behalf of a child under
1613 the HUSKY Plan, Part A and information on how to assist parents,
1614 guardians and other persons in completing and filing such forms;

1615 [(23)] (21) "WIC" means the federal Special Supplemental Food
1616 Program for Women, Infants and Children administered by the
1617 Department of Public Health pursuant to section 19a-59c.

1618 Sec. 64. Section 17b-292 of the 2010 supplement to the general
1619 statutes is repealed and the following is substituted in lieu thereof
1620 (*Effective July 1, 2010*):

1621 (a) A child who resides in a household with a family income which
1622 exceeds one hundred eighty-five per cent of the federal poverty level
1623 and does not exceed three hundred per cent of the federal poverty
1624 level may be eligible for subsidized benefits under the HUSKY Plan,
1625 Part B.

1626 (b) A child who resides in a household with a family income over
1627 three hundred per cent of the federal poverty level may be eligible for
1628 unsubsidized benefits under the HUSKY Plan, Part B.

1629 (c) Whenever a court or family support magistrate orders a
1630 noncustodial parent to provide health insurance for a child, such
1631 parent may provide for coverage under the HUSKY Plan, Part B.

1632 (d) To the extent allowed under federal law, the commissioner shall
1633 not pay for services or durable medical equipment under the HUSKY
1634 Plan, Part B if the enrollee has other insurance coverage for the services
1635 or such equipment.

1636 (e) A newborn child who otherwise meets the eligibility criteria for
1637 the HUSKY Plan, Part B shall be eligible for benefits retroactive to his
1638 or her date of birth, provided an application is filed on behalf of the
1639 child not later than thirty days after such date. Any uninsured child
1640 born in a hospital in this state or in a border state hospital shall be
1641 enrolled on an expedited basis in the HUSKY Plan, Part B, provided (1)
1642 the parent or caretaker relative of such child resides in this state, and
1643 (2) the parent or caretaker relative of such child authorizes enrollment
1644 in the program. The commissioner shall pay any premium cost such

1645 family would otherwise incur for the first four months of coverage. [to
1646 the managed care organization selected by the parent or caretaker
1647 relative to provide coverage for such child.]

1648 (f) The commissioner shall implement presumptive eligibility for
1649 children applying for Medicaid. Such presumptive eligibility
1650 determinations shall be in accordance with applicable federal law and
1651 regulations. The commissioner shall adopt regulations, in accordance
1652 with chapter 54, to establish standards and procedures for the
1653 designation of organizations as qualified entities to grant presumptive
1654 eligibility. Qualified entities shall ensure that, at the time a
1655 presumptive eligibility determination is made, a completed application
1656 for Medicaid is submitted to the department for a full eligibility
1657 determination. In establishing such standards and procedures, the
1658 commissioner shall ensure the representation of state-wide and local
1659 organizations that provide services to children of all ages in each
1660 region of the state.

1661 (g) The commissioner shall provide for a single point of entry
1662 servicer for applicants and enrollees under the HUSKY Plan, Part A
1663 and Part B. The commissioner, in consultation with the servicer, shall
1664 establish a centralized unit to be responsible for processing all
1665 applications for assistance under the HUSKY Plan, Part A and Part B.
1666 The department, through its servicer, shall ensure that a child who is
1667 determined to be eligible for benefits under the HUSKY Plan, Part A,
1668 or the HUSKY Plan, Part B has uninterrupted health insurance
1669 coverage for as long as the parent or guardian elects to enroll or re-
1670 enroll such child in the HUSKY Plan, Part A or Part B. The
1671 commissioner, in consultation with the servicer, and in accordance
1672 with the provisions of section 17b-297, as amended by this act, shall
1673 jointly market both Part A and Part B together as the HUSKY Plan and
1674 shall develop and implement public information and outreach
1675 activities with community programs. Such servicer shall electronically
1676 transmit data with respect to enrollment and disenrollment in the
1677 HUSKY Plan, Part A and Part B to the commissioner.

1678 (h) Upon the expiration of any contractual provisions entered into
1679 pursuant to subsection (g) of this section, the commissioner shall
1680 develop a new contract for single point of entry services, [and
1681 managed care enrollment brokerage services.] The commissioner may
1682 enter into one or more contractual arrangements for such services for a
1683 contract period not to exceed seven years. Such contracts shall include
1684 performance measures, including, but not limited to, specified time
1685 limits for the processing of applications, parameters setting forth the
1686 requirements for a completed and reviewable application and the
1687 percentage of applications forwarded to the department in a complete
1688 and timely fashion. Such contracts shall also include a process for
1689 identifying and correcting noncompliance with established
1690 performance measures, including sanctions applicable for instances of
1691 continued noncompliance with performance measures.

1692 (i) The single point of entry servicer shall send all applications and
1693 supporting documents to the commissioner for determination of
1694 eligibility. The servicer shall enroll eligible beneficiaries in the
1695 applicant's choice of [managed care plan. Upon] an administrative
1696 services organization. If there is more than one administrative services
1697 organization, upon enrollment in [a managed care plan] an
1698 administrative services organization, an eligible HUSKY Plan Part A or
1699 Part B beneficiary shall remain enrolled in such [managed care plan]
1700 organization for twelve months from the date of such enrollment
1701 unless (1) an eligible beneficiary demonstrates good cause to the
1702 satisfaction of the commissioner of the need to enroll in a different
1703 [managed care plan] organization, or (2) the beneficiary no longer
1704 meets program eligibility requirements.

1705 (j) Not later than ten months after the determination of eligibility for
1706 benefits under the HUSKY Plan, Part A and Part B and annually
1707 thereafter, the commissioner or the servicer, as the case may be, shall,
1708 within existing budgetary resources, mail or, upon request of a
1709 participant, electronically transmit an application form to each
1710 participant in the plan for the purposes of obtaining information to

1711 make a determination on continued eligibility beyond the twelve
1712 months of initial eligibility. To the extent permitted by federal law, in
1713 determining eligibility for benefits under the HUSKY Plan, Part A or
1714 Part B with respect to family income, the commissioner or the servicer
1715 shall rely upon information provided in such form by the participant
1716 unless the commissioner or the servicer has reason to believe that such
1717 information is inaccurate or incomplete. The Department of Social
1718 Services shall annually review a random sample of cases to confirm
1719 that, based on the statistical sample, relying on such information is not
1720 resulting in ineligible clients receiving benefits under HUSKY Plan
1721 Part A or Part B. The determination of eligibility shall be coordinated
1722 with health plan open enrollment periods.

1723 (k) The commissioner shall implement the HUSKY Plan, Part B
1724 while in the process of adopting necessary policies and procedures in
1725 regulation form in accordance with the provisions of section 17b-10.

1726 (l) The commissioner shall adopt regulations, in accordance with
1727 chapter 54, to establish residency requirements and income eligibility
1728 for participation in the HUSKY Plan, Part B and procedures for a
1729 simplified mail-in application process. Notwithstanding the provisions
1730 of section 17b-257b, such regulations shall provide that any child
1731 adopted from another country by an individual who is a citizen of the
1732 United States and a resident of this state shall be eligible for benefits
1733 under the HUSKY Plan, Part B upon arrival in this state.

1734 Sec. 65. Section 17b-300 of the general statutes is repealed and the
1735 following is substituted in lieu thereof (*Effective July 1, 2010*):

1736 The applicant for an enrollee shall notify the [enrollee's managed
1737 care plan] Department of Social Services of any change in circumstance
1738 that could affect the enrollee's continued eligibility for coverage under
1739 the HUSKY Plan, Part B within thirty days of such change. An enrollee
1740 shall be disenrolled if the commissioner determines the enrollee is no
1741 longer eligible for participation in such plan for reasons including, but
1742 not limited to, those specified in section 17b-301 and the nonpayment

1743 of premiums.

1744 Sec. 66. Section 17b-311 of the general statutes, as amended by
1745 section 11 of public act 10-3, is repealed and the following is
1746 substituted in lieu thereof (*Effective July 1, 2010*):

1747 (a) There is established the Charter Oak Health Plan for the purpose
1748 of providing access to health insurance coverage for state residents
1749 who have been uninsured for at least six months and who are
1750 ineligible for other publicly funded health insurance plans. The
1751 Commissioner of Social Services may enter into contracts for the
1752 provision of comprehensive health care for such uninsured state
1753 residents. The commissioner shall conduct outreach to facilitate
1754 enrollment in the plan.

1755 (b) The commissioner shall impose cost-sharing requirements in
1756 connection with services provided under the Charter Oak Health Plan.
1757 Such requirements may include, but not be limited to: (1) A monthly
1758 premium; (2) an annual deductible not to exceed one thousand dollars;
1759 (3) a coinsurance payment not to exceed twenty per cent after the
1760 deductible amount is met; (4) tiered copayments for prescription drugs
1761 determined by whether the drug is generic or brand name, formulary
1762 or nonformulary and whether purchased through mail order; (5) no fee
1763 for emergency visits to hospital emergency rooms; (6) a copayment not
1764 to exceed one hundred fifty dollars for nonemergency visits to hospital
1765 emergency rooms; and (7) a lifetime benefit not to exceed one million
1766 dollars.

1767 (c) (1) The Commissioner of Social Services shall provide premium
1768 assistance to eligible state residents whose gross annual income does
1769 not exceed three hundred per cent of the federal poverty level. Such
1770 premium assistance shall be limited to: (A) One hundred seventy-five
1771 dollars per month for individuals whose gross annual income is below
1772 one hundred fifty per cent of the federal poverty level; (B) one
1773 hundred fifty dollars per month for individuals whose gross annual
1774 income is at or above one hundred fifty per cent of the federal poverty

1775 level but not more than one hundred eighty-five per cent of the federal
1776 poverty level; (C) seventy-five dollars per month for individuals
1777 whose gross annual income is above one hundred eighty-five per cent
1778 of the federal poverty level but not more than two hundred thirty-five
1779 per cent of the federal poverty level; and (D) fifty dollars per month for
1780 individuals whose gross annual income is above two hundred thirty-
1781 five per cent of the federal poverty level but not more than three
1782 hundred per cent of the federal poverty level. Individuals insured
1783 under the Charter Oak Health Plan shall pay their share of payment
1784 for coverage in the plan directly to the insurer.

1785 (2) Notwithstanding the provisions of this subsection, for the fiscal
1786 years ending June 30, 2010, and June 30, 2011, the Commissioner of
1787 Social Services shall only provide premium assistance to state residents
1788 who are eligible for such assistance and who are enrolled in the
1789 Charter Oak Health Plan on April 30, 2010.

1790 (d) The Commissioner of Social Services shall determine minimum
1791 requirements on the amount, duration and scope of benefits under the
1792 Charter Oak Health Plan, except that there shall be no preexisting
1793 condition exclusion. Each participating insurer or administrative
1794 services organization shall provide an internal grievance process by
1795 which an [insured] enrollee in the Charter Oak Health Plan may
1796 request and be provided a review of a denial of coverage under the
1797 plan.

1798 [(e) The Commissioner of Social Services may contract with the
1799 following entities for the purposes of this section: (1) A health care
1800 center subject to the provisions of chapter 698a; (2) a consortium of
1801 federally qualified health centers and other community-based
1802 providers of health services which are funded by the state; or (3) other
1803 consortia of providers of health care services established for the
1804 purposes of this section. Providers of comprehensive health care
1805 services as described in subdivisions (2) and (3) of this subsection shall
1806 not be subject to the provisions of chapter 698a. Any such provider

1807 shall be certified by the commissioner to participate in the Charter Oak
1808 Health Plan in accordance with criteria established by the
1809 commissioner, including, but not limited to, minimum reserve fund
1810 requirements.]

1811 [(f)] (e) The Commissioner of Social Services shall seek proposals
1812 from entities described in subsection (e) of this section based on the
1813 cost sharing and benefits described in subsections (b) and (c) of this
1814 section. The commissioner may approve an alternative plan in order to
1815 make coverage options available to those eligible to be insured under
1816 the plan.

1817 [(g)] (f) The Commissioner of Social Services, pursuant to section
1818 17b-10, may implement policies and procedures to administer the
1819 provisions of this section while in the process of adopting such policies
1820 and procedures as regulation, provided the commissioner prints notice
1821 of the intent to adopt the regulation in the Connecticut Law Journal
1822 not later than twenty days after the date of implementation. Such
1823 policies shall be valid until the time final regulations are adopted and
1824 may include: (1) Exceptions to the requirement that a resident be
1825 uninsured for at least six months to be eligible for the Charter Oak
1826 Health Plan; and (2) requirements for open enrollment and limitations
1827 on the ability of enrollees to change plans between such open
1828 enrollment periods.

1829 Sec. 67. Subsection (b) of section 17b-29 of the general statutes is
1830 repealed and the following is substituted in lieu thereof (*Effective July*
1831 *1, 2010*):

1832 (b) Beginning September 1, 1997, at meetings scheduled by the
1833 council, the Commissioner of Social Services and the Labor
1834 Commissioner shall update the council on the implementation of the
1835 temporary family assistance program and the employment services
1836 program. The council shall submit recommendations to the
1837 department regarding, but not limited to, the availability of quality
1838 child care and the provision of seamless child care services, procedures

1839 for informing parents and teenagers about family planning and
1840 pregnancy prevention, client education regarding their rights and
1841 responsibilities, the effectiveness of child support enforcement, the
1842 effect of reduced exemptions, time limits and increased sanctions, the
1843 coordination with Medicaid [managed care] and health care reform
1844 measures and the fiscal impact of these program changes.

1845 Sec. 68. Subsection (a) of section 17b-261 of the 2010 supplement to
1846 the general statutes is repealed and the following is substituted in lieu
1847 thereof (*Effective July 1, 2010*):

1848 (a) Medical assistance shall be provided for any otherwise eligible
1849 person whose income, including any available support from legally
1850 liable relatives and the income of the person's spouse or dependent
1851 child, is not more than one hundred forty-three per cent, pending
1852 approval of a federal waiver applied for pursuant to subsection (e) of
1853 this section, of the benefit amount paid to a person with no income
1854 under the temporary family assistance program in the appropriate
1855 region of residence and if such person is an institutionalized
1856 individual as defined in Section 1917(c) of the Social Security Act, 42
1857 USC 1396p(c), and has not made an assignment or transfer or other
1858 disposition of property for less than fair market value for the purpose
1859 of establishing eligibility for benefits or assistance under this section.
1860 Any such disposition shall be treated in accordance with Section
1861 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
1862 property made on behalf of an applicant or recipient or the spouse of
1863 an applicant or recipient by a guardian, conservator, person
1864 authorized to make such disposition pursuant to a power of attorney
1865 or other person so authorized by law shall be attributed to such
1866 applicant, recipient or spouse. A disposition of property ordered by a
1867 court shall be evaluated in accordance with the standards applied to
1868 any other such disposition for the purpose of determining eligibility.
1869 The commissioner shall establish the standards for eligibility for
1870 medical assistance at one hundred forty-three per cent of the benefit
1871 amount paid to a family unit of equal size with no income under the

1872 temporary family assistance program in the appropriate region of
1873 residence. Except as provided in section 17b-277, as amended by this
1874 act, the medical assistance program shall provide coverage to persons
1875 under the age of nineteen with family income up to one hundred
1876 eighty-five per cent of the federal poverty level without an asset limit
1877 and to persons under the age of nineteen and their parents and needy
1878 caretaker relatives, who qualify for coverage under Section 1931 of the
1879 Social Security Act, with family income up to one hundred eighty-five
1880 per cent of the federal poverty level without an asset limit. Such levels
1881 shall be based on the regional differences in such benefit amount, if
1882 applicable, unless such levels based on regional differences are not in
1883 conformance with federal law. Any income in excess of the applicable
1884 amounts shall be applied as may be required by said federal law, and
1885 assistance shall be granted for the balance of the cost of authorized
1886 medical assistance. [All contracts entered into on and after July 1, 1997,
1887 pursuant to this section shall include provisions for collaboration of
1888 managed care organizations with the Nurturing Families Network
1889 established pursuant to section 17b-751b.] The Commissioner of Social
1890 Services shall provide applicants for assistance under this section, at
1891 the time of application, with a written statement advising them of (1)
1892 the effect of an assignment or transfer or other disposition of property
1893 on eligibility for benefits or assistance, (2) the effect that having income
1894 that exceeds the limits prescribed in this subsection will have with
1895 respect to program eligibility, and (3) the availability of, and eligibility
1896 for, services provided by the Nurturing Families Network established
1897 pursuant to section 17b-751b. Persons who are determined ineligible
1898 for assistance pursuant to this section shall be provided a written
1899 statement notifying such persons of their ineligibility and advising
1900 such persons of the availability of HUSKY Plan, Part B health
1901 insurance benefits.

1902 Sec. 69. Subsection (e) of section 17b-274d of the 2010 supplement to
1903 the general statutes is repealed and the following is substituted in lieu
1904 thereof (*Effective July 1, 2010*):

1905 (e) The Department of Social Services, in consultation with the
1906 Pharmaceutical and Therapeutics Committee, may adopt preferred
1907 drug lists for use in the Medicaid, state-administered general
1908 assistance and ConnPACE programs. [The Department of Social
1909 Services, upon entering into a contract for the provision of prescription
1910 drug coverage to medical assistance recipients receiving services in a
1911 managed care setting as provided by section 17b-266a, shall in
1912 consultation with the Pharmaceutical and Therapeutics Committee,
1913 expand the preferred drug list for use in the HUSKY Plan, Part A and
1914 Part B.] To the extent feasible, the department shall review all drugs
1915 included on the preferred drug lists at least every twelve months, and
1916 may recommend additions to, and deletions from, the preferred drug
1917 lists, to ensure that the preferred drug lists provide for medically
1918 appropriate drug therapies for Medicaid, state-administered general
1919 assistance and ConnPACE patients. For the fiscal year ending June 30,
1920 2004, such drug lists shall be limited to use in the Medicaid and
1921 ConnPACE programs and cover three classes of drugs, including
1922 proton pump inhibitors and two other classes of drugs determined by
1923 the Commissioner of Social Services. Not later than June 30, 2005, the
1924 Department of Social Services, in consultation with the Pharmaceutical
1925 and Therapeutic Committee shall expand such drug lists to include
1926 other classes of drugs, except as provided in subsection (f) of this
1927 section, in order to achieve savings reflected in the amounts
1928 appropriated to the department, for the various components of the
1929 program, in the state budget act.

1930 Sec. 70. Subsection (a) of section 17b-297 of the general statutes is
1931 repealed and the following is substituted in lieu thereof (*Effective July*
1932 *1, 2010*):

1933 (a) The commissioner, in consultation with the Children's Health
1934 Council, the [Medicaid Managed Care] Council on Medicaid Care
1935 Management Oversight and the 2-1-1 Infoline program, shall develop
1936 mechanisms to increase outreach and maximize enrollment of eligible
1937 children and adults in the HUSKY Plan, Part A or Part B, including,

1938 but not limited to, development of mail-in applications and
1939 appropriate outreach materials through the Department of Revenue
1940 Services, the Labor Department, the Department of Social Services, the
1941 Department of Public Health, the Department of Children and Families
1942 and the Office of Protection and Advocacy for Persons with
1943 Disabilities. Such mechanisms shall seek to maximize federal funds
1944 where appropriate for such outreach activities.

1945 Sec. 71. Section 17b-306a of the 2010 supplement to the general
1946 statutes is repealed and the following is substituted in lieu thereof
1947 (*Effective July 1, 2010*):

1948 (a) The Commissioner of Social Services, in collaboration with the
1949 Commissioners of Public Health and Children and Families, shall
1950 establish a child health quality improvement program for the purpose
1951 of promoting the implementation of evidence-based strategies by
1952 providers participating in the HUSKY Plan, Part A and Part B to
1953 improve the delivery of and access to children's health services. Such
1954 strategies shall focus on physical, dental and mental health services
1955 and shall include, but need not be limited to: (1) Methods for early
1956 identification of children with special health care needs; (2) integration
1957 of care coordination and care planning into children's health services;
1958 (3) implementation of standardized data collection to measure
1959 performance improvement; and (4) implementation of family-centered
1960 services in patient care, including, but not limited to, the development
1961 of parent-provider partnerships. The Commissioner of Social Services
1962 shall seek the participation of public and private entities that are
1963 dedicated to improving the delivery of health services, including
1964 medical, dental and mental health providers, academic professionals
1965 with experience in health services research and performance
1966 measurement and improvement, and any other entity deemed
1967 appropriate by the Commissioner of Social Services, to promote such
1968 strategies. The commissioner shall ensure that such strategies reflect
1969 new developments and best practices in the field of children's health
1970 services. As used in this section, "evidence-based strategies" means

1971 policies, procedures and tools that are informed by research and
1972 supported by empirical evidence, including, but not limited to,
1973 research developed by organizations such as the American Academy
1974 of Pediatrics, the American Academy of Family Physicians, the
1975 National Association of Pediatric Nurse Practitioners and the Institute
1976 of Medicine.

1977 (b) Not later than July 1, 2008, and annually thereafter, the
1978 Commissioner of Social Services shall report, in accordance with
1979 section 11-4a, to the joint standing committees of the General
1980 Assembly having cognizance of matters relating to human services,
1981 public health and appropriations, and to the [Medicaid Managed Care]
1982 Council on Medicaid Care Management Oversight on (1) the
1983 implementation of any strategies developed pursuant to subsection (a)
1984 of this section, and (2) the efficacy of such strategies in improving the
1985 delivery of and access to health services for children enrolled in the
1986 HUSKY Plan.

1987 (c) The Commissioner of Social Services, in collaboration with the
1988 [Medicaid Managed Care] Council on Medicaid Care Management
1989 Oversight, shall, subject to available appropriations, prepare, annually,
1990 a report concerning health care choices under the HUSKY Plan, Part A.
1991 Such report shall include, but not be limited to, a comparison of the
1992 performance of each managed care organization, the primary care case
1993 management program and other member service delivery choices. The
1994 commissioner shall provide a copy of each report to all HUSKY Plan,
1995 Part A members.

1996 Sec. 72. Section 19a-45b of the general statutes is repealed and the
1997 following is substituted in lieu thereof (*Effective July 1, 2010*):

1998 On or after January 1, 2007, and within any available federal or
1999 private funds, the Commissioner of Public Health, in consultation with
2000 the [Medicaid managed care organizations administering the HUSKY
2001 Plan, Part A, as defined in section 17b-290] Commissioner of Social
2002 Services, may establish a medical home pilot program in one region of

2003 the state to be determined by said commissioner in order to enhance
2004 health outcomes for children, including children with special health
2005 care needs, by ensuring that each child has a primary care physician
2006 who will provide continuous comprehensive health care for such child.
2007 Said commissioner may solicit and accept private funds to implement
2008 such pilot program.

2009 Sec. 73. Section 17a-22j of the general statutes is repealed and the
2010 following is substituted in lieu thereof (*Effective July 1, 2010*):

2011 (a) There is established a Behavioral Health Partnership Oversight
2012 Council which shall advise the Commissioners of Children and
2013 Families and Social Services on the planning and implementation of
2014 the Behavioral Health Partnership.

2015 (b) The council shall consist of the following members:

2016 (1) Four appointed by the speaker of the House of Representatives;
2017 two of whom are representatives of general or specialty psychiatric
2018 hospitals; one of whom is an adult with a psychiatric disability; and
2019 one of whom is an advocate for adults with psychiatric disabilities;

2020 (2) Four appointed by the president pro tempore of the Senate, two
2021 of whom are parents of children who have a behavioral health
2022 disorder or have received child protection or juvenile justice services
2023 from the Department of Children and Families; one of whom has
2024 expertise in health policy and evaluation; and one of whom is an
2025 advocate for children with behavioral health disorders;

2026 (3) Two appointed by the majority leader of the House of
2027 Representatives; one of whom is a primary care provider serving
2028 children pursuant to the HUSKY Plan; and one of whom is a child
2029 psychiatrist serving children pursuant to the HUSKY Plan;

2030 (4) Two appointed by the majority leader of the Senate; one of
2031 whom is either an adult with a substance use disorder or an advocate
2032 for adults with substance use disorders; and one of whom is a

2033 representative of school-based health clinics;

2034 (5) Two appointed by the minority leader of the House of
2035 Representatives; one of whom is a provider of community-based
2036 behavioral health services for adults; and one of whom is a provider of
2037 residential treatment for children;

2038 (6) [~~Two~~] One appointed by the minority leader of the Senate [; one
2039 of whom] who is a provider of community-based services for children
2040 with behavioral health problems; [~~and one of whom is a member of the~~
2041 ~~advisory council on Medicaid managed care;~~]

2042 (7) Four appointed by the Governor; two of whom are
2043 representatives of general or specialty psychiatric hospitals and two of
2044 whom are parents of children who have a behavioral health disorder
2045 or have received child protection or juvenile justice services from the
2046 Department of Children and Families;

2047 (8) The chairpersons and ranking members of the joint standing
2048 committees of the General Assembly having cognizance of matters
2049 relating to human services, public health, appropriations and the
2050 budgets of state agencies, or their designees;

2051 (9) A member of the Community Mental Health Strategy Board,
2052 established pursuant to section 17a-485b, as selected by said board;

2053 (10) The Commissioner of Mental Health and Addiction Services, or
2054 said commissioner's designee;

2055 (11) Seven nonvoting ex-officio members, one each appointed by the
2056 Commissioners of Social Services, Children and Families, Mental
2057 Health and Addiction Services and Education to represent his or her
2058 department and one appointed by the State Comptroller [,] and the
2059 Secretary of the Office of Policy and Management [~~and the Office of~~
2060 ~~Health Care Access~~] to represent said offices;

2061 (12) One or more consumers appointed by the chairpersons of the

2062 council, to be nonvoting ex-officio members; and

2063 (13) One representative from [the] each administrative services
2064 organization [and from each Medicaid managed care organization]
2065 under contract with the Department of Social Services to provide such
2066 services for recipients of assistance under Medicaid, Husky Plan, Part
2067 A and Part B and the Charter Oak Health Plan, to be nonvoting ex-
2068 officio members.

2069 (c) All appointments to the council shall be made no later than July
2070 1, 2005, except that the chairpersons of the council may appoint
2071 additional consumers to the council as nonvoting ex-officio members.
2072 Any vacancy shall be filled by the appointing authority.

2073 (d) [The chairpersons of the advisory council on Medicaid managed
2074 care] On or after July 1, 2010, the members of the Behavioral Health
2075 Partnership Oversight Council shall select the chairpersons of the
2076 [Behavioral Health Partnership Oversight Council] council from
2077 among the members of [such oversight] the council. Such chairpersons
2078 shall convene the first meeting of the council, which shall be held not
2079 later than August 1, 2005. The council shall meet at least monthly
2080 thereafter.

2081 (e) The Joint Committee on Legislative Management shall provide
2082 administrative support to the chairpersons and assistance in convening
2083 the council's meetings.

2084 (f) The council shall make specific recommendations on matters
2085 related to the planning and implementation of the Behavioral Health
2086 Partnership which shall include, but not be limited to: (1) Review of
2087 any contract entered into by the Departments of Children and Families
2088 and Social Services with an administrative services organization, to
2089 assure that the administrative services organization's decisions are
2090 based solely on clinical management criteria developed by the clinical
2091 management committee established in section 17a-22k; (2) review of
2092 behavioral health services pursuant to Title XIX and Title XXI of the

2093 Social Security Act to assure that federal revenue is being maximized;
2094 and (3) review of periodic reports on the program activities, finances
2095 and outcomes, including reports from the director of the Behavioral
2096 Health Partnership on achievement of service delivery system goals,
2097 pursuant to section 17a-22i. The council may conduct or cause to be
2098 conducted an external, independent evaluation of the Behavioral
2099 Health Partnership.

2100 (g) On or before March 1, 2006, and annually thereafter, the council
2101 shall submit a report to the Governor and, in accordance with section
2102 11-4a, to the joint standing committees of the General Assembly having
2103 cognizance of matters relating to human services, public health and
2104 appropriations and the budgets of state agencies, on the council's
2105 activities and progress.

2106 Sec. 74. Subsection (f) of section 17a-22p of the general statutes is
2107 repealed and the following is substituted in lieu thereof (*Effective July*
2108 *1, 2010*):

2109 (f) The Behavioral Health Partnership shall establish policies to
2110 coordinate benefits received under the partnership with [those] other
2111 benefits received [through] under Medicaid. [managed care
2112 organizations for persons covered by both a Medicaid managed care
2113 organization and the Behavioral Health Partnership.] Such policies
2114 shall specify a coordinated delivery of both physical and behavioral
2115 health care. The policies shall be submitted to the Behavioral Health
2116 Partnership Oversight Council for review and comment.

2117 Sec. 75. Section 17b-277 of the 2010 supplement to the general
2118 statutes is repealed and the following is substituted in lieu thereof
2119 (*Effective July 1, 2010*):

2120 (a) The Commissioner of Social Services shall provide, in accordance
2121 with federal law and regulations, medical assistance under the
2122 Medicaid program to needy pregnant women whose families have an
2123 income not exceeding two hundred fifty per cent of the federal poverty

2124 level.

2125 (b) The commissioner shall implement presumptive eligibility for
2126 appropriate pregnant women applicants for the Medicaid program in
2127 accordance with Section 1920 of the Social Security Act. The
2128 commissioner shall designate qualified entities to receive and
2129 determine presumptive eligibility under this section consistent with
2130 the provisions of federal law and regulations.

2131 (c) On or before September 30, 2007, the Commissioner of Social
2132 Services shall submit a state plan amendment or, if required by the
2133 federal government, seek a waiver under federal law to provide health
2134 insurance coverage to pregnant women, who do not otherwise have
2135 creditable coverage, as defined in 42 USC 300gg(c), and who have
2136 income above one hundred eighty-five per cent of the federal poverty
2137 level but not in excess of two hundred fifty per cent of the federal
2138 poverty level. Following approval of such state plan amendment or
2139 approval of such waiver application, the commissioner, on or before
2140 January 1, 2008, shall implement the provisions of subsections (a) and
2141 (b) of this section.

2142 (d) Presumptive eligibility for medical assistance shall be
2143 implemented for any uninsured newborn child born in a hospital in
2144 this state or a border state hospital, provided (1) the parent or
2145 caretaker relative of such child resides in this state, and (2) the parent
2146 or caretaker relative of such child authorizes enrollment in the
2147 program.

2148 [(e) The commissioner shall submit biannual reports to the council,
2149 established pursuant to section 17b-28, on the department's compliance
2150 with the administrative processing requirements set forth in subsection
2151 (b) of this section.]

2152 Sec. 76. Section 17b-28a of the general statutes is repealed and the
2153 following is substituted in lieu thereof (*Effective July 1, 2010*):

2154 (a) There is established a Waiver Application Development Council
2155 that shall be composed of the following members: The chairpersons
2156 and ranking members of the joint standing committee of the General
2157 Assembly having cognizance of matters relating to appropriations, or
2158 their designees; the chairpersons and ranking members of the joint
2159 standing committee of the General Assembly having cognizance of
2160 matters relating to human services, or their designees; the chairpersons
2161 and ranking members of the joint standing committee of the General
2162 Assembly having cognizance of matters relating to public health, or
2163 their designees; the Commissioner of Social Services, or his designee;
2164 the Commissioner of Public Health, or his designee; the Commissioner
2165 of Mental Health and Addiction Services, or his designee; the
2166 Commissioner of Developmental Services, or his designee; the
2167 Secretary of the Office of Policy and Management, or his designee; the
2168 State Comptroller, or his designee; a representative of advocacy for
2169 mental retardation to be appointed by the president pro tempore of the
2170 Senate; a representative of advocacy for the elderly to be appointed by
2171 the majority leader of the Senate; a representative of the nursing home
2172 industry to be appointed by the minority leader of the Senate; a
2173 representative of the home health care industry, independent of the
2174 nursing home industry, to be appointed by the speaker of the House of
2175 Representatives; a representative of the mental health profession to be
2176 appointed by the majority leader of the House of Representatives; a
2177 representative of the substance abuse profession to be appointed by
2178 the minority leader of the House of Representatives; a health care
2179 provider to be appointed by the president pro tempore of the Senate;
2180 two elderly consumers of Medicaid services who are also eligible for
2181 Medicare, to be appointed by the speaker of the House of
2182 Representatives; a representative of the managed care industry, to be
2183 appointed by the president pro tempore of the Senate; a social services
2184 care provider, to be appointed by the majority leader of the House of
2185 Representatives; a family support care provider, to be appointed by
2186 the majority leader of the Senate; two persons with disabilities who are
2187 consumers of Medicaid services, one to be appointed by the president

2188 pro tempore of the Senate and one to be appointed by the minority
2189 leader of the House of Representatives; a representative of legal
2190 advocacy for Medicaid clients, to be appointed by the minority leader
2191 of the Senate; and six members of the General Assembly, one member
2192 appointed by the president pro tempore of the Senate; one member
2193 appointed by the majority leader of the Senate; one member appointed
2194 by the minority leader of the Senate; one member appointed by the
2195 speaker of the House of Representatives; one member appointed by
2196 the majority leader of the House of Representatives; and one member
2197 appointed by the minority leader of the House of Representatives. The
2198 council shall be responsible for advising the Department of Social
2199 Services, which shall be the lead agency in the development of a
2200 Medicaid Research and Demonstration Waiver under Section 1115 of
2201 the Social Security Act for application to the Office of State Health
2202 Reform of the United States Department of Health and Human
2203 Services by May 1, 1996. The council shall advise the department with
2204 respect to specific provisions within the waiver application, including,
2205 but not limited to, the identification of populations to be included in a
2206 [managed] care management program, a timetable for inclusion of
2207 distinct populations, expansion of access to care, quality assurance and
2208 grievance procedures for consumers and providers. The council shall
2209 also advise the department with respect to the goals of the waiver,
2210 including but not limited to, the expansion of access and coverage,
2211 making state health spending more efficient and to the reduction of
2212 uncompensated care.

2213 (b) There is established a Medicaid waiver unit within the
2214 Department of Social Services for the purposes of developing the
2215 waiver under subsection (a) of this section. The Medicaid waiver unit's
2216 responsibilities shall include but not be limited to the following: (1)
2217 Administrating the Medicaid [managed] care management program,
2218 established pursuant to section 17b-28; (2) contracting with and
2219 evaluating prepaid health plans providing Medicaid services,
2220 including negotiation and establishment of capitated rates; (3)
2221 assessing quality assurance information compiled by the federally

2222 required independent quality assurance contractor; (4) monitoring
2223 contractual compliance; (5) evaluating enrollment broker performance;
2224 (6) providing assistance to the Insurance Department for the regulation
2225 of Medicaid [managed] care management health plans; and (7)
2226 developing a system to compare performance levels among prepaid
2227 health plans providing Medicaid services.

2228 Sec. 77. Subsection (c) of section 17b-28e of the 2010 supplement to
2229 the general statutes is repealed and the following is substituted in lieu
2230 thereof (*Effective July 1, 2010*):

2231 (c) Each [managed] care management organization that enters into a
2232 contract with the Department of Social Services to provide foreign
2233 language interpreter services under the HUSKY Plan, Part A shall
2234 report, semi-annually, to the department on the interpreter services
2235 provided to recipients of benefits under the program. Such written
2236 reports shall be submitted to the department not later than June first
2237 and December thirty-first each year. Not later than thirty days after
2238 receipt of such report, the department shall submit a copy of the
2239 report, in accordance with the provisions of section 11-4a, to the
2240 [Medicaid Managed Care] Council on Medicaid Care Management
2241 Oversight.

2242 Sec. 78. Section 17b-28f of the general statutes is repealed and the
2243 following is substituted in lieu thereof (*Effective July 1, 2010*):

2244 On and after July 1, 2002, each [managed] care management
2245 subcontractor paying claims for mental health or dental care paid by a
2246 Medicaid [managed] care management plan shall submit a report on a
2247 quarterly basis to the Commissioner of Social Services on the
2248 proportion and amount of its monthly payment received from the plan
2249 which has been (1) paid directly to providers of health services, and (2)
2250 used by the subcontractor for its own administrative costs and profit.

2251 Sec. 79. Section 17b-221a of the general statutes is repealed and the
2252 following is substituted in lieu thereof (*Effective July 1, 2010*):

2253 For the fiscal year ending June 30, 2002, and each fiscal year
2254 thereafter, revenue received by the Department of Administrative
2255 Services-Financial Services Center/Collections from Medicaid
2256 [managed] care management plans for services performed at
2257 Riverview Hospital shall be deposited in the General Fund and
2258 credited to a nonlapsing account in the Department of Social Services
2259 and shall be available for expenditure by the Department of Social
2260 Services for the payment of Medicaid claims.

2261 Sec. 80. Subsection (c) of section 17b-261i of the 2010 supplement to
2262 the general statutes is repealed and the following is substituted in lieu
2263 thereof (*Effective July 1, 2010*):

2264 (c) The commissioner shall submit a report to the [Medicaid
2265 Managed Care] Council on Medicaid Care Management Oversight, not
2266 later than thirty days after making any policy change pursuant to this
2267 section.

2268 Sec. 81. Subsection (a) of section 17b-265 of the 2010 supplement to
2269 the general statutes is repealed and the following is substituted in lieu
2270 thereof (*Effective July 1, 2010*):

2271 (a) In accordance with 42 USC 1396k, the Department of Social
2272 Services shall be subrogated to any right of recovery or
2273 indemnification that an applicant or recipient of medical assistance or
2274 any legally liable relative of such applicant or recipient has against an
2275 insurer or other legally liable third party including, but not limited to,
2276 a self-insured plan, group health plan, as defined in Section 607(1) of
2277 the Employee Retirement Income Security Act of 1974, service benefit
2278 plan, managed care organization, health care center, pharmacy benefit
2279 manager, dental benefit manager or other party that is, by statute,
2280 contract or agreement, legally responsible for payment of a claim for a
2281 health care item or service, for the cost of all health care items or
2282 services furnished to the applicant or recipient, including, but not
2283 limited to, hospitalization, pharmaceutical services, physician services,
2284 nursing services, behavioral health services, long-term care services

2285 and other medical services, not to exceed the amount expended by the
2286 department for such care and treatment of the applicant or recipient. In
2287 the case of such a recipient who is an enrollee in a [managed] care
2288 management organization under a Medicaid [managed] care
2289 management contract with the state or a legally liable relative of such
2290 an enrollee, the department shall be subrogated to any right of
2291 recovery or indemnification which the enrollee or legally liable relative
2292 has against such a private insurer or other third party for the medical
2293 costs incurred by the [managed] care management organization on
2294 behalf of an enrollee.

2295 Sec. 82. Subsection (d) of section 17b-112 of the 2010 supplement to
2296 the general statutes is repealed and the following is substituted in lieu
2297 thereof (*Effective from passage*):

2298 (d) Under said program (1) no family shall be eligible that has total
2299 gross earnings exceeding the federal poverty level, however, in the
2300 calculation of the benefit amount for eligible families and previously
2301 eligible families that become ineligible temporarily because of receipt
2302 of workers' compensation benefits by a family member who
2303 subsequently returns to work immediately after the period of receipt of
2304 such benefits, earned income shall be disregarded up to the federal
2305 poverty level; and (2) the increase in benefits to a family in which an
2306 infant is born after the initial ten months of participation in the
2307 program shall be limited to an amount equal to fifty per cent of the
2308 average incremental difference between the amounts paid per each
2309 family size. [; and (3) a disqualification penalty shall be established for
2310 failure to cooperate with the biometric identifier system.] Except when
2311 determining eligibility for a six-month extension of benefits pursuant
2312 to subsection (c) of this section, the commissioner shall disregard the
2313 first fifty dollars per month of income attributable to current child
2314 support that a family receives in determining eligibility and benefit
2315 levels for temporary family assistance. Any current child support in
2316 excess of fifty dollars per month collected by the department on behalf
2317 of an eligible child shall be considered in determining eligibility but

2318 shall not be considered when calculating benefits and shall be taken as
2319 reimbursement for assistance paid under this section, except that when
2320 the current child support collected exceeds the family's monthly award
2321 of temporary family assistance benefits plus fifty dollars, the current
2322 child support shall be paid to the family and shall be considered when
2323 calculating benefits.

2324 Sec. 83. Section 17b-30 of the general statutes is repealed and the
2325 following is substituted in lieu thereof (*Effective from passage*):

2326 (a) For purposes of this section, "biometric identifier system" means
2327 a system which allows for the recognition of an individual through
2328 retinal scanning, finger-imaging, hand geometry or facial recognition.
2329 The Commissioner of Social Services and the Commissioner of Motor
2330 Vehicles shall examine available biometric identifier systems and to
2331 the greatest extent possible, select a system which is compatible with
2332 the systems of surrounding states. The Commissioner of Social
2333 Services may enter into a memorandum of understanding with the
2334 Commissioner of Motor Vehicles for the Department of Motor Vehicles
2335 to provide the hardware, software, equipment maintenance, technical
2336 training and other resources deemed necessary by the commissioner to
2337 establish said system.

2338 [(b) At the conclusion or cancellation of the contract entered into
2339 pursuant to the memorandum of understanding in subsection (a) of
2340 this section, the Commissioner of Social Services may extend the
2341 contract for not more than one year, provided, no later than one year
2342 after such conclusion or cancellation, the commissioner shall issue a
2343 request for proposals for providing the hardware, software, equipment
2344 maintenance, technical training and other resources deemed necessary
2345 by the commissioner to maintain or improve said system. The
2346 subsequent contract for providing the resources for said system shall
2347 be awarded pursuant to section 4a-59 and shall begin no later than one
2348 year after such conclusion or cancellation.]

2349 [(c)] (b) Said system shall be utilized for office use only in [the

2350 following programs: (1) Temporary family assistance; and (2) any
2351 other program] programs to be determined at the discretion of the
2352 Commissioner of Social Services.

2353 [(d)] (c) A recipient of a program utilizing said system pursuant to
2354 subsection (b) of this section shall participate in said system or be
2355 subject to disqualification from such program. The commissioner shall
2356 have the authority to exempt a recipient from participation in said
2357 system.

2358 [(e) The implementation of said system shall begin on or before
2359 January 1, 1996. The schedule of such implementation shall be
2360 determined by the Commissioner of Social Services.]

2361 [(f)] (d) Biometric identifier information obtained pursuant to
2362 subsection (d) of this section shall be the proprietary information of the
2363 Department of Social Services and shall not be released or made
2364 available to any agency or organization and shall not be used for any
2365 purpose other than identification or fraud prevention in this or any
2366 other state, except that such information may be made available to the
2367 office of the Chief State's Attorney if necessary for the prosecution of
2368 fraud discovered pursuant to the biometric identifier system
2369 established in subsection (a) of this section or in accordance with
2370 section 17b-90. The penalty for a violation of this subsection shall be up
2371 to a five-thousand-dollar fine or five years' imprisonment or both and
2372 the cost of prosecution.

2373 [(g) The Commissioner of Social Services shall report to the joint
2374 standing committee of the General Assembly having cognizance of
2375 matters relating to human services, in accordance with the provisions
2376 of section 11-4a, on or before January 1, 1997, and annually thereafter,
2377 through January 1, 2004, the following information: (1) The number of
2378 recipients participating in said system; (2) the number of recipients
2379 whose benefits have been discontinued due to their failure to
2380 participate in said system; (3) the cost of implementation and operation
2381 of said system; (4) the amount of savings attributed to the

2382 establishment and operation of said system; and (5) the compatibility
2383 of said system with biometric systems being utilized in surrounding
2384 states. The commissioner shall issue a final report on the
2385 implementation of a biometric identifier system not later than January
2386 1, 2004.]

2387 Sec. 84. Subsection (b) of section 8 of substitute house bill 5027 of
2388 the current session is repealed and the following is substituted in lieu
2389 thereof (*Effective from passage*):

2390 (b) The proceeds of the sale of the bond issuance described in
2391 subsection (a) of this section shall be used by the Office of Policy and
2392 Management, in consultation with the chairperson of the Board of
2393 Trustees of the university, for the purpose of the UConn health
2394 network initiatives in the following manner: (1) [Twenty] Five million
2395 dollars of such proceeds shall be used [to fulfill the initiatives] by
2396 Hartford Hospital to develop a simulation and conference center on
2397 the Hartford Hospital campus [,] to be run exclusively by Hartford
2398 Hospital, (2) five million dollars of such proceeds shall be used to
2399 fulfill the initiative for a primary care institute on the Saint Francis
2400 Hospital and Medical Center campus, (3) ten million dollars of such
2401 proceeds shall be used to fulfill the initiatives for an institute for
2402 clinical and translational science on The University of Connecticut
2403 Health Center campus, a comprehensive cancer center and The
2404 University of Connecticut-sponsored health disparities institute; [(2)]
2405 (4) three million dollars of such proceeds shall be used to fulfill the
2406 initiatives to develop The Connecticut Institute for Nursing Excellence
2407 at The University of Connecticut at Storrs; [(3)] (5) five million dollars
2408 of such proceeds shall be used to fulfill the initiatives for the planning,
2409 design, land acquisition, development and construction of (A) a cancer
2410 treatment center to be constructed by, or in partnership with, The
2411 Hospital of Central Connecticut, provided such cancer treatment
2412 center is located entirely within the legal boundaries of the city of New
2413 Britain, (B) renovations and upgrades to the oncology unit at The
2414 Hospital of Central Connecticut, and (C) if certificate of need approval

2415 is received pursuant to the provisions of subsection (b) of section 10 of
2416 [this act] substitute house bill 5027 of the current session, a Permanent
2417 Regional Phase One Clinical Trials Unit located at The Hospital of
2418 Central Connecticut in New Britain; and [(4)] (6) two million dollars of
2419 such proceeds shall be used to fulfill the initiatives for patient room
2420 renovations at Bristol Hospital. In the event that the cancer treatment
2421 center authorized pursuant to subdivision [(3)] (5) of this subsection is
2422 built in whole or in part outside the legal boundaries of the city of New
2423 Britain, The Hospital of Central Connecticut shall repay the entire
2424 amount of the proceeds used to fulfill the initiatives for the planning,
2425 design, development and construction of such center.

2426 Sec. 85. Subsection (d) of section 34 of public act 09-2 of the
2427 September special session, as amended by section 345 of senate bill 25
2428 of the current session, is amended to read as follows (*Effective July 1,*
2429 *2010*):

2430 For the Department of Public Health: Grants-in-aid, not exceeding
2431 \$6,000,000, (1) for hospital-based emergency service facilities, (2) to
2432 community health centers and primary care organizations for the
2433 purchase of equipment, renovations, improvements and expansion of
2434 facilities, including acquisition of land or buildings, (3) to Community
2435 Health Center, Inc. for renovations and improvements at the New
2436 London facility, not exceeding \$1,000,000, and (4) for enhancements to
2437 the accessibility and efficiency of health care services in the city of
2438 Hartford, not exceeding \$3,000,000, provided the State Bond
2439 Commission shall not allocate the funds pursuant to this subdivision
2440 until such time as the full amount of the federal private or nonstate
2441 money described in subdivision (1) of subsection (e) of section 10a-
2442 109e of the general statutes is made available and said commission has
2443 allocated the bonds authorized for UConn health network initiatives
2444 pursuant to section 8 of substitute house bill 5027 of the current
2445 session, and provided (A) one million dollars shall be made available
2446 to Charter Oak Health Center, Inc. for the purchase of medical
2447 equipment to provide electronic medical records and develop access to

2448 remote treatment and training centers, (B) one million dollars shall be
2449 made available to Community Health Services, Inc. for the purchase of
2450 medical equipment to provide electronic medical records and develop
2451 access to remote treatment and training centers, and (C) one million
2452 dollars shall be made available to the Hispanic Health Council for
2453 renovation and repairs.

2454 Sec. 86. Section 19a-630 of the 2010 supplement to the general
2455 statutes is repealed and the following is substituted in lieu thereof
2456 (*Effective October 1, 2010*):

2457 As used in this chapter, unless the context otherwise requires:

2458 [(1) "Health care facility or institution" means any facility or
2459 institution engaged primarily in providing services for the prevention,
2460 diagnosis or treatment of human health conditions, including, but not
2461 limited to: Outpatient clinics; outpatient surgical facilities; imaging
2462 centers; home health agencies and mobile field hospitals, as defined in
2463 section 19a-490; clinical laboratory or central service facilities serving
2464 one or more health care facilities, practitioners or institutions;
2465 hospitals; nursing homes; rest homes; nonprofit health centers;
2466 diagnostic and treatment facilities; rehabilitation facilities; and mental
2467 health facilities. "Health care facility or institution" includes any parent
2468 company, subsidiary, affiliate or joint venture, or any combination
2469 thereof, of any such facility or institution, but does not include any
2470 health care facility operated by a nonprofit educational institution
2471 solely for the students, faculty and staff of such institution and their
2472 dependents, or any Christian Science sanatorium operated, or listed
2473 and certified, by the First Church of Christ, Scientist, Boston,
2474 Massachusetts.

2475 [(2) "State health care facility or institution" means a hospital or other
2476 such facility or institution operated by the state providing services
2477 which are eligible for reimbursement under Title XVIII or XIX of the
2478 federal Social Security Act, 42 USC Section 301 et seq., as amended.

2479 (3) "Office" means the Office of Health Care Access division of the
2480 Department of Public Health.

2481 (4) "Commissioner" means the Commissioner of Public Health.

2482 (5) "Person" has the meaning assigned to it in section 4-166.]

2483 (1) "Affiliate" means a person, entity or organization controlling,
2484 controlled by or under common control with another person, entity or
2485 organization. Affiliate does not include a medical foundation
2486 organized under chapter 594b.

2487 (2) "Applicant" means any person or health care facility that applies
2488 for a certificate of need pursuant to section 19a-639a, as amended by
2489 this act.

2490 (3) "Bed capacity" means the total number of inpatient beds in a
2491 facility licensed by the Department of Public Health under sections
2492 19a-490 to 19a-503, inclusive, as amended by this act.

2493 (4) "Capital expenditure" means an expenditure that under
2494 generally accepted accounting principles consistently applied is not
2495 properly chargeable as an expense of operation or maintenance and
2496 includes acquisition by purchase, transfer, lease or comparable
2497 arrangement, or through donation, if the expenditure would have been
2498 considered a capital expenditure had the acquisition been by purchase.

2499 (5) "Certificate of need" means a certificate issued by the office.

2500 (6) "Days" means calendar days.

2501 (7) "Deputy commissioner" means the deputy commissioner of
2502 Public Health who oversees the Office of Health Care Access division
2503 of the Department of Public Health.

2504 (8) "Commissioner" means the Commissioner of Public Health.

2505 (9) "Free clinic" means a private, nonprofit community-based

2506 organization that provides medical, dental, pharmaceutical or mental
2507 health services at reduced cost or no cost to low-income, uninsured
2508 and underinsured individuals.

2509 (10) "Health care facility" means (A) hospitals licensed by the
2510 Department of Public Health under chapter 368v; (B) specialty
2511 hospitals; (C) freestanding emergency departments; (D) outpatient
2512 surgical facilities, as defined in section 19a-493b, as amended by this
2513 act, and licensed under chapter 368v; (E) a hospital or other facility or
2514 institution operated by the state that provides services that are eligible
2515 for reimbursement under Title XVIII or XIX of the federal Social
2516 Security Act, 42 USC 301, as amended; (F) a central service facility; (G)
2517 mental health facilities; (H) substance abuse treatment facilities; and (I)
2518 any other facility requiring certificate of need review pursuant to
2519 subsection (a) of section 19a-638, as amended by this act. "Health care
2520 facility" includes any parent company, subsidiary, affiliate or joint
2521 venture, or any combination thereof, of any such facility.

2522 (11) "Nonhospital based" means located at a site other than the main
2523 campus of the hospital.

2524 (12) "Office" means the Office of Health Care Access division within
2525 the Department of Public Health.

2526 (13) "Person" means any individual, partnership, corporation,
2527 limited liability company, association, governmental subdivision,
2528 agency or public or private organization of any character, but does not
2529 include the agency conducting the proceeding.

2530 (14) "Transfer of ownership" means a transfer that impacts or
2531 changes the governance or controlling body of a health care facility or
2532 institution, including, but not limited to, all affiliations, mergers or any
2533 sale or transfer of net assets of a health care facility.

2534 Sec. 87. Section 19a-630a of the 2010 supplement to the general
2535 statutes is repealed and the following is substituted in lieu thereof

2536 (Effective October 1, 2010):

2537 [As used in sections 19a-638 to 19-639c, inclusive, "affiliate" means a
2538 person, entity or organization controlling, controlled by or under
2539 common control with another person, entity or organization. In
2540 addition to other means of being controlled, a person] For purposes of
2541 this chapter, an affiliate is deemed controlled by another person if the
2542 other person, or one of that other person's affiliates, officers or
2543 management employees, acting in such capacity, acts as a general
2544 partner of a general or limited partnership or manager of a limited
2545 liability company. ["Affiliate" does not include a medical foundation
2546 organized under sections 33-182aa to 33-182ff, inclusive.]

2547 Sec. 88. Section 19a-634 of the 2010 supplement to the general
2548 statutes is repealed and the following is substituted in lieu thereof
2549 (Effective October 1, 2010):

2550 (a) The Office of Health Care Access shall conduct, on an annual
2551 basis, a state-wide health care facility utilization study. Such study
2552 shall include, but not be limited to, an assessment of: (1) Current
2553 availability and utilization of acute hospital care, hospital emergency
2554 care, specialty hospital care, outpatient surgical care, primary care and
2555 clinic care; (2) geographic areas and subpopulations that may be
2556 underserved or have reduced access to specific types of health care
2557 services; and (3) other factors that the office deems pertinent to health
2558 care facility utilization. Not later than June thirtieth of each year, the
2559 Commissioner of Public Health shall report, in accordance with section
2560 11-4a, to the Governor and the joint standing committees of the
2561 General Assembly having cognizance of matters relating to public
2562 health and human services on the findings of the study. Such report
2563 may also include the office's recommendations for addressing
2564 identified gaps in the provision of health care services and
2565 recommendations concerning a lack of access to health care services.

2566 (b) The office, in consultation with such other state agencies as the
2567 Commissioner of Public Health deems appropriate, shall establish and

2568 maintain a state-wide health care facilities and services plan. Such plan
2569 may include, but not be limited to: (1) An assessment of the availability
2570 of acute hospital care, hospital emergency care, specialty hospital care,
2571 outpatient surgical care, primary care, and clinic care; (2) an evaluation
2572 of the unmet needs of persons at risk and vulnerable populations as
2573 determined by the commissioner; (3) a projection of future demand for
2574 health care services and the impact that technology may have on the
2575 demand, capacity or need for such services; and (4) recommendations
2576 for the expansion, reduction or modification of health care facilities or
2577 services. In the development of the plan, the office shall consider the
2578 recommendations of any advisory bodies which may be established by
2579 the commissioner. The commissioner may also incorporate the
2580 recommendations of authoritative organizations whose mission is to
2581 promote policies based on best practices or evidence-based research.
2582 The commissioner, in consultation with hospital representatives, shall
2583 develop a process that encourages hospitals to incorporate the state-
2584 wide health care facilities and services plan into hospital long-range
2585 planning and shall facilitate communication between appropriate state
2586 agencies concerning innovations or changes that may affect future
2587 health planning. The office shall update the state-wide health care
2588 facilities and services plan on or before July 1, 2012, and every five
2589 years thereafter. [Said plan shall be considered part of the state health
2590 plan for purposes of office deliberations pursuant to section 19a-637.]

2591 (c) For purposes of conducting the state-wide health care facility
2592 utilization study and preparing the state-wide health care facilities and
2593 services plan, the office shall establish and maintain an inventory of all
2594 health care facilities, the equipment identified in subdivisions (8) and
2595 (9) of subsection (a) of section 19a-638, as amended by this act, and
2596 services in the state, including health care facilities that are exempt
2597 from certificate of need requirements under subsection (b) of section
2598 19a-638, as amended by this act. The office shall develop an inventory
2599 questionnaire to obtain the following information: (1) The name and
2600 location of the facility; (2) the type of facility; (3) the hours of operation;
2601 (4) the type of services provided at that location; and (5) the total

2602 number of clients, treatments, patient visits, procedures performed or
2603 scans performed in a calendar year. The inventory shall be completed
2604 biennially by health care facilities and providers and such health care
2605 facilities and providers shall not be required to provide patient specific
2606 or financial data.

2607 Sec. 89. Section 19a-637 of the 2010 supplement to the general
2608 statutes is repealed and the following is substituted in lieu thereof
2609 (*Effective October 1, 2010*):

2610 [(a) In any of its deliberations involving a proposal, request or
2611 submission regarding (1) services provided by a health care facility or
2612 institution under section 19a-638; (2) capital expenditures by a health
2613 care facility under section 19a-639; and (3) the acquisition of equipment
2614 by a person, provider, health care facility or institution under section
2615 19a-639, the office shall take into consideration and make written
2616 findings concerning each of the following principles and guidelines:
2617 The relationship of the proposal, request or submission to the state
2618 health plan pursuant to section 19a-7; the relationship of the proposal,
2619 request or submission to the applicant's long-range plan; the financial
2620 feasibility of the proposal, request or submission and its impact on the
2621 applicant's rates and financial condition; the impact of such proposal,
2622 request or submission on the interests of consumers of health care
2623 services and the payers for such services; the contribution of such
2624 proposal, request or submission to the quality, accessibility and cost-
2625 effectiveness of health care delivery in the region; whether there is a
2626 clear public need for any proposal or request; whether the health care
2627 facility or institution is competent to provide efficient and adequate
2628 service to the public in that such health care facility or institution is
2629 technically, financially and managerially expert and efficient; that rates
2630 be sufficient to allow the health care facility or institution to cover its
2631 reasonable capital and operating costs; the relationship of any
2632 proposed change to the applicant's current utilization statistics; the
2633 teaching and research responsibilities of the applicant; the special
2634 characteristics of the patient-physician mix of the applicant; the

2635 voluntary efforts of the applicant in improving productivity and
2636 containing costs; and any other factors which the office deems
2637 relevant, including, in the case of a facility or institution as defined in
2638 subsection (c) of section 19a-490, such factors as, but not limited to, the
2639 business interests of all owners, partners, associates, incorporators,
2640 directors, sponsors, stockholders and operators and the personal
2641 backgrounds of such persons. Whenever the granting, modification or
2642 denial of a request is inconsistent with the state health plan, a written
2643 explanation of the reasons for the inconsistency shall be included in
2644 the decision.

2645 (b) Any data submitted to or obtained or compiled by the office
2646 with respect to its deliberations under sections 19a-637 to 19a-639e,
2647 inclusive, with respect to nursing homes, licensed under chapter 368v,
2648 shall be made available to the Department of Public Health.

2649 (c) Notwithstanding the provisions of subsection (a) of this section,
2650 the office shall not direct or control the use of the following resources
2651 of any hospital: The principal and all income from restricted and
2652 unrestricted grants, gifts, contributions, bequests and endowments.]

2653 The office shall promote effective health planning in the state. In
2654 carrying out its assigned duties, the office shall promote the provision
2655 of quality health care in a manner that ensures access for all state
2656 residents to cost-effective services so as to avoid duplication of health
2657 services and improve the availability and financial stability of health
2658 care services throughout the state.

2659 Sec. 90. Section 19a-638 of the 2010 supplement to the general
2660 statutes is repealed and the following is substituted in lieu thereof
2661 (*Effective October 1, 2010*):

2662 [(a) Except as provided in sections 19a-487a and 19a-639a to 19a-
2663 639c, inclusive:

2664 (1) Each health care facility or institution, that intends to (A) transfer

2665 its ownership or control, (B) change the governing powers of the board
2666 of a parent company or an affiliate, whatever its designation, or (C)
2667 change or transfer the powers or control of a governing or controlling
2668 body of an affiliate, shall submit to the office, prior to the proposed
2669 date of such transfer, or change, a request for permission to undertake
2670 such transfer or change. For purposes of this section and section 19a-
2671 639b, "transfer its ownership or control" means a transfer that impacts
2672 or changes the governance or controlling body of a health care facility
2673 or institution, including, but not limited to, all affiliations, mergers or
2674 any sale or transfer of net assets of a health care facility or institution.

2675 (2) Each health care facility or institution or state health care facility
2676 or institution, including any inpatient rehabilitation facility, which
2677 intends to introduce any additional function or service into its
2678 program of health care shall submit to the office, prior to the proposed
2679 date of the institution of such function or service, a request for
2680 permission to undertake such function or service.

2681 (3) Each health care facility or institution or state health care facility
2682 or institution which intends to terminate a health service offered by
2683 such facility or institution or reduce substantially its total bed capacity,
2684 shall submit to the office, prior to the proposed date of such
2685 termination or decrease, a request to undertake such termination or
2686 decrease.

2687 (4) Except as provided in sections 19a-639a to 19a-639c, inclusive,
2688 each applicant, prior to submitting a certificate of need application
2689 under this section or section 19a-639, or under both sections, shall
2690 submit a request, in writing, for application forms and instructions to
2691 the office. The request shall be known as a letter of intent. A letter of
2692 intent shall include: (A) The name of the applicant or applicants; (B) a
2693 statement indicating whether the application is for (i) a new,
2694 replacement or additional facility, service or function, (ii) the
2695 expansion or relocation of an existing facility, service or function, (iii) a
2696 transfer of its ownership or control, (iv) a termination of a service or a

2697 reduction in total bed capacity and the bed type, (v) any new or
2698 additional beds and their type, (vi) a capital expenditure over three
2699 million dollars, (vii) the purchase, lease or donation acceptance of
2700 major medical equipment costing over three million dollars, (viii) a CT
2701 scanner, PET scanner, PET/CT scanner or MRI scanner, a linear
2702 accelerator or other similar equipment utilizing technology that is new
2703 or being introduced into the state, or (ix) any combination thereof; (C)
2704 the estimated capital cost, value or expenditure; (D) the town where
2705 the project is or will be located; and (E) a brief description of the
2706 proposed project. The office shall provide public notice of any
2707 complete letter of intent submitted under this section or section 19a-
2708 639, or both, by publication in a newspaper having a substantial
2709 circulation in the area served or to be served by the applicant. Such
2710 notice shall be submitted for publication not later than twenty-one
2711 days after the date the office determines that a letter of intent is
2712 complete. No certificate of need application will be considered
2713 submitted to the office unless a current letter of intent, specific to the
2714 proposal and in compliance with this subsection, has been on file with
2715 the office for not less than sixty days. A current letter of intent is a
2716 letter of intent that has been on file at the office up to and including
2717 one hundred twenty days, except that an applicant may request a one-
2718 time extension of a letter of intent of up to an additional thirty days for
2719 a maximum total of up to one hundred fifty days if, prior to the
2720 expiration of the current letter of intent, the office receives a written
2721 request to so extend the letter of intent's current status. The extension
2722 request shall fully explain why an extension is requested. The office
2723 shall accept or reject the extension request not later than seven days
2724 from the date the office receives such request and shall so notify the
2725 applicant.

2726 (b) The office shall make such review of a request made pursuant to
2727 subdivision (1), (2) or (3) of subsection (a) of this section as it deems
2728 necessary. In the case of a health care facility or institution that intends
2729 to transfer its ownership or control, the review shall include, but not be
2730 limited to, the financial responsibility and business interests of the

2731 transferee and the ability of the institution to continue to provide
2732 needed services or, in the case of the introduction of a new or
2733 additional function or service expansion or the termination of a service
2734 or function, ascertaining the availability of such service or function at
2735 other inpatient rehabilitation facilities, health care facilities or
2736 institutions or state health care facilities or institutions or other
2737 providers within the area to be served, the need for such service or
2738 function within such area and any other factors which the office deems
2739 relevant to a determination of whether the facility or institution is
2740 justified in introducing or terminating such functions or services into
2741 or from its program. The office shall grant, modify or deny such
2742 request no later than ninety days after the date of receipt of a complete
2743 application, except as provided for in this section. Upon the request of
2744 the applicant, the review period may be extended for an additional
2745 fifteen days if the office has requested additional information
2746 subsequent to the commencement of the review period. The
2747 commissioner, or the commissioner's designee, may extend the review
2748 period for a maximum of thirty days if the applicant has not filed in a
2749 timely manner information deemed necessary by the office. Failure of
2750 the office to act on such request within such review period shall be
2751 deemed approval thereof. The ninety-day review period, pursuant to
2752 this subsection, for an application filed by a hospital, as defined in
2753 section 19a-490, and licensed as a short-term acute-care general
2754 hospital or children's hospital by the Department of Public Health or
2755 an affiliate of such a hospital or any combination thereof, shall not
2756 apply if, in the certificate of need application or request, the hospital or
2757 applicant projects either (1) that, for the first three years of operation
2758 taken together, the total impact of the proposal on the operating
2759 budget of the hospital or an affiliate of such a hospital or any
2760 combination thereof will exceed one per cent of the actual operating
2761 expenses of the hospital for the most recently completed fiscal year as
2762 filed with or determined by the office, or (2) that the total capital
2763 expenditure for the project will exceed fifteen million dollars. If the
2764 office determines that an application is not subject to the ninety-day

2765 review period pursuant to this subsection, it shall remain so excluded
2766 for the entire review period of that application, even if the application
2767 or circumstances change and the application no longer meets the stated
2768 terms of the exclusion. Upon a showing by such facility or institution
2769 that the need for such function or service or termination or transfer of
2770 its ownership or control is of an emergency nature, in that the function,
2771 service or termination or transfer of its ownership or control is
2772 necessary to maintain continued access to the health care services
2773 provided by the facility or institution, or to comply with requirements
2774 of any federal, state or local health, fire, building or life safety code, the
2775 commissioner, or the commissioner's designee, may waive the letter of
2776 intent requirement, provided such request shall be submitted not less
2777 than fourteen days before the proposed date of institution of the
2778 function, service or termination or transfer of its ownership or control.

2779 (c) (1) The office may hold a public hearing with respect to any
2780 complete certificate of need application submitted under this section.
2781 At least two weeks' notice of such public hearing shall be given to the
2782 applicant, in writing, and to the public by publication in a newspaper
2783 having a substantial circulation in the area served by the facility,
2784 institution or provider. At the discretion of the office, such hearing
2785 may be held in Hartford or in the area so served or to be served. In
2786 conducting its activities under this section, section 19a-639, or under
2787 both sections, the office may hold hearings on applications of a similar
2788 nature at the same time.

2789 (2) The office may hold a public hearing after consideration of
2790 criteria that include, but need not be limited to, whether the proposal
2791 involves: (A) The provision of a new or additional health care function
2792 or service through the use of technology that is new or being
2793 introduced into the state; (B) the provision of a new or additional
2794 health care function or service that is not provided in either a region
2795 designated by the applicant or in the applicant's existing primary
2796 service area as defined by the office; or (C) the termination of an
2797 existing health care function or service, the reduction of total beds or

2798 the closing of a health care facility.

2799 (3) The office shall hold a public hearing with respect to any
2800 complete certificate of need application submitted to the office under
2801 this section if (A) three individuals or an individual representing an
2802 entity with five or more people submit a request, in writing, that a
2803 public hearing be held on the proposal after the office has published
2804 notice of a complete letter of intent, and (B) such request is received by
2805 the office not later than twenty-one days after the date that the office
2806 deems the certificate of need application complete.]

2807 (a) A certificate of need issued by the office shall be required for:

2808 (1) The establishment of a new health care facility;

2809 (2) A transfer of ownership of a health care facility;

2810 (3) The establishment of a free-standing emergency department;

2811 (4) The termination by a short-term acute care general hospital or
2812 children's hospital of inpatient and outpatient mental health and
2813 substance abuse services;

2814 (5) The establishment of an outpatient surgical facility, as defined in
2815 section 19a-493b, as amended by this act, or as established by a short-
2816 term acute care general hospital;

2817 (6) The termination of an emergency department by a short-term
2818 acute care general hospital;

2819 (7) The establishment of cardiac services, including inpatient and
2820 outpatient cardiac catheterization, interventional cardiology and
2821 cardiovascular surgery;

2822 (8) The acquisition of computed tomography scanners, magnetic
2823 resonance imaging scanners, positron emission tomography scanners
2824 or positron emission tomography-computed tomography scanners, by
2825 any person, physician, provider, short-term acute care general hospital

2826 or children's hospital;

2827 (9) The acquisition of nonhospital based linear accelerators;

2828 (10) An increase in the licensed bed capacity of a health care facility;

2829 (11) The acquisition of equipment utilizing technology that has not
2830 previously been utilized in the state; and

2831 (12) An increase of two or more operating rooms within any three-
2832 year period, commencing on and after October 1, 2010, by an
2833 outpatient surgical facility, as defined in section 19a-493b, as amended
2834 by this act, or by a short-term acute care general hospital.

2835 (b) A certificate of need shall not be required for:

2836 (1) Health care facilities owned and operated by the federal
2837 government;

2838 (2) The establishment of offices by a licensed private practitioner,
2839 whether for individual or group practice, except when a certificate of
2840 need is required in accordance with the requirements of section 19a-
2841 493b, as amended by this act, or subdivisions (8) and (9) of subsection
2842 (a) of this section;

2843 (3) A health care facility operated by a religious group that
2844 exclusively relies upon spiritual means through prayer for healing;

2845 (4) Residential care homes, nursing homes and rest homes, as
2846 defined in subsection (c) of section 19a-490;

2847 (5) An assisted living services agency, as defined in section 19a-490;

2848 (6) Home health agencies, as defined in section 19a-490;

2849 (7) Hospice services, as described in section 19a-122b;

2850 (8) Outpatient rehabilitation facilities;

- 2851 (9) Outpatient chronic dialysis services;
- 2852 (10) Transplant services;
- 2853 (11) Free clinics, as defined in section 19a-630, as amended by this
2854 act;
- 2855 (12) School-based health centers, community health centers, as
2856 defined in section 19a-490a, not-for-profit outpatient clinics licensed in
2857 accordance with the provisions of chapter 368v and federally qualified
2858 health centers;
- 2859 (13) A program licensed or funded by the Department of Children
2860 and Families, provided such program is not a psychiatric residential
2861 treatment facility;
- 2862 (14) Any nonprofit facility, institution or provider that has a contract
2863 with, or is certified or licensed to provide a service for, a state agency
2864 or department for a service that would otherwise require a certificate
2865 of need. The provisions of this subdivision shall not apply to a short-
2866 term acute care general hospital or children's hospital;
- 2867 (15) A health care facility operated by a nonprofit educational
2868 institution exclusively for students, faculty and staff of such institution
2869 and their dependents;
- 2870 (16) An outpatient clinic or program operated exclusively by or
2871 contracted to be operated exclusively by a municipality, municipal
2872 agency, municipal board of education or a health district, as described
2873 in section 19a-241;
- 2874 (17) A residential facility for the mentally retarded licensed
2875 pursuant to section 17a-227 and certified to participate in the Title XIX
2876 Medicaid program as an intermediate care facility for the mentally
2877 retarded;
- 2878 (18) Replacement of existing imaging equipment if such equipment

2879 was acquired through certificate of need approval or a certificate of
2880 need determination, provided a health care facility, provider,
2881 physician or person notifies the office of the date on which the
2882 equipment is replaced and the disposition of the replaced equipment;

2883 (19) Acquisition of cone-beam dental imaging equipment that is to
2884 be used exclusively by a dentist licensed pursuant to chapter 379;

2885 (20) The termination of inpatient or outpatient services offered by a
2886 hospital, except as provided in subdivision (4) of subsection (a) of this
2887 section and section 19a-639e, as amended by this act;

2888 (21) The partial or total elimination of services provided by an
2889 outpatient surgical facility, as defined in section 19a-493b, as amended
2890 by this act, except as provided in section 19a-639e, as amended by this
2891 act; or

2892 (22) The termination of services for which the Department of Public
2893 Health has requested the facility to relinquish its license.

2894 (c) (1) Any person, health care facility or institution that is unsure
2895 whether a certificate of need is required under this section, or (2) any
2896 health care facility that proposes to relocate pursuant to section 19a-
2897 639c, as amended by this act, shall send a letter to the office that
2898 describes the project and requests that the office make a determination
2899 as to whether a certificate of need is required. In the case of a
2900 relocation of a health care facility, the letter shall include information
2901 described in section 19a-639c, as amended by this act. A person, health
2902 care facility or institution making such request shall provide the office
2903 with any information the office requests as part of its determination
2904 process.

2905 (d) The Commissioner of Public Health may implement policies and
2906 procedures necessary to administer the provisions of this section while
2907 in the process of adopting such policies and procedures as regulation,
2908 provided the commissioner holds a public hearing prior to

2909 implementing the policies and procedures and prints notice of intent to
2910 adopt regulations in the Connecticut Law Journal not later than twenty
2911 days after the date of implementation. Policies and procedures
2912 implemented pursuant to this section shall be valid until the time final
2913 regulations are adopted. Final regulations shall be adopted by
2914 December 31, 2011.

2915 Sec. 91. Section 19a-639 of the 2010 supplement to the general
2916 statutes is repealed and the following is substituted in lieu thereof
2917 (*Effective October 1, 2010*):

2918 [(a) Except as provided in sections 19a-639a to 19a-639c, inclusive,
2919 each health care facility or institution, including, but not limited to,
2920 any inpatient rehabilitation facility, any health care facility or
2921 institution or any state health care facility or institution proposing (1) a
2922 capital expenditure exceeding three million dollars, (2) to purchase,
2923 lease or accept donation of major medical equipment requiring a
2924 capital expenditure, as defined in regulations adopted pursuant to
2925 section 19a-643, in excess of three million dollars, or (3) to purchase,
2926 lease or accept donation of a CT scanner, PET scanner, PET/CT
2927 scanner or MRI scanner, a linear accelerator or other similar equipment
2928 utilizing technology that is new or being introduced into this state,
2929 including the purchase, lease or donation of equipment or a facility,
2930 shall submit a request for approval of such expenditure to the office,
2931 with such data, information and plans as the office requires in advance
2932 of the proposed initiation date of such project.

2933 (b) (1) The commissioner, or the commissioner's designee, shall
2934 notify the Commissioner of Social Services of any certificate of need
2935 request that may impact expenditures under the state medical
2936 assistance program. The office shall consider such request in relation to
2937 the community or regional need for such capital program or purchase
2938 of land, the possible effect on the operating costs of the health care
2939 facility or institution and such other relevant factors as the office
2940 deems necessary. In approving or modifying such request, the

2941 commissioner, or the commissioner's designee, may not prescribe any
2942 condition, such as but not limited to, any condition or limitation on the
2943 indebtedness of the facility or institution in connection with a bond
2944 issue, the principal amount of any bond issue or any other details or
2945 particulars related to the financing of such capital expenditure, not
2946 directly related to the scope of such capital program and within control
2947 of the facility or institution.

2948 (2) An applicant, prior to submitting a certificate of need
2949 application, shall submit a request, in writing, for application forms
2950 and instructions to the office. The request shall be known as a letter of
2951 intent. A letter of intent shall conform to the letter of intent
2952 requirements of subdivision (4) of subsection (a) of section 19a-638. No
2953 certificate of need application will be considered submitted to the
2954 office unless a current letter of intent, specific to the proposal and in
2955 compliance with this subsection, is on file with the office for not less
2956 than sixty days. A current letter of intent is a letter of intent that has
2957 been on file at the office no more than one hundred twenty days,
2958 except that an applicant may request a one-time extension of a letter of
2959 intent of not more than an additional thirty days for a maximum total
2960 of not more than one hundred fifty days if, prior to the expiration of
2961 the current letter of intent, the office receives a written request to so
2962 extend the letter of intent's current status. The extension request shall
2963 fully explain why an extension is requested. The office shall accept or
2964 reject the extension request not later than seven days from the date the
2965 office receives the extension request and shall so notify the applicant.
2966 Upon a showing by such facility or institution that the need for such
2967 capital program is of an emergency nature, in that the capital
2968 expenditure is necessary to maintain continued access to the health
2969 care services provided by the facility or institution, or to comply with
2970 any federal, state or local health, fire, building or life safety code, the
2971 commissioner, or the commissioner's designee, may waive the letter of
2972 intent requirement, provided such request shall be submitted not less
2973 than fourteen days before the proposed initiation date of the project.
2974 The commissioner, or the commissioner's designee, shall grant, modify

2975 or deny such request not later than ninety days or not later than
2976 fourteen days, as the case may be, after receipt of such request, except
2977 as provided for in this section. Upon the request of the applicant, the
2978 review period may be extended for an additional fifteen days if the
2979 office has requested additional information subsequent to the
2980 commencement of the review period. The commissioner, or the
2981 commissioner's designee, may extend the review period for a
2982 maximum of thirty days if the applicant has not filed, in a timely
2983 manner, information deemed necessary by the office. Failure of the
2984 office to act upon such request within such review period shall be
2985 deemed approval of such request. The ninety-day review period,
2986 pursuant to this section, for an application filed by a hospital, as
2987 defined in section 19a-490, and licensed as a short-term acute care
2988 general hospital or a children's hospital by the Department of Public
2989 Health or an affiliate of such a hospital or any combination thereof,
2990 shall not apply if, in the certificate of need application or request, the
2991 hospital or applicant projects either (A) that, for the first three years of
2992 operation taken together, the total impact of the proposal on the
2993 operating budget of the hospital or an affiliate or any combination
2994 thereof will exceed one per cent of the actual operating expenses of the
2995 hospital for the most recently completed fiscal year as filed with the
2996 office, or (B) that the total capital expenditure for the project will
2997 exceed fifteen million dollars. If the office determines that an
2998 application is not subject to the ninety-day review period pursuant to
2999 this subsection, it shall remain so excluded for the entire period of that
3000 application, even if the application or circumstances change and the
3001 application no longer meets the stated terms of the exclusion. The
3002 Department of Public Health shall adopt regulations, in accordance
3003 with chapter 54, to establish an expedited hearing process to be used to
3004 review requests by any facility or institution for approval of a capital
3005 expenditure to establish an energy conservation program or to comply
3006 with requirements of any federal, state or local health, fire, building or
3007 life safety code or final court order. The Department of Public Health
3008 shall adopt regulations in accordance with the provisions of chapter 54

3009 to provide for the waiver of a hearing for any part of a request by a
3010 facility or institution for a capital expenditure, provided such facility
3011 or institution and the office agree upon such waiver.

3012 (3) The office shall comply with the public notice provisions of
3013 subdivision (4) of subsection (a) of section 19a-638, and shall hold a
3014 public hearing with respect to any complete certificate of need
3015 application filed under this section, if: (A) The proposal has associated
3016 total capital expenditures or total capital costs that exceed twenty
3017 million dollars for land, building or nonclinical equipment acquisition,
3018 new building construction or building renovation; (B) the proposal has
3019 associated total capital expenditures per unit or total capital costs per
3020 unit that exceed three million dollars for the purchase, lease or
3021 donation acceptance of major medical equipment; (C) the proposal is
3022 for the purchase, lease or donation acceptance of equipment utilizing
3023 technology that is new or being introduced into the state, including
3024 scanning equipment, a linear accelerator or other similar equipment; or
3025 (D) three individuals or an individual representing an entity
3026 comprised of five or more people submit a request, in writing, that a
3027 public hearing be held on the proposal and such request is received by
3028 the office not later than twenty-one days after the office deems the
3029 certificate of need application complete. At least two weeks' notice of
3030 such public hearing shall be given to the applicant, in writing, and to
3031 the public by publication in a newspaper having a substantial
3032 circulation in the area served by the applicant. At the discretion of the
3033 office, such hearing shall be held in Hartford or in the area so served or
3034 to be served.

3035 (c) Each person or provider, other than a health care or state health
3036 care facility or institution subject to subsection (a) of this section,
3037 proposing to purchase, lease, accept donation of or replace (1) major
3038 medical equipment with a capital expenditure in excess of three
3039 million dollars, or (2) a CT scanner, PET scanner, PET/CT scanner or
3040 MRI scanner, a linear accelerator or other similar equipment utilizing
3041 technology that is new or being introduced into the state, shall submit

3042 a request for approval of any such purchase, lease, donation or
3043 replacement pursuant to the provisions of subsection (a) of this section.
3044 In determining the capital cost or expenditure for an application under
3045 this section or section 19a-638, the office shall use the greater of (A) the
3046 fair market value of the equipment as if it were to be used for full-time
3047 operation, whether or not the equipment is to be used, shared or
3048 rented on a part-time basis, or (B) the total value or estimated value
3049 determined by the office of any capitalized lease computed for a three-
3050 year period. Each method shall include the costs of any service or
3051 financing agreements plus any other cost components or items the
3052 office specifies in regulations, adopted in accordance with chapter 54,
3053 or deems appropriate.

3054 (d) Notwithstanding the provisions of section 19a-638 or subsection
3055 (a) of this section, no community health center, as defined in section
3056 19a-490a, shall be subject to the provisions of said section 19a-638 or
3057 subsection (a) of this section if the community health center is: (1)
3058 Proposing a capital expenditure not exceeding three million dollars; (2)
3059 exclusively providing primary care or dental services; and (3) either
3060 (A) financing one-third or more of the cost of the proposed project
3061 with moneys provided by the state of Connecticut, (B) receiving funds
3062 from the Department of Public Health for the proposed project, or (C)
3063 locating the proposed project in an area designated by the federal
3064 Health Resources and Services Administration as a health professional
3065 shortage area, a medically underserved area or an area with a
3066 medically underserved population. Each community health center
3067 seeking an exemption under this subsection shall provide the office
3068 with documentation verifying to the satisfaction of the office,
3069 qualification for this exemption. Each community health center
3070 proposing to provide any service other than a primary care or dental
3071 service at any location, including a designated community health
3072 center location, shall first obtain a certificate of need for such
3073 additional service in accordance with this section and section 19a-638.
3074 Each satellite, subsidiary or affiliate of a federally qualified health
3075 center, in order to qualify under this exemption, shall: (i) Be part of a

3076 federally qualified health center that meets the requirements of this
3077 subsection; (ii) exclusively provide primary care or dental services; and
3078 (iii) be located in a health professional shortage area or a medically
3079 underserved area. If the subsidiary, satellite or affiliate does not so
3080 qualify, it shall obtain a certificate of need.

3081 (e) Notwithstanding the provisions of section 19a-638, subsection (a)
3082 of section 19a-639a or subsection (a) of this section, no school-based
3083 health care center shall be subject to the provisions of section 19a-638
3084 or subsection (a) of this section if the center: (1) Is or will be licensed by
3085 the Department of Public Health as an outpatient clinic; (2) proposes
3086 capital expenditures not exceeding three million dollars and does not
3087 exceed such amount; (3) once operational, continues to operate and
3088 provide services in accordance with the department's licensing
3089 standards for comprehensive school-based health centers; and (4) is or
3090 will be located entirely on the property of a functioning school.

3091 (f) In conducting its activities under this section or section 19a-638,
3092 or under both sections, the office may hold hearings on applications of
3093 a similar nature at the same time.]

3094 (a) In any deliberations involving a certificate of need application
3095 filed pursuant to section 19a-638, as amended by this act, the office
3096 shall take into consideration and make written findings concerning
3097 each of the following guidelines and principles:

3098 (1) Whether the proposed project is consistent with any applicable
3099 policies and standards adopted in regulations by the office;

3100 (2) The relationship of the proposed project to the state-wide health
3101 care facilities and services plan;

3102 (3) Whether there is a clear public need for the health care facility or
3103 services proposed by the applicant;

3104 (4) Whether the applicant has satisfactorily demonstrated how the
3105 proposal will impact the financial strength of the health care system in

3106 the state;

3107 (5) Whether the applicant has satisfactorily demonstrated how the
3108 proposal will improve quality, accessibility and cost effectiveness of
3109 health care delivery in the region;

3110 (6) The applicant's past and proposed provision of health care
3111 services to relevant patient populations and payer mix;

3112 (7) Whether the applicant has satisfactorily identified the population
3113 to be served by the proposed project and satisfactorily demonstrated
3114 that the identified population has a need for the proposed services;

3115 (8) The utilization of existing health care facilities and health care
3116 services in the service area of the applicant; and

3117 (9) Whether the applicant has satisfactorily demonstrated that the
3118 proposed project shall not result in an unnecessary duplication of
3119 existing or approved health care services or facilities.

3120 (b) The office, as it deems necessary, may revise or supplement the
3121 guidelines and principles through regulation prescribed in subsection
3122 (a) of this section.

3123 Sec. 92. Section 19a-639a of the 2010 supplement to the general
3124 statutes is repealed and the following is substituted in lieu thereof
3125 (*Effective October 1, 2010*):

3126 [(a) Except as provided in subsection (c) of section 19a-639, or as
3127 required in subsection (b) of this section, the provisions of section 19a-
3128 638 and subsection (a) of section 19a-639 shall not apply to: (1) An
3129 outpatient clinic or program operated exclusively by, or contracted to
3130 be operated exclusively for, a municipality or municipal agency, a
3131 health district, as defined in section 19a-240, or a board of education;
3132 (2) a residential facility for the mentally retarded licensed pursuant to
3133 section 17a-227 and certified to participate in the Title XIX Medicaid
3134 program as an intermediate care facility for the mentally retarded; (3)

3135 an outpatient rehabilitation service agency that was in operation on
3136 January 1, 1998, that is operated exclusively on an outpatient basis and
3137 that is eligible to receive reimbursement under section 17b-243; (4) a
3138 clinical laboratory; (5) an assisted living services agency; (6) an
3139 outpatient service offering chronic dialysis; (7) a program of
3140 ambulatory services established and conducted by a health
3141 maintenance organization; (8) a home health agency; (9) a clinic
3142 operated by the AmeriCares Foundation; (10) a nursing home; (11) a
3143 rest home; or (12) a program licensed or funded by the Department of
3144 Children and Families, provided such program is not a psychiatric
3145 residential treatment facility, as defined in 42 CFR 483.352. The
3146 exemptions provided in this section shall not apply when a nursing
3147 home or rest home is, or will be created, acquired, operated or in any
3148 other way related to or affiliated with, or under the complete or partial
3149 ownership or control of a facility or institution or affiliate subject to the
3150 provisions of section 19a-638 or subsection (a) of section 19a-639.

3151 (b) Each health care facility or institution exempted under this
3152 section shall register with the office by filing the information required
3153 by subdivision (4) of subsection (a) of section 19a-638 for a letter of
3154 intent at least fourteen days but not more than sixty calendar days
3155 prior to commencing operations and prior to changing, expanding,
3156 terminating or relocating any facility or service otherwise covered by
3157 section 19a-638 or subsection (a) of section 19a-639, or covered by both
3158 sections or subsections, except that, if the facility or institution is in
3159 operation on June 5, 1998, said information shall be filed not more than
3160 sixty days after said date. Not later than fourteen days after the date
3161 that the office receives a completed filing required under this
3162 subsection, the office shall provide the health care facility or institution
3163 with written acknowledgment of receipt. Such acknowledgment shall
3164 constitute permission to operate or change, expand, terminate or
3165 relocate such a facility or institution or to make an expenditure
3166 consistent with an authorization received under subsection (a) of
3167 section 19a-639 until the next September thirtieth. Each entity
3168 exempted under this section shall renew its exemption by filing

3169 current information once every two years in September.

3170 (c) Each health care facility, institution or provider that proposes to
3171 purchase, lease or accept donation of a CT scanner, PET scanner,
3172 PET/CT scanner or MRI scanner or a linear accelerator shall be exempt
3173 from certificate of need review pursuant to sections 19a-638 and 19a-
3174 639 if such facility, institution or provider (1) provides to the office
3175 satisfactory evidence that it purchased or leased such equipment for
3176 under four hundred thousand dollars on or before July 1, 2005, and
3177 such equipment was in operation on or before July 1, 2006, or (2)
3178 obtained, on or before July 1, 2005, from the office, a certificate of need
3179 or a determination that a certificate of need was not required for the
3180 purchase, lease or donation acceptance of such equipment.

3181 (d) The Office of Health Care Access shall, in its discretion, exempt
3182 from certificate of need review pursuant to sections 19a-638 and 19a-
3183 639 any health care facility or institution that proposes to purchase or
3184 operate an electronic medical records system on or after October 1,
3185 2005.

3186 (e) Each health care facility or institution that proposes a capital
3187 expenditure for parking lots and garages, information and
3188 communications systems, physician and administrative office space,
3189 acquisition of land for nonclinical purposes, and acquisition and
3190 replacement of nonmedical equipment, including, but not limited to,
3191 boilers, chillers, heating ventilation and air conditioning systems, shall
3192 be exempt for such capital expenditure from certificate of need review
3193 under subsection (a) of section 19a-639, provided (1) the health care
3194 facility or institution submits information to the office regarding the
3195 type of capital expenditure, the reason for the capital expenditure, the
3196 total cost of the project and any other information which the office
3197 deems necessary; and (2) the total capital expenditure does not exceed
3198 twenty million dollars. Approval of a health care facility's or
3199 institution's proposal for acquisition of land for nonclinical purposes
3200 shall not exempt such facility or institution from compliance with any

3201 of the certificate of need requirements prescribed in this chapter if such
3202 facility or institution subsequently seeks to develop the land that was
3203 acquired for nonclinical purposes.

3204 (f) Each short-term acute care general or children's hospital, chronic
3205 disease hospital or hospital for the mentally ill that on July 1, 2009, is
3206 providing outpatient services, including, but not limited to, physical
3207 therapy, occupational therapy, speech therapy, cardiac rehabilitation,
3208 occupational injury management, occupational disease management
3209 and company contracted services that thereafter proposes to provide
3210 such services at an alternative location within the primary services
3211 area of the health care facility or institution, shall be exempt from the
3212 certificate of need requirements prescribed in subsection (a) of section
3213 19a-638 as relates to any such proposal to provide such services at an
3214 alternative location, provided the short-term acute care general or
3215 children's hospital, chronic disease hospital or hospital for the mentally
3216 ill submits information to the office concerning the type of outpatient
3217 services such hospital proposes to provide at the alternative location,
3218 the location where such services will be provided and the reasons for
3219 the proposal to provide such services at an alternative location.]

3220 (a) An application for a certificate of need shall be filed with the
3221 office in accordance with the provisions of this section and any
3222 regulations adopted by the office. The application shall address the
3223 guidelines and principles set forth in (1) subsection (a) of section 19a-
3224 639, as amended by this act, and (2) regulations adopted by the office.
3225 The applicant shall include with the application a nonrefundable
3226 application fee of five hundred dollars.

3227 (b) Not later than twenty days prior to the date that the applicant
3228 submits the certificate of need application to the office, the applicant
3229 shall publish notice that an application is to be submitted to the office
3230 in a newspaper having a substantial circulation in the area where the
3231 project is to be located. Such notice shall be published for not less than
3232 three consecutive days and shall contain a brief description of the

3233 nature of the project and the street address where the project is to be
3234 located. The office shall not accept the applicant's certificate of need
3235 application for filing unless the application is accompanied by the
3236 application fee prescribed in subsection (a) of this section and proof of
3237 compliance with the publication requirements prescribed in this
3238 subsection.

3239 (c) Not later than five business days after receipt of a properly filed
3240 certificate of need application, the office shall publish notice of the
3241 application on its web site and with the office of the Secretary of the
3242 State. Not later than thirty days after the date of filing of the
3243 application, the office may request such additional information as the
3244 office determines necessary to complete the application. The applicant
3245 shall, not later than sixty days after the date of the office's request,
3246 submit the requested information to the office. If an applicant fails to
3247 submit the requested information to the office within the sixty-day
3248 period, the office shall consider the application to have been
3249 withdrawn.

3250 (d) Upon determining that an application is complete, the office
3251 shall provide notice of this determination to the applicant and to the
3252 public in accordance with regulations adopted by the office. In
3253 addition, the office shall post such notice on its web site. The date on
3254 which the office posts such notice on its web site shall begin the review
3255 period. Except as provided in this subsection, (1) the review period for
3256 a completed application shall be ninety days from the date on which
3257 the office posts such notice on its web site; and (2) the office shall issue
3258 a decision on a completed application prior to the expiration of the
3259 ninety-day review period. Upon request or for good cause shown, the
3260 office may extend the review period for a period of time not to exceed
3261 sixty days. If the review period is extended, the office shall issue a
3262 decision on the completed application prior to the expiration of the
3263 extended review period. If the office holds a public hearing concerning
3264 a completed application in accordance with subsection (e) or (f) of this
3265 section, the office shall issue a decision on the completed application

3266 not later than sixty days after the date of the public hearing.

3267 (e) The office shall hold a public hearing on a properly filed and
3268 completed certificate of need application if three or more individuals
3269 or an individual representing an entity with five or more people
3270 submits a request, in writing, that a public hearing be held on the
3271 application. Any request for a public hearing shall be made to the
3272 office not later than thirty days after the date the office determines the
3273 application to be complete.

3274 (f) The office may hold a public hearing with respect to any
3275 certificate of need application submitted under this chapter. The office
3276 shall provide not less than two weeks' advance notice to the applicant,
3277 in writing, and to the public by publication in a newspaper having a
3278 substantial circulation in the area served by the health care facility or
3279 provider. In conducting its activities under this chapter, the office may
3280 hold hearing on applications of a similar nature at the same time.

3281 (g) The Commissioner of Public Health may implement policies and
3282 procedures necessary to administer the provisions of this section while
3283 in the process of adopting such policies and procedures as regulation,
3284 provided the commissioner holds a public hearing prior to
3285 implementing the policies and procedures and prints notice of intent to
3286 adopt regulations in the Connecticut Law Journal not later than twenty
3287 days after the date of implementation. Policies and procedures
3288 implemented pursuant to this section shall be valid until the time final
3289 regulations are adopted. Final regulations shall be adopted by
3290 December 31, 2011.

3291 Sec. 93. Section 19a-639b of the 2010 supplement to the general
3292 statutes is repealed and the following is substituted in lieu thereof
3293 (*Effective October 1, 2010*):

3294 [(a) The Commissioner of Public Health or the commissioner's
3295 designee may grant an exemption from the requirements of section
3296 19a-638 or subsection (a) of section 19a-639, or both, for any nonprofit

3297 facility, institution or provider that is currently under contract with a
3298 state agency or department and is seeking to engage in any activity,
3299 other than the termination of a service or a facility, otherwise subject to
3300 said section or subsection if:

3301 (1) The nonprofit facility, institution or provider is proposing a
3302 capital expenditure of not more than three million dollars and the
3303 expenditure does not in fact exceed three million dollars;

3304 (2) The activity meets a specific service need identified by a state
3305 agency or department with which the nonprofit facility, institution or
3306 provider is currently under contract;

3307 (3) The commissioner, executive director, chairman or chief court
3308 administrator of the state agency or department that has identified the
3309 specific need confirms, in writing, to the office that (A) the agency or
3310 department has identified a specific need with a detailed description of
3311 that need and that the agency or department believes that the need
3312 continues to exist, (B) the activity in question meets all or part of the
3313 identified need and specifies how much of that need the proposal
3314 meets, (C) in the case where the activity is the relocation of services,
3315 the agency or department has determined that the needs of the area
3316 previously served will continue to be met in a better or satisfactory
3317 manner and specifies how that is to be done, (D) in the case where a
3318 facility or institution seeks to transfer its ownership or control, that the
3319 agency or department has investigated the proposed change and the
3320 person or entity requesting the change and has determined that the
3321 change would be in the best interests of the state and the patients or
3322 clients, and (E) the activity will be cost-effective and well managed;
3323 and

3324 (4) In the case where the activity is the relocation of services, the
3325 Commissioner of Public Health or the commissioner's designee
3326 determines that the needs of the area previously served will continue
3327 to be met in a better or satisfactory manner.

3328 (b) The Commissioner of Public Health or the commissioner's
3329 designee may grant an exemption from the requirements of section
3330 19a-638 or subsection (a) of section 19a-639, or both, for any nonprofit
3331 facility, institution or provider that is currently under contract with a
3332 state agency or department and is seeking to terminate a service or a
3333 facility, provided (1) the commissioner, executive director, chairperson
3334 or chief court administrator of the state agency or department with
3335 which the nonprofit facility, institution or provider is currently under
3336 contract confirms, in writing, to the office that the needs of the area
3337 previously served will continue to be met in a better or satisfactory
3338 manner and specifies how that is to be done, and (2) the commissioner
3339 or the commissioner's designee determines that the needs of the area
3340 previously served will continue to be met in a better or satisfactory
3341 manner.

3342 (c) A nonprofit facility, institution or provider seeking an exemption
3343 under this section shall provide the office with any information it
3344 needs to determine exemption eligibility. An exemption granted under
3345 this section shall be limited to part or all of any services, equipment,
3346 expenditures or location directly related to the need or location that the
3347 state agency or department has identified.

3348 (d) The office may revoke or modify the scope of the exemption at
3349 any time following a public review that allows the state agency or
3350 department and the nonprofit facility, institution or provider to
3351 address specific, identified, changed conditions or any problems that
3352 the state agency, department or the office has identified. A party to any
3353 exemption modification or revocation proceeding and the original
3354 requesting agency shall be given at least fourteen calendar days
3355 written notice prior to any action by the office and shall be furnished
3356 with a copy, if any, of a revocation or modification request or a
3357 statement by the office of the problems that have been brought to its
3358 attention. If the requesting commissioner, executive director, chairman
3359 or chief court administrator or the Commissioner of Public Health
3360 certifies that an emergency condition exists, only forty-eight hours

3361 written notice shall be required for such modification or revocation
3362 action to proceed.

3363 (e) A nonprofit facility, institution or provider that is a psychiatric
3364 residential treatment facility, as defined in 42 CFR 483.352, shall not be
3365 eligible for any exemption provided for in this section, irrespective of
3366 whether or not such facility is under contract with a state agency or
3367 department.]

3368 (a) A certificate of need shall be valid only for the project described
3369 in the application. A certificate of need shall be valid for two years
3370 from the date of issuance by the office. During the period of time that
3371 such certificate is valid and the thirty-day period following the
3372 expiration of the certificate, the holder of the certificate shall provide
3373 the office with such information as the office may request on the
3374 development of the project covered by the certificate.

3375 (b) Upon request from a certificate holder, the office may extend the
3376 duration of a certificate of need for such additional period of time as
3377 the office determines is reasonably necessary to expeditiously
3378 complete the project. Not later than five business days after receiving a
3379 request to extend the duration of a certificate of need, the office shall
3380 post such request on its web site. Any person who wishes to comment
3381 on extending the duration of the certificate of need shall provide
3382 written comments to the office on the requested extension not later
3383 than thirty days after the date the office posts notice of the request for
3384 an extension of time on its web site. The office shall hold a public
3385 hearing on any request to extend the duration of a certificate of need if
3386 three or more individuals or an individual representing an entity with
3387 five or more people submits a request, in writing, that a public hearing
3388 be held on the request to extend the duration of a certificate of need.

3389 (c) In the event that the office determines that: (1) Commencement,
3390 construction or other preparation has not been substantially
3391 undertaken during a valid certificate of need period; or (2) the
3392 certificate holder has not made a good-faith effort to complete the

3393 project as approved, the office may withdraw, revoke or rescind the
3394 certificate of need.

3395 (d) A certificate of need shall not be transferable or assignable nor
3396 shall a project be transferred from a certificate holder to another
3397 person.

3398 (e) The Commissioner of Public Health may implement policies and
3399 procedures necessary to administer the provisions of this section while
3400 in the process of adopting such policies and procedures as regulation,
3401 provided the commissioner holds a public hearing prior to
3402 implementing the policies and procedures and prints notice of intent to
3403 adopt regulations in the Connecticut Law Journal not later than twenty
3404 days after the date of implementation. Policies and procedures
3405 implemented pursuant to this section shall be valid until the time final
3406 regulations are adopted. Final regulations shall be adopted by
3407 December 31, 2011.

3408 Sec. 94. Section 19a-639c of the 2010 supplement to the general
3409 statutes is repealed and the following is substituted in lieu thereof
3410 (*Effective October 1, 2010*):

3411 [Notwithstanding the provisions of section 19a-638 or section 19a-
3412 639, the office may waive the requirements of said sections and grant a
3413 certificate of need to any health care facility or institution or provider
3414 or any state health care facility or institution or provider proposing to
3415 replace major medical equipment, a CT scanner, PET scanner, PET/CT
3416 scanner or MRI scanner or a linear accelerator if:

3417 (1) The health care facility or institution or provider has previously
3418 obtained a certificate of need for the equipment to be replaced; or

3419 (2) The health care facility or institution or provider had previously
3420 obtained a determination pursuant to subsection (c) of section 19a-639a
3421 that a certificate of need was not required for the original acquisition of
3422 the equipment; and

3423 (3) The replacement value or expenditure is less than three million
3424 dollars.]

3425 (a) Any health care facility that proposes to relocate a facility shall
3426 submit a letter to the office, as described in subsection (c) of section
3427 19a-638, as amended by this act. In addition to the requirements
3428 prescribed in said subsection (c), in such letter the health care facility
3429 shall demonstrate to the satisfaction of the office that the population
3430 served by the health care facility and the payer mix will not
3431 substantially change as a result of the facility's proposed relocation. If
3432 the facility is unable to demonstrate to the satisfaction of the office that
3433 the population served and the payer mix will not substantially change
3434 as a result of the proposed relocation, the health care facility shall
3435 apply for certificate of need approval pursuant to subdivision (1) of
3436 subsection (a) of section 19a-638, as amended by this act, in order to
3437 effectuate the proposed relocation.

3438 (b) The Commissioner of Public Health may implement policies and
3439 procedures necessary to administer the provisions of this section while
3440 in the process of adopting such policies and procedures as regulation,
3441 provided the commissioner holds a public hearing prior to
3442 implementing the policies and procedures and prints notice of intent to
3443 adopt regulations in the Connecticut Law Journal not later than twenty
3444 days after the date of implementation. Policies and procedures
3445 implemented pursuant to this section shall be valid until the time final
3446 regulations are adopted. Final regulations shall be adopted by
3447 December 31, 2011.

3448 Sec. 95. Section 19a-639e of the 2010 supplement to the general
3449 statutes is repealed and the following is substituted in lieu thereof
3450 (*Effective October 1, 2010*):

3451 [Notwithstanding the provisions of sections 19a-486 to 19a-486h,
3452 inclusive, section 19a-638, 19a-639 or any other provision of this
3453 chapter, the office may refuse to accept as filed or submitted a letter of
3454 intent or a certificate of need application from any person or health

3455 care facility or institution that failed to submit any required data or
3456 information, or has filed any required data or information that is
3457 incomplete or not filed in a timely fashion. Prior to any refusal and
3458 accompanying moratorium under the provisions of this section, the
3459 Commissioner of Public Health shall notify the person or health care
3460 facility or institution, in writing, and such notice shall identify the data
3461 or information that was not received and the data or information that
3462 is incomplete in any respect. Such person or health care facility or
3463 institution shall have twenty-one days from the date of mailing the
3464 notice to provide the commissioner with the required data or
3465 information. Such refusal and related moratorium on accepting a letter
3466 of intent or a certificate of need application may remain in effect, at the
3467 discretion of the commissioner, until the office determines that all
3468 required data or information has been submitted. The commissioner
3469 shall have twenty-one days to notify the person or health care facility
3470 or institution submitting the data and information whether or not the
3471 letter of intent or certificate of need application is refused. Nothing in
3472 this section shall preclude or limit the office from taking any other
3473 action authorized by law concerning late, incomplete or inaccurate
3474 data submission in addition to such a refusal and accompanying
3475 moratorium.]

3476 (a) Any health care facility that proposes to terminate a service that
3477 was authorized pursuant to a certificate of need issued under this
3478 chapter shall file a modification request with the office not later than
3479 sixty days prior to the proposed date of the termination of the service.
3480 The office may request additional information from the health care
3481 facility as necessary to process the modification request. In addition,
3482 the office shall hold a public hearing on any request from a health care
3483 facility to terminate a service pursuant to this section if three or more
3484 individuals or an individual representing an entity with five or more
3485 people submits a request, in writing, that a public hearing be held on
3486 the health care facility's proposal to terminate a service.

3487 (b) Any health care facility that proposes to terminate all services

3488 offered by such facility, that were authorized pursuant to one or more
3489 certificates of need issued under this chapter, shall provide notification
3490 to the office not later than sixty days prior to the termination of
3491 services and such facility shall surrender its certificate of need not later
3492 than thirty days prior to the termination of services.

3493 (c) Any health care facility that proposes to terminate the operation
3494 of a facility or service for which a certificate of need was not obtained
3495 shall notify the office not later than sixty days prior to terminating the
3496 operation of the facility or service.

3497 (d) The Commissioner of Public Health may implement policies and
3498 procedures necessary to administer the provisions of this section while
3499 in the process of adopting such policies and procedures as regulation,
3500 provided the commissioner holds a public hearing prior to
3501 implementing the policies and procedures and prints notice of intent to
3502 adopt regulations in the Connecticut Law Journal not later than twenty
3503 days after the date of implementation. Policies and procedures
3504 implemented pursuant to this section shall be valid until the time final
3505 regulations are adopted. Final regulations shall be adopted by
3506 December 31, 2011.

3507 Sec. 96. Section 19a-653 of the 2010 supplement to the general
3508 statutes is repealed and the following is substituted in lieu thereof
3509 (*Effective October 1, 2010*):

3510 [(a) (1) Any person or health care facility or institution that owns,
3511 operates or is seeking to acquire major medical equipment costing over
3512 three million dollars, or scanning equipment, a linear accelerator or
3513 other similar equipment utilizing technology that is developed or
3514 introduced into the state on or after October 1, 2005, or]

3515 (a) Any person or health care facility or institution that is required
3516 to file a certificate of need for any of the activities described in section
3517 19a-638, as amended by this act, and any person or health care facility
3518 or institution that is required to file data or information under any

3519 public or special act or under this chapter or sections 19a-486 to 19a-
3520 486h, inclusive, or any regulation adopted or order issued under this
3521 chapter or said sections, which wilfully fails to seek certificate of need
3522 approval for any of the activities described in section 19a-638, as
3523 amended by this act, or to so file within prescribed time periods, shall
3524 be subject to a civil penalty of up to one thousand dollars a day for
3525 each day such person or health care facility or institution conducts any
3526 of the described activities without certificate of need approval as
3527 required by section 19a-638, as amended by this act, or for each day
3528 such information is missing, incomplete or inaccurate. Any health care
3529 facility or provider that fails to complete the inventory questionnaire,
3530 as required by section 19a-634, as amended by this act, shall not be
3531 subject to civil penalties under this section. Any civil penalty
3532 authorized by this section shall be imposed by the Department of
3533 Public Health in accordance with subsections (b) to (e), inclusive, of
3534 this section.

3535 [(2) If a person or health care facility or institution is unsure whether
3536 a certificate of need is required under section 19a-638 or section 19a-
3537 639, or under both sections, it shall send a letter to the office describing
3538 the project and requesting that the office make such a determination. A
3539 person making a request for a determination as to whether a certificate
3540 of need, waiver or exemption is required shall provide the office with
3541 any information the office requests as part of its determination
3542 process.]

3543 (b) If the Department of Public Health has reason to believe that a
3544 violation has occurred for which a civil penalty is authorized by
3545 subsection (a) of this section, it shall notify the person or health care
3546 facility or institution by first-class mail or personal service. The notice
3547 shall include: (1) A reference to the sections of the statute or regulation
3548 involved; (2) a short and plain statement of the matters asserted or
3549 charged; (3) a statement of the amount of the civil penalty or penalties
3550 to be imposed; (4) the initial date of the imposition of the penalty; and
3551 (5) a statement of the party's right to a hearing.

3552 (c) The person or health care facility or institution to whom the
3553 notice is addressed shall have fifteen business days from the date of
3554 mailing of the notice to make written application to the office to
3555 request (1) a hearing to contest the imposition of the penalty, or (2) an
3556 extension of time to file the required data. A failure to make a timely
3557 request for a hearing or an extension of time to file the required data or
3558 a denial of a request for an extension of time shall result in a final order
3559 for the imposition of the penalty. All hearings under this section shall
3560 be conducted pursuant to sections 4-176e to 4-184, inclusive. The
3561 Department of Public Health may grant an extension of time for filing
3562 the required data or mitigate or waive the penalty upon such terms
3563 and conditions as, in its discretion, it deems proper or necessary upon
3564 consideration of any extenuating factors or circumstances.

3565 (d) A final order of the Department of Public Health assessing a civil
3566 penalty shall be subject to appeal as set forth in section 4-183 after a
3567 hearing before the office pursuant to subsection (c) of this section,
3568 except that any such appeal shall be taken to the superior court for the
3569 judicial district of New Britain. Such final order shall not be subject to
3570 appeal under any other provision of the general statutes. No challenge
3571 to any such final order shall be allowed as to any issue which could
3572 have been raised by an appeal of an earlier order, denial or other final
3573 decision by the Department of Public Health.

3574 (e) If any person or health care facility or institution fails to pay any
3575 civil penalty under this section, after the assessment of such penalty
3576 has become final the amount of such penalty may be deducted from
3577 payments to such person or health care facility or institution from the
3578 Medicaid account.

3579 Sec. 97. Subsection (a) of section 4-67x of the 2010 supplement to the
3580 general statutes is repealed and the following is substituted in lieu
3581 thereof (*Effective October 1, 2010*):

3582 (a) There shall be a Child Poverty and Prevention Council consisting
3583 of the following members or their designees: The Secretary of the

3584 Office of Policy and Management, the president pro tempore of the
3585 Senate, the speaker of the House of Representatives, the minority
3586 leader of the Senate and the minority leader of the House of
3587 Representatives, the Commissioners of Children and Families, Social
3588 Services, Correction, Developmental Services, Mental Health and
3589 Addiction Services, Transportation, Public Health, Education [,] and
3590 Economic and Community Development, [and Health Care Access,]
3591 the Labor Commissioner, the Chief Court Administrator, the
3592 chairperson of the Board of Governors of Higher Education, the Child
3593 Advocate, the chairperson of the Children's Trust Fund Council and
3594 the executive directors of the Commission on Children and the
3595 Commission on Human Rights and Opportunities. The Secretary of the
3596 Office of Policy and Management, or the secretary's designee, shall be
3597 the chairperson of the council. The council shall (1) develop and
3598 promote the implementation of a ten-year plan, to begin June 8, 2004,
3599 to reduce the number of children living in poverty in the state by fifty
3600 per cent, and (2) within available appropriations, establish prevention
3601 goals and recommendations and measure prevention service outcomes
3602 in accordance with this section in order to promote the health and
3603 well-being of children and families.

3604 Sec. 98. Subdivisions (4) and (5) of section 12-263a of the general
3605 statutes are repealed and the following is substituted in lieu thereof
3606 (*Effective October 1, 2010*):

3607 (4) "Uncompensated care" means the cost of care that is written off
3608 as a bad debt or provided free under a free care policy that has been
3609 approved by the Office of Health Care Access division of the
3610 Department of Public Health;

3611 (5) "Other allowances" means any financial requirements, as
3612 authorized by the Office of Health Care Access division of the
3613 Department of Public Health, of a hospital resulting from
3614 circumstances including, but not limited to, an insurance settlement of
3615 a liability case or satisfaction of a lien or encumbrance, any difference

3616 between charges for employee self-insurance and related expenses. For
3617 fiscal years commencing on and after October 1, 1994, "other
3618 allowances" means the amount of any difference between charges for
3619 employee self-insurance and related expenses determined using the
3620 hospital's overall relationship of costs to charges as determined by the
3621 Office of Health Care Access division of the Department of Public
3622 Health;

3623 Sec. 99. Section 17b-234 of the general statutes is repealed and the
3624 following is substituted in lieu thereof (*Effective October 1, 2010*):

3625 The Department of Social Services shall notify the Newington
3626 Children's Hospital of each referral for whom said department can
3627 apply for federal matching grants. Newington Children's Hospital
3628 shall charge the Department of Social Services for said eligible referrals
3629 only and shall retain all such payments received from the department.
3630 Such payments by the state shall be in lieu of all other payments to
3631 said hospital by the state or any town in this state except payments by
3632 the Department of Social Services as provided in this section, the State
3633 Board of Education or the Department of Public Health. Such
3634 payments shall not prevent payments to said hospital from private
3635 sources for the care and support of any child in said hospital or for the
3636 balance of such operating expense. The Office of Health Care Access
3637 division of the Department of Public Health, in establishing rates to be
3638 charged by the Newington Children's Hospital, shall not include the
3639 grant made to said hospital pursuant to this section. In order to be
3640 eligible for the grant authorized by this section, the Newington
3641 Children's Hospital shall cooperate with The University of Connecticut
3642 Health Center in order to provide consolidated and coordinated
3643 pediatric services.

3644 Sec. 100. Section 17b-240 of the general statutes is repealed and the
3645 following is substituted in lieu thereof (*Effective October 1, 2010*):

3646 Notwithstanding the provisions of section 17b-239, the rate to be
3647 paid by the state to a hospital receiving appropriations granted by the

3648 General Assembly shall be established annually by the Office of Health
3649 Care Access division of the Department of Public Health pursuant to
3650 the provisions of chapter 368z, provided said office receives a waiver
3651 of Medicare principles of reimbursement from the Department of
3652 Health and Human Services pursuant to Section 222 of Public Law 92-
3653 603. This section shall be effective only for such period as said waiver
3654 remains in effect.

3655 Sec. 101. Subsection (g) of section 17b-352 of the general statutes is
3656 repealed and the following is substituted in lieu thereof (*Effective*
3657 *October 1, 2010*):

3658 (g) The Commissioner of Social Services shall adopt regulations, in
3659 accordance with chapter 54, to implement the provisions of this
3660 section. The commissioner shall implement the standards and
3661 procedures of the Office of Health Care Access division of the
3662 Department of Public Health concerning certificates of need
3663 established pursuant to section 19a-643, as amended by this act, as
3664 appropriate for the purposes of this section, until the time final
3665 regulations are adopted in accordance with said chapter 54.

3666 Sec. 102. Subsection (a) of section 17b-353 of the 2010 supplement to
3667 the general statutes is repealed and the following is substituted in lieu
3668 thereof (*Effective October 1, 2010*):

3669 (a) Any facility, as defined in subsection (a) of section 17b-352,
3670 which proposes (1) a capital expenditure exceeding one million
3671 dollars, which increases facility square footage by more than five
3672 thousand square feet or five per cent of the existing square footage,
3673 whichever is greater, (2) a capital expenditure exceeding two million
3674 dollars, or (3) the acquisition of major medical equipment requiring a
3675 capital expenditure in excess of four hundred thousand dollars,
3676 including the leasing of equipment or space, shall submit a request for
3677 approval of such expenditure, with such information as the
3678 department requires, to the Department of Social Services. Any such
3679 facility which proposes to acquire imaging equipment requiring a

3680 capital expenditure in excess of four hundred thousand dollars,
3681 including the leasing of such equipment, shall obtain the approval of
3682 the Office of Health Care Access division of the Department of Public
3683 Health in accordance with [section 19a-639] the provisions of chapter
3684 368z, subsequent to obtaining the approval of the Commissioner of
3685 Social Services. Prior to the facility's obtaining the imaging equipment,
3686 the Commissioner of Public Health, after consultation with the
3687 Commissioner of Social Services, may elect to perform a joint or
3688 simultaneous review with the Department of Social Services.

3689 Sec. 103. Subsection (e) of section 17b-353 of the 2010 supplement to
3690 the general statutes is repealed and the following is substituted in lieu
3691 thereof (*Effective October 1, 2010*):

3692 (e) The Commissioner of Social Services shall adopt regulations, in
3693 accordance with chapter 54, to implement the provisions of this
3694 section. The commissioner shall implement the standards and
3695 procedures of the Office of Health Care Access division of the
3696 Department of Public Health concerning certificates of need
3697 established pursuant to section 19a-643, as amended by this act, as
3698 appropriate for the purposes of this section, until the time final
3699 regulations are adopted in accordance with said chapter 54.

3700 Sec. 104. Subsection (j) of section 17b-354 of the general statutes is
3701 repealed and the following is substituted in lieu thereof (*Effective*
3702 *October 1, 2010*):

3703 (j) The Commissioner of Social Services shall adopt regulations, in
3704 accordance with chapter 54, to implement the provisions of this
3705 section. The commissioner shall implement the standards and
3706 procedures of the Office of Health Care Access division of the
3707 Department of Public Health concerning certificates of need
3708 established pursuant to section 19a-643, as amended by this act, as
3709 appropriate for the purposes of this section, until the time final
3710 regulations are adopted in accordance with said chapter 54.

3711 Sec. 105. Section 17b-356 of the general statutes is repealed and the
3712 following is substituted in lieu thereof (*Effective October 1, 2010*):

3713 Any health care facility or institution, as defined in subsection (a) of
3714 section 19a-490, except a nursing home, rest home, residential care
3715 home or residential facility for the mentally retarded licensed pursuant
3716 to section 17a-227 and certified to participate in the Title XIX Medicaid
3717 program as an intermediate care facility for the mentally retarded,
3718 proposing to expand its services by adding nursing home beds shall
3719 obtain the approval of the Commissioner of Social Services in
3720 accordance with the procedures established pursuant to sections 17b-
3721 352, as amended by this act, 17b-353, as amended by this act, and 17b-
3722 354, as amended by this act, for a facility, as defined in section 17b-352,
3723 as amended by this act, prior to obtaining the approval of the Office of
3724 Health Care Access division of the Department of Public Health
3725 pursuant to section [19a-638 or] 19a-639, [or both] as amended by this
3726 act.

3727 Sec. 106. Subsection (b) of section 19a-7 of the general statutes is
3728 repealed and the following is substituted in lieu thereof (*Effective*
3729 *October 1, 2010*):

3730 (b) For the purposes of establishing a state health plan as required
3731 by subsection (a) of this section and consistent with state and federal
3732 law on patient records, the department is entitled to access hospital
3733 discharge data, emergency room and ambulatory surgery encounter
3734 data, data on home health care agency client encounters and services,
3735 data from community health centers on client encounters and services
3736 and all data collected or compiled by the Office of Health Care Access
3737 division of the Department of Public Health pursuant to section 19a-
3738 613.

3739 Sec. 107. Subsections (b) and (c) of section 19a-493b of the general
3740 statutes are repealed and the following is substituted in lieu thereof
3741 (*Effective October 1, 2010*):

3742 (b) No entity, individual, firm, partnership, corporation, limited
3743 liability company or association, other than a hospital, shall
3744 individually or jointly establish or operate an outpatient surgical
3745 facility in this state without complying with chapter 368z, except as
3746 otherwise provided by this section, and obtaining a license within the
3747 time specified in this subsection from the Department of Public Health
3748 for such facility pursuant to the provisions of this chapter, unless such
3749 entity, individual, firm, partnership, corporation, limited liability
3750 company or association: (1) Provides to the Office of Health Care
3751 Access division of the Department of Public Health satisfactory
3752 evidence that it was in operation on or before July 1, 2003, or (2)
3753 obtained, on or before July 1, 2003, from the Office of Health Care
3754 Access, a determination that a certificate of need is not required. An
3755 entity, individual, firm, partnership, corporation, limited liability
3756 company or association otherwise in compliance with this section may
3757 operate an outpatient surgical facility without a license through March
3758 30, 2007, and shall have until March 30, 2007, to obtain a license from
3759 the Department of Public Health.

3760 (c) Notwithstanding the provisions of this section, no outpatient
3761 surgical facility shall be required to comply with section 19a-631, 19a-
3762 632, [19a-637a,] 19a-644, as amended by this act, 19a-645, as amended
3763 by this act, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive, as amended
3764 by this act, 19a-662, 19a-664 to 19a-666, inclusive, 19a-669 to 19a-670a,
3765 inclusive, as amended by this act, 19a-671, 19a-671a, 19a-672 to 19a-676,
3766 inclusive, 19a-678, or 19a-681 to 19a-683, inclusive, as amended by this
3767 act. Each outpatient surgical facility shall continue to be subject to the
3768 obligations and requirements applicable to such facility, including, but
3769 not limited to, any applicable provision of this chapter and those
3770 provisions of chapter 368z not specified in this subsection, except that
3771 a request for permission to undertake a transfer or change of
3772 ownership or control shall not be required pursuant to subsection (a)
3773 of section 19a-638, as amended by this act, if the Office of Health Care
3774 Access division of the Department of Public Health determines that the
3775 following conditions are satisfied: (1) Prior to any such transfer or

3776 change of ownership or control, the outpatient surgical facility shall be
3777 owned and controlled exclusively by persons licensed pursuant to
3778 section 20-13, either directly or through a limited liability company,
3779 formed pursuant to chapter 613, a corporation, formed pursuant to
3780 chapters 601 and 602, or a limited liability partnership, formed
3781 pursuant to chapter 614, that is exclusively owned by persons licensed
3782 pursuant to section 20-13, or is under the interim control of an estate
3783 executor or conservator pending transfer of an ownership interest or
3784 control to a person licensed under section 20-13, and (2) after any such
3785 transfer or change of ownership or control, persons licensed pursuant
3786 to section 20-13, a limited liability company, formed pursuant to
3787 chapter 613, a corporation, formed pursuant to chapters 601 and 602,
3788 or a limited liability partnership, formed pursuant to chapter 614, that
3789 is exclusively owned by persons licensed pursuant to section 20-13,
3790 shall own and control no less than a sixty per cent interest in the
3791 outpatient surgical facility.

3792 Sec. 108. Subsection (a) of section 19a-499 of the general statutes is
3793 repealed and the following is substituted in lieu thereof (*Effective*
3794 *October 1, 2010*):

3795 (a) Information received by the Department of Public Health
3796 through filed reports, inspection or as otherwise authorized under this
3797 chapter, shall not be disclosed publicly in such manner as to identify
3798 any patient of an institution, except in a proceeding involving the
3799 question of licensure. [or in any proceeding before the Office of Health
3800 Care Access involving such institution.]

3801 Sec. 109. Subsection (c) of section 19a-509b of the general statutes is
3802 repealed and the following is substituted in lieu thereof (*Effective*
3803 *October 1, 2010*):

3804 (c) Each hospital that holds or administers one or more hospital bed
3805 funds shall make available in a place and manner allowing individual
3806 members of the public to easily obtain it, a one-page summary in
3807 English and Spanish describing hospital bed funds and how to apply

3808 for them. The summary shall also describe any other policies regarding
3809 the provision of charity care and reduced cost services for the indigent
3810 as reported by the hospital to the Office of Health Care Access division
3811 of the Department of Public Health pursuant to section 19a-649 and
3812 shall clearly distinguish hospital bed funds from other sources of
3813 financial assistance. The summary shall include notification that the
3814 patient is entitled to reapply upon rejection, and that additional funds
3815 may become available on an annual basis. The summary shall be
3816 available in the patient admissions office, emergency room, social
3817 services department and patient accounts or billing office, and from
3818 any collection agent. If during the admission process or during its
3819 review of the financial resources of the patient, the hospital reasonably
3820 believes the patient will have limited funds to pay for any portion of
3821 the patient's hospitalization not covered by insurance, the hospital
3822 shall provide the summary to each such patient.

3823 Sec. 110. Section 4-101a of the general statutes is repealed and the
3824 following is substituted in lieu thereof (*Effective October 1, 2010*):

3825 (a) The Office of Policy and Management [,] may provide grants,
3826 technical assistance or consultation services, or any combination
3827 thereof, to one or more nongovernmental acute care general hospitals
3828 as permitted by this section. Such grants, technical assistance or
3829 consultation services shall be consistent with applicable federal
3830 disproportionate share regulations, as from time to time amended.

3831 (b) Grants, technical assistance or consultation services, or any
3832 combination thereof, provided under this section may be made to
3833 assist a nongovernmental acute care general hospital to develop and
3834 implement a plan to achieve financial stability and assure the delivery
3835 of appropriate health care services in the service area of such hospital,
3836 or to assist a nongovernmental acute care general hospital in
3837 determining strategies, goals and plans to ensure its financial viability
3838 or stability. Any such hospital seeking such grants, technical assistance
3839 or consultation services shall prepare and submit to the Office of Policy

3840 and Management and the Office of Health Care Access division of the
3841 Department of Public Health a plan that includes at least the following:
3842 (1) A statement of the hospital's current projections of its finances for
3843 the current and the next three fiscal years; (2) identification of the
3844 major financial issues which effect the financial stability of the hospital;
3845 (3) the steps proposed to study or improve the financial status of the
3846 hospital and eliminate ongoing operating losses; (4) plans to study or
3847 change the mix of services provided by the hospital, which may
3848 include transition to an alternative licensure category; and (5) other
3849 related elements as determined by the Office of Policy and
3850 Management. Such plan shall clearly identify the amount, value or
3851 type of the grant, technical assistance or consultation services, or
3852 combination thereof, requested. Any grants, technical assistance or
3853 consultation services, or any combination thereof, provided under this
3854 section shall be determined by the Secretary of the Office of Policy and
3855 Management not to jeopardize the federal matching payments under
3856 the medical assistance program and the emergency assistance to
3857 families program as determined by the Office of Health Care Access
3858 division of the Department of Public Health or the Department of
3859 Social Services in consultation with the Office of Policy and
3860 Management.

3861 (c) There is established a nonlapsing account, from which grants,
3862 purchases of services of any type or reimbursement of state costs for
3863 services deemed necessary by the Office of Policy and Management to
3864 assist one or more nongovernmental acute care general hospitals under
3865 this section shall be made.

3866 (d) The submission of a proposed plan by the hospital under
3867 subsection (b) of this section may be considered [a letter of intent] an
3868 application for the purposes of any certificate of need which may be
3869 required to change the hospital's service offering.

3870 (e) Upon review and approval of the probable significant benefit of
3871 a hospital's submitted plan, the Office of Policy and Management may

3872 recommend that a grant be awarded and issue such grant, or contract
3873 with one or more consultants to provide technical or other assistance
3874 or consultation services, or may provide any combination of such grant
3875 and assistance that the office deems necessary or advisable.

3876 Sec. 111. Section 19a-645 of the general statutes is repealed and the
3877 following is substituted in lieu thereof (*Effective October 1, 2010*):

3878 A nonprofit hospital, licensed by the Department of Public Health,
3879 which provides lodging, care and treatment to members of the public,
3880 and which wishes to enlarge its public facilities by adding contiguous
3881 land and buildings thereon, if any, the title to which it cannot
3882 otherwise acquire, may prefer a complaint for the right to take such
3883 land to the superior court for the judicial district in which such land is
3884 located, provided such hospital shall have received the approval of the
3885 Office of Health Care Access [under section 19a-639] division of the
3886 Department of Public Health in accordance with the provisions of this
3887 chapter. Said court shall appoint a committee of three disinterested
3888 persons, who, after examining the premises and hearing the parties,
3889 shall report to the court as to the necessity and propriety of such
3890 enlargement and as to the quantity, boundaries and value of the land
3891 and buildings thereon, if any, which they deem proper to be taken for
3892 such purpose and the damages resulting from such taking. If such
3893 committee reports that such enlargement is necessary and proper and
3894 the court accepts such report, the decision of said court thereon shall
3895 have the effect of a judgment and execution may be issued thereon
3896 accordingly, in favor of the person to whom damages may be assessed,
3897 for the amount thereof; and, on payment thereof, the title to the land
3898 and buildings thereon, if any, for such purpose shall be vested in the
3899 complainant, but such land and buildings thereon, if any, shall not be
3900 taken until such damages are paid to such owner or deposited with
3901 said court, for such owner's use, within thirty days after such report is
3902 accepted. If such application is denied, the owner of the land shall
3903 recover costs of the applicant, to be taxed by said court, which may
3904 issue execution therefor. Land so taken shall be held by such hospital

3905 and used only for the public purpose stated in its complaint to the
3906 superior court. No land dedicated or otherwise reserved as open space
3907 or park land or for other recreational purposes and no land belonging
3908 to any town, city or borough shall be taken under the provisions of this
3909 section.

3910 Sec. 112. Section 19a-654 of the general statutes is repealed and the
3911 following is substituted in lieu thereof (*Effective October 1, 2010*):

3912 The Office of Health Care Access division of the Department of
3913 Public Health shall require short-term acute care general or children's
3914 hospitals to submit such data, including discharge data, as it deems
3915 necessary to fulfill the responsibilities of the office. Such data shall
3916 include data taken from medical record abstracts and hospital bills.
3917 The timing and format of such submission shall be specified by the
3918 office. The data may be submitted through a contractual arrangement
3919 with an intermediary. If the data is submitted through an
3920 intermediary, the hospital shall ensure that such submission is timely
3921 and that the data is accurate. The office may conduct an audit of the
3922 data submitted to such intermediary in order to verify its accuracy.
3923 Individual patient and physician data identified by proper name or
3924 personal identification code submitted pursuant to this section shall be
3925 kept confidential, but aggregate reports from which individual patient
3926 and physician data cannot be identified shall be available to the public.

3927 Sec. 113. Subsection (c) of section 38a-553 of the general statutes is
3928 repealed and the following is substituted in lieu thereof (*Effective*
3929 *October 1, 2010*):

3930 (c) Plans providing minimum standard benefits need not provide
3931 benefits for the following: (1) Any charge for any care for any injury or
3932 disease either (A) arising out of and in the course of an employment
3933 subject to a workers' compensation or similar law or where such
3934 benefit is required to be provided under a workers' compensation
3935 policy to a sole proprietor, business partner or corporation officer who
3936 elects such coverage pursuant to the provisions of chapter 568_z or (B) to

3937 the extent benefits are payable without regard to fault under a
3938 coverage statutorily required to be contained in any motor vehicle or
3939 other liability insurance policy or equivalent self-insurance; (2) any
3940 charge for treatment for cosmetic purposes other than surgery for the
3941 prompt repair of an accidental injury sustained while covered,
3942 provided cosmetic shall not mean replacement of any anatomic
3943 structure removed during treatment of tumors; (3) any charge for
3944 travel, other than transportation by local professional ambulance to the
3945 nearest health care institution qualified to treat the illness or injury; (4)
3946 any charge for private room accommodations to the extent it is in
3947 excess of the institution's most common charge for a semiprivate room;
3948 (5) any charge by health care institutions to the extent that it is
3949 determined by the carrier that the charge exceeds the rates approved
3950 by the Office of Health Care Access division of the Department of
3951 Public Health; (6) any charge for services or articles to the extent that it
3952 exceeds the reasonable charge in the locality for the service; (7) any
3953 charge for services or articles which are determined not to be
3954 medically necessary, except that this shall not apply to the fabrication
3955 or placement of the prosthesis as specified in subdivision (11) of
3956 subsection (a) of this section and subdivision (2) of this subsection; (8)
3957 any charge for services or articles the provisions of which is not within
3958 the scope of the license or certificate of the institution or individual
3959 rendering such services or articles; (9) any charge for services or
3960 articles furnished, paid for or reimbursed directly by or under any law
3961 of a government, except as otherwise provided [herein] in this
3962 subsection; (10) any charge for services or articles for custodial care or
3963 designed primarily to assist an individual in meeting his activities of
3964 daily living; (11) any charge for services which would not have been
3965 made if no insurance existed or for which the covered individual is not
3966 legally obligated to pay; (12) any charge for eyeglasses, contact lenses
3967 or hearing aids or the fitting thereof; (13) any charge for dental care not
3968 specifically covered by sections 38a-505, 38a-546 and 38a-551 to 38a-
3969 559, inclusive; and (14) any charge for services of a registered nurse
3970 who ordinarily resides in the covered individual's home, or who is a

3971 member of the covered individual's family or the family of the covered
3972 individual's spouse.

3973 Sec. 114. Subsection (a) of section 19a-485 of the general statutes is
3974 repealed and the following is substituted in lieu thereof (*Effective*
3975 *October 1, 2010*):

3976 (a) Whenever the words "home for the aged" or "homes for the
3977 aged" are used or referred to in the following sections of the general
3978 statutes, the words "residential care home" or "residential care homes",
3979 respectively, shall be substituted in lieu thereof: 1-19, 9-19c, 9-19d, 9-
3980 159q, 10a-178, 12-407, 12-412, 17b-340, 17b-341, 17b-344, 17b-352, as
3981 amended by this act, 17b-356, as amended by this act, 17b-522, 17b-601,
3982 19a-490, 19a-491, 19a-491a, 19a-504, 19a-521, 19a-521b, 19a-550, 19a-576,
3983 [19a-638, 19a-639,] 20-87a, 32-23d, 38a-493 and 38a-520.

3984 Sec. 115. Subsections (b) and (c) of section 19a-486a of the general
3985 statutes are repealed and the following is substituted in lieu thereof
3986 (*Effective October 1, 2010*):

3987 (b) Prior to any transaction described in subsection (a) of this
3988 section, the nonprofit hospital and the purchaser shall concurrently
3989 submit a [letter of intent] certificate of need determination letter as
3990 described in subsection (c) of section 19a-638, as amended by this act,
3991 to the commissioner and the Attorney General by serving it on them
3992 by certified mail, return receipt requested, or delivering it by hand to
3993 each office. Such letter of intent shall contain: (1) The name and
3994 address of the nonprofit hospital; (2) the name and address of the
3995 purchaser; (3) a brief description of the terms of the proposed
3996 agreement; and (4) the estimated capital expenditure, cost or value
3997 associated with the proposed agreement. The letter [of intent] shall be
3998 subject to disclosure pursuant to section 1-210.

3999 (c) The commissioner and the Attorney General shall review the
4000 [letter of intent] certificate of need determination letter. The Attorney
4001 General shall determine whether the agreement requires approval

4002 pursuant to this chapter. If such approval is required, the
4003 commissioner and the Attorney General shall transmit to the purchaser
4004 and the nonprofit hospital an application form for approval pursuant
4005 to this chapter, unless the commissioner refuses to accept a filed or
4006 submitted [letter of intent as provided in section 19a-639e] certificate of
4007 need determination letter. Such application form shall require the
4008 following information: (1) The name and address of the nonprofit
4009 hospital; (2) the name and address of the purchaser; (3) a description of
4010 the terms of the proposed agreement; (4) copies of all contracts,
4011 agreements and memoranda of understanding relating to the proposed
4012 agreement; (5) a fairness evaluation by an independent person who is
4013 an expert in such agreements, that includes an analysis of each of the
4014 criteria set forth in section 19a-486c; (6) documentation that the
4015 nonprofit hospital exercised the due diligence required by subdivision
4016 (2) of subsection (a) of section 19a-486c, including disclosure of the
4017 terms of any other offers to transfer assets or operations or change
4018 control of operations received by the nonprofit hospital and the reason
4019 for rejection of such offers; and (7) such other information as the
4020 commissioner or the Attorney General deem necessary to their review
4021 pursuant to the provisions of sections 19a-486 to 19a-486f, inclusive, as
4022 amended by this act, and [sections 19a-637 to 19a-639, inclusive]
4023 chapter 368z. The application shall be subject to disclosure pursuant to
4024 section 1-210.

4025 Sec. 116. Section 19a-486b of the general statutes is repealed and the
4026 following is substituted in lieu thereof (*Effective October 1, 2010*):

4027 Not later than one hundred twenty days after the date of receipt of
4028 the completed application pursuant to subsection (d) of section 19a-
4029 486a, the Attorney General and the commissioner shall approve the
4030 application, with or without modification, or deny the application. The
4031 commissioner shall also determine, in accordance with the provisions
4032 of chapter 368z, whether to approve, with or without modification, or
4033 deny the application for a certificate of need that is part of the
4034 completed application. Notwithstanding the provisions of [sections

4035 19a-638 and 19a-639] section 19a-639a, as amended by this act, the
4036 commissioner shall complete the decision on the application for a
4037 certificate of need within the same time period as the completed
4038 application. Such one-hundred-twenty-day period may be extended by
4039 agreement of the Attorney General, the commissioner, the nonprofit
4040 hospital and the purchaser. If the Attorney General initiates a
4041 proceeding to enforce a subpoena pursuant to section 19a-486c or 19a-
4042 486d, as amended by this act, the one-hundred-twenty-day period
4043 shall be tolled until the final court decision on the last pending
4044 enforcement proceeding, including any appeal or time for the filing of
4045 such appeal. Unless the one-hundred-twenty-day period is extended
4046 pursuant to this section, if the commissioner and Attorney General fail
4047 to take action on an agreement prior to the one-hundred-twenty-first
4048 day after the date of the filing of the completed application, the
4049 application shall be deemed approved.

4050 Sec. 117. Subsection (a) of section 19a-486d of the general statutes is
4051 repealed and the following is substituted in lieu thereof (*Effective*
4052 *October 1, 2010*):

4053 (a) The commissioner shall deny an application filed pursuant to
4054 subsection (d) of section 19a-486a unless the commissioner finds that:
4055 (1) The affected community will be assured of continued access to
4056 affordable health care; (2) in a situation where the asset or operation to
4057 be transferred provides or has provided health care services to the
4058 uninsured or underinsured, the purchaser has made a commitment to
4059 provide health care to the uninsured and the underinsured; (3) in a
4060 situation where health care providers or insurers will be offered the
4061 opportunity to invest or own an interest in the purchaser or an entity
4062 related to the purchaser safeguard procedures are in place to avoid a
4063 conflict of interest in patient referral; and (4) certificate of need
4064 authorization is justified in accordance with [sections 19a-637 to 19a-
4065 639, inclusive] chapter 368z. The commissioner may contract with any
4066 person, including, but not limited to, financial or actuarial experts or
4067 consultants, or legal experts with the approval of the Attorney General,

4068 to assist in reviewing the completed application. The commissioner
4069 shall submit any bills for such contracts to the purchaser. Such bills
4070 shall not exceed one hundred fifty thousand dollars. The purchaser
4071 shall pay such bills no later than thirty days after the date of receipt of
4072 such bills.

4073 Sec. 118. Section 19a-487a of the general statutes is repealed and the
4074 following is substituted in lieu thereof (*Effective October 1, 2010*):

4075 Any additional mobile field hospital beds and related equipment
4076 obtained for the purpose of enhancing the state's bed surge capacity or
4077 providing isolation care under the state's public health preparedness
4078 planning and response activities shall be exempt from the provisions
4079 of [subdivision (2) of] subsection (a) of section 19a-638, as amended by
4080 this act.

4081 Sec. 119. Section 19a-643 of the 2010 supplement to the general
4082 statutes is repealed and the following is substituted in lieu thereof
4083 (*Effective October 1, 2010*):

4084 (a) The Department of Public Health shall adopt regulations, in
4085 accordance with the provisions of chapter 54, to carry out the
4086 provisions of sections 19a-630 to 19a-639e, inclusive, as amended by
4087 this act, and sections 19a-644, as amended by this act, and 19a-645, as
4088 amended by this act, concerning the submission of data by health care
4089 facilities and institutions, including data on dealings between health
4090 care facilities and institutions and their affiliates, and, with regard to
4091 requests or proposals pursuant to sections 19a-638 [and 19a-639] to
4092 19a-639e, inclusive, as amended by this act, by state health care
4093 facilities and institutions, the ongoing inspections by the office of
4094 operating budgets that have been approved by the health care facilities
4095 and institutions, standard reporting forms and standard accounting
4096 procedures to be utilized by health care facilities and institutions and
4097 the transferability of line items in the approved operating budgets of
4098 the health care facilities and institutions, except that any health care
4099 facility or institution may transfer any amounts among items in its

4100 operating budget. All such transfers shall be reported to the office
4101 within thirty days of the transfer or transfers.

4102 (b) The Department of Public Health may adopt such regulations, in
4103 accordance with the provisions of chapter 54, as are necessary to
4104 implement this chapter.

4105 [(c) The regulations adopted by the Department of Public Health
4106 concerning requests or proposals pursuant to section 19a-639 shall
4107 include a fee schedule for certificate of need review under section 19a-
4108 639. The fee schedule shall (1) contain a minimum filing fee for all
4109 applications under said section 19a-639, (2) be based on a percentage of
4110 the requested authorization in addition to the minimum filing fee, and
4111 (3) apply to new requests and requests for modification of prior
4112 decisions if the modification request has a proposed additional cost of
4113 one hundred thousand dollars or more beyond the original
4114 authorization amount, or if the modification request aggregated with
4115 any other prior modification requests totals one hundred thousand
4116 dollars or more. The fee schedule shall be reviewed annually and
4117 adjusted as necessary.]

4118 Sec. 120. Section 19a-681 of the general statutes is repealed and the
4119 following is substituted in lieu thereof (*Effective October 1, 2010*):

4120 (a) Each hospital shall file with the office its current pricemaster
4121 which shall include each charge in its detailed schedule of charges.

4122 (b) If the billing detail by line item on a patient bill does not agree
4123 with the detailed schedule of charges on file with the office for the date
4124 of service specified on the bill, the hospital shall be subject to a civil
4125 penalty of five hundred dollars per occurrence payable to the state not
4126 later than fourteen days after the date of notification. The penalty shall
4127 be imposed in accordance with [subsections (b) to (e), inclusive, of]
4128 section 19a-653, as amended by this act. The office may issue an order
4129 requiring such hospital, not later than fourteen days after the date of
4130 notification of an overcharge to a patient, to adjust the bill to be

4131 consistent with the schedule of charges on file with the office for the
4132 date of service specified on the patient bill.

4133 Sec. 121. Section 51-344b of the general statutes is repealed and the
4134 following is substituted in lieu thereof (*Effective October 1, 2010*):

4135 Whenever the term "judicial district of Hartford" is used or referred
4136 to in the following sections of the general statutes, the term "judicial
4137 district of New Britain" shall be substituted in lieu thereof: Subsection
4138 (b) of section 3-70a, sections 3-71a and 4-164, subsection (c) of section 4-
4139 183, subdivision (4) of subsection (g) of section 10-153e, subparagraph
4140 (C) of subdivision (4) of subsection (e) of section 10a-109n, sections 12-
4141 3a, 12-89, 12-103, 12-208, 12-237, 12-242hh, 12-242ii, 12-242kk, 12-268l,
4142 12-307, 12-312, 12-330m, 12-405k, 12-422, 12-448, 12-454, 12-463, 12-489,
4143 12-522, 12-554, 12-586g and 12-597, subsection (b) of section 12-638i,
4144 sections 12-730, 14-57, 14-66, 14-195, 14-324, 14-331 and 19a-85,
4145 subsection (f) of section 19a-332e, [subsection (d) of section 19a-653,]
4146 sections 20-156, 20-247, 20-307, 20-373, 20-583 and 21a-55, subsection
4147 (e) of section 22-7, sections 22-320d and 22-386, subsection (e) of section
4148 22a-6b, section 22a-30, subsection (a) of section 22a-34, subsection (b) of
4149 section 22a-34, section 22a-182a, subsection (f) of section 22a-225,
4150 sections 22a-227, 22a-344, 22a-374, 22a-408 and 22a-449g, subsection (f)
4151 of section 25-32e, section 29-158, subsection (f) of section 29-161z,
4152 sections 36b-30 and 36b-76, subsection (f) of section 38a-41, section 38a-
4153 52, subsection (c) of section 38a-150, sections 38a-185, 38a-209 and 38a-
4154 225, subdivision (3) of section 38a-226b, sections 38a-241, 38a-337 and
4155 38a-657, subsection (c) of section 38a-774, section 38a-776, subsection
4156 (c) of section 38a-817 and section 38a-994.

4157 Sec. 122. Subsections (b) to (d), inclusive, of section 33-182bb of the
4158 2010 supplement to the general statutes are repealed and the following
4159 is substituted in lieu thereof (*Effective October 1, 2010*):

4160 (b) Any medical foundation organized on or after July 1, 2009, shall
4161 file a copy of its certificate of incorporation and any amendments to its
4162 certificate of incorporation with the Office of Health Care Access

4163 division of the Department of Public Health not later than ten business
4164 days after the medical foundation files such certificate of incorporation
4165 or amendment with the Secretary of the State pursuant to chapter 602.

4166 (c) Any medical group clinic corporation formed under chapter 594
4167 of the general statutes, revision of 1958, revised to 1995, which amends
4168 its certificate of incorporation pursuant to subsection (a) of section 33-
4169 182cc, shall file with the Office of Health Care Access division of the
4170 Department of Public Health a copy of its certificate of incorporation
4171 and any amendments to its certificate of incorporation, including any
4172 amendment to its certificate of incorporation that complies with the
4173 requirements of subsection (a) of section 33-182cc, not later than ten
4174 business days after the medical foundation files its certificate of
4175 incorporation or any amendments to its certificate of incorporation
4176 with the Secretary of the State.

4177 (d) Any medical foundation, regardless of when organized, shall file
4178 notice with the Office of Health Care Access division of the
4179 Department of Public Health and the Secretary of the State of its
4180 liquidation, termination, dissolution or cessation of operations not later
4181 than ten business days after a vote by its board of directors or
4182 members to take such action. Not later than ten business days after
4183 receiving a written request from the [Office of Health Care Access]
4184 office, a medical foundation shall provide the [Office of Health Care
4185 Access] office with a statement of its mission and a description of the
4186 services it provides, and a description of any significant change in its
4187 services during the preceding year as reported on the medical
4188 foundation's most recently filed Internal Revenue Service return of
4189 organization exempt from income tax form, or any replacement form
4190 adopted by the Internal Revenue Service.

4191 Sec. 123. Subsection (d) of section 19a-644 of the 2010 supplement to
4192 the general statutes is repealed and the following is substituted in lieu
4193 thereof (*Effective October 1, 2010*):

4194 (d) The [Office of Health Care Access] office shall require each

4195 hospital licensed by the Department of Public Health, that is not
4196 subject to the provisions of subsection (a) of this section, to report to
4197 said office on its operations in the preceding fiscal year by filing copies
4198 of the hospital's audited financial statements. Such report shall be due
4199 at [said] the office on or before the close of business on the last
4200 business day of the fifth month following the month in which a
4201 hospital's fiscal year ends.

4202 Sec. 124. Section 19a-673c of the general statutes is repealed and the
4203 following is substituted in lieu thereof (*Effective October 1, 2010*):

4204 On or before March 1, 2004, and annually thereafter, each hospital
4205 shall file with the [Office of Health Care Access] office a debt collection
4206 report that includes (1) whether the hospital uses a collection agent, as
4207 defined in section 19a-509b, to assist with debt collection, (2) the name
4208 of any collection agent used, (3) the hospital's processes and policies
4209 for assigning a debt to a collection agent and for compensating such
4210 collection agent for services rendered, and (4) the recovery rate on
4211 accounts assigned to collection agents, exclusive of Medicare accounts,
4212 in the most recent hospital fiscal year.

4213 Sec. 125. Subdivision (1) of subsection (a) of section 19a-673 of the
4214 general statutes is repealed and the following is substituted in lieu
4215 thereof (*Effective October 1, 2010*):

4216 (1) "Cost of providing services" means a hospital's published
4217 charges at the time of billing, multiplied by the hospital's most recent
4218 relationship of costs to charges as taken from the hospital's most
4219 recently available annual financial filing with the [Office of Health
4220 Care Access] office.

4221 Sec. 126. Section 19a-669 of the general statutes is repealed and the
4222 following is substituted in lieu thereof (*Effective October 1, 2010*):

4223 Effective October 1, 1993, and October first of each subsequent year,
4224 the Secretary of the Office of Policy and Management shall determine

4225 and inform the [Office of Health Care Access] office of the maximum
4226 amount of disproportionate share payments and emergency assistance
4227 to families eligible for federal matching payments under the medical
4228 assistance program pursuant to federal statute and regulations and
4229 subdivisions (2) and (28) of subsection (a) of section 12-407,
4230 subdivision (1) of section 12-408, subdivision (5) of section 12-412,
4231 section 12-414, section 19a-649 and this section and the actual and
4232 anticipated appropriation to the medical assistance disproportionate
4233 share-emergency assistance account authorized pursuant to sections 3-
4234 114i and 12-263a to 12-263e, inclusive, as amended by this act,
4235 subdivisions (2) and (29) of subsection (a) of section 12-407,
4236 subdivision (1) of section 12-408, section 12-408a, subdivision (5) of
4237 section 12-412, subdivision (1) of section 12-414 and sections 19a-646,
4238 19a-659, 19a-662, 19a-669 to 19a-670a, inclusive, as amended by this act,
4239 19a-671, 19a-671a, 19a-672, 19a-672a, 19a-673, as amended by this act,
4240 and 19a-676, and the amount of emergency assistance to families'
4241 payments to eligible hospitals projected for the year, and the
4242 anticipated amount of any increase in payments made pursuant to any
4243 resolution of any civil action pending on April 1, 1994, in the United
4244 States district court for the district of Connecticut. The Department of
4245 Social Services shall inform the office of any amount of
4246 uncompensated care which the Department of Social Services
4247 determines is due to a failure on the part of the hospital to register
4248 patients for emergency assistance to families, or a failure to bill
4249 properly for emergency assistance to families' patients. If during the
4250 course of a fiscal year the Secretary of the Office of Policy and
4251 Management determines that these amounts should be revised, said
4252 secretary shall so notify the office and the office may modify its
4253 calculation pursuant to section 19a-671 to reflect such revision and its
4254 orders as it deems appropriate and the Commissioner of Social
4255 Services may modify said commissioner's determination pursuant to
4256 section 19a-671.

4257 Sec. 127. Subsection (b) of section 19a-122c of the 2010 supplement
4258 to the general statutes is repealed and the following is substituted in

4259 lieu thereof (*Effective October 1, 2010*):

4260 (b) On or before September 30, 2011, such pilot program shall
4261 comply with the provisions of sections 19a-638, as amended by this act,
4262 and [19a-639] 19a-639a, as amended by this act.

4263 Sec. 128. Subsection (a) of section 16-245e of the general statutes is
4264 repealed and the following is substituted in lieu thereof (*Effective from*
4265 *passage*):

4266 (a) As used in this section, [and] sections 16-245f to 16-245k,
4267 inclusive, as amended by this act and section 16-245m, as amended by
4268 this act:

4269 (1) "Rate reduction bonds" means bonds, notes, certificates of
4270 participation or beneficial interest, or other evidences of indebtedness
4271 or ownership, issued pursuant to an executed indenture or other
4272 agreement of a financing entity, in accordance with this section and
4273 sections 16-245f to 16-245k, inclusive, as amended by this act, the
4274 proceeds of which are used, directly or indirectly, to provide, recover,
4275 finance, or refinance stranded costs or economic recovery transfer, or
4276 to sustain funding of conservation and load management and
4277 renewable energy investment programs by substituting for
4278 disbursements to the General Fund from the Energy Conservation and
4279 Load Management Fund established by section 16-245m and from the
4280 Renewable Energy Investment Fund established by section 16-245n,
4281 and which, directly or indirectly, are secured by, evidence ownership
4282 interests in, or are payable from, transition property;

4283 (2) "Competitive transition assessment" means those non-bypassable
4284 rates and other charges, that are authorized by the department (A) in a
4285 financing order in respect to the economic recovery transfer, or in a
4286 financing order, to sustain funding of conservation and load
4287 management and renewable energy investment programs by
4288 substituting disbursements to the General Fund from proceeds of rate
4289 reduction bonds for such disbursements from the Energy Conservation

4290 and Load Management Fund established by section 16-245m and from
4291 the Renewable Energy Investment Fund established by section 16-
4292 245n, or to recover those stranded costs that are eligible to be funded
4293 with the proceeds of rate reduction bonds pursuant to section 16-245f,
4294 as amended by this act, and the costs of providing, recovering,
4295 financing, or refinancing the economic recovery transfer or such
4296 substitution of disbursements to the General Fund or such stranded
4297 costs through a plan approved by the department in the financing
4298 order, including the costs of issuing, servicing, and retiring rate
4299 reduction bonds, (B) to recover those stranded costs determined under
4300 this section but not eligible to be funded with the proceeds of rate
4301 reduction bonds pursuant to section 16-245f, as amended by this act, or
4302 (C) to recover costs determined under subdivision (1) of subsection (e)
4303 of section 16-244g. If requested by the electric company or electric
4304 distribution company, the department shall include in the competitive
4305 transition assessment non-bypassable rates and other charges to
4306 recover federal and state taxes whose recovery period is modified by
4307 the transactions contemplated in this section and sections 16-245f to 16-
4308 245k, inclusive, as amended by this act;

4309 (3) "Customer" means any individual, business, firm, corporation,
4310 association, tax-exempt organization, joint stock association, trust,
4311 partnership, limited liability company, the United States or its
4312 agencies, this state, any political subdivision thereof or state agency
4313 that purchases electric generation or distribution services as a retail
4314 end user in the state from any electric supplier, electric company or
4315 electric distribution company;

4316 (4) "Finance authority" means the state, acting through the office of
4317 the State Treasurer;

4318 (5) "Net proceeds" means "net proceeds" as defined in section 16-
4319 244f;

4320 (6) "Stranded costs" means that portion of generation assets,
4321 generation-related regulatory assets or long-term contract costs

4322 determined by the department in accordance with the provisions of
4323 subsections (e), (f), (g) and (h) of this section;

4324 (7) "Generation assets" means the total construction and other
4325 capital asset costs of generation facilities approved for inclusion in
4326 rates before July 1, 1997, but does not include any costs relating to the
4327 decommissioning of any such facility or any costs which the
4328 department found during a proceeding initiated before July 1, 1998,
4329 were incurred because of imprudent management;

4330 (8) "Generation-related regulatory assets" means generation-related
4331 costs authorized or mandated before July 1, 1998, by the Department of
4332 Public Utility Control, approved for inclusion in the rates, and include,
4333 but are not limited to, costs incurred for deferred taxes, conservation
4334 programs, environmental protection programs, public policy costs and
4335 research and development costs, net of any applicable credits payable
4336 to customers, but does not include any costs which the department
4337 found during a proceeding initiated before July 1, 1998, were incurred
4338 because of imprudent management;

4339 (9) "Long-term contract costs" mean the above-market portion of the
4340 costs of contractual obligations approved for inclusion in the rates that
4341 were entered into before January 1, 2000, arising from independent
4342 power producer contracts required by law or purchased power
4343 contracts approved by the Federal Energy Regulatory Commission;

4344 (10) "Department" means the Department of Public Utility Control;

4345 (11) "Financing entity" means the finance authority or any special
4346 purpose trust or other entity that is authorized by the finance authority
4347 to issue rate reduction bonds or acquire transition property pursuant
4348 to such terms and conditions as the finance authority may specify, or
4349 both;

4350 (12) "Financing order" means an order of the department adopted in
4351 accordance with this section and sections 16-245f to 16-245k, inclusive,

4352 as amended by this act;

4353 (13) "Transition property" means the property right created
4354 pursuant to this section and sections 16-245f to 16-245k, inclusive, as
4355 amended by this act, in respect to the economic recovery transfer or in
4356 respect of disbursements to the General Fund to sustain funding of
4357 conservation and load management and renewable energy investment
4358 programs or those stranded costs that are eligible to be funded with
4359 the proceeds of rate reduction bonds pursuant to section 16-245f, as
4360 amended by this act, including, without limitation, the right, title, and
4361 interest of an electric company or electric distribution company or its
4362 transferee or the financing entity (A) in and to the rates and charges
4363 established pursuant to a financing order, as adjusted from time to
4364 time in accordance with subdivision (2) of subsection (b) of section 16-
4365 245i, as amended by this act, and the financing order, (B) to be paid the
4366 amount that is determined in a financing order to be the amount that
4367 the electric company or electric distribution company or its transferee
4368 or the financing entity is lawfully entitled to receive pursuant to the
4369 provisions of this section and sections 16-245f to 16-245k, inclusive, as
4370 amended by this act, and the proceeds thereof, and in and to all
4371 revenues, collections, claims, payments, money, or proceeds of or
4372 arising from the rates and charges or constituting the competitive
4373 transition assessment that is the subject of a financing order including
4374 those non-bypassable rates and other charges referred to in
4375 subdivision (2) of this subsection, and (C) in and to all rights to obtain
4376 adjustments to the rates and charges pursuant to the terms of
4377 subdivision (2) of subsection (b) of section 16-245i, as amended by this
4378 act, and the financing order. "Transition property" shall constitute a
4379 current property right notwithstanding the fact that the value of the
4380 property right will depend on consumers using electricity or, in those
4381 instances where consumers are customers of a particular electric
4382 company or electric distribution company, the electric company or
4383 electric distribution company performing certain services;

4384 (14) "State rate reduction bonds" means the rate reduction bonds

4385 issued on June 23, 2004, by the state to sustain funding of conservation
4386 and load management and renewable energy investment programs by
4387 substituting for disbursements to the General Fund from the Energy
4388 Conservation and Load Management Fund, established by section 16-
4389 245m, and from the Renewable Energy Investment Fund, established
4390 by section 16-245n. The state rate reduction bonds for the purposes of
4391 section 4-30a shall be deemed to be outstanding indebtedness of the
4392 state;

4393 (15) "Operating expenses" means, with respect to state rate
4394 reduction bonds or economic recovery revenue bonds, (A) all
4395 expenses, costs and liabilities of the state or the trustee incurred in
4396 connection with the administration or payment of the state rate
4397 reduction bonds or economic recovery revenue bonds, or in discharge
4398 of its obligations and duties under the state rate reduction bonds or
4399 economic recovery revenue bonds, or bond documents, expenses and
4400 other costs and expenses arising in connection with the state rate
4401 reduction bonds or economic recovery revenue bonds, or pursuant to
4402 the financing order providing for the issuance of such bonds including
4403 any arbitrage rebate and penalties payable under the code in
4404 connection with such bonds, and (B) all fees and expenses payable or
4405 disburseable to the servicers or others under the bond documents;

4406 (16) "Bond documents" means, with respect to state rate reduction
4407 bonds or economic recovery revenue bonds, the following documents:
4408 The servicing agreements, the tax compliance agreement and
4409 certificate, and the continuing disclosure agreement and indenture
4410 entered into in connection with the state rate reduction bonds [and the
4411 indenture] or the economic recovery revenue bonds;

4412 (17) "Indenture" means the indenture executed in connection with
4413 the state rate reduction bonds or the economic recovery revenue
4414 bonds, or, with respect to state rate reduction bonds, the RRB
4415 Indenture, dated as of June 23, 2004, by and between the state and the
4416 trustee, as amended from time to time; [and]

4417 (18) "Trustee" means, with respect to state rate reduction bonds, the
4418 trustee appointed under the indenture;

4419 (19) "Economic recovery transfer" means the disbursement to the
4420 General Fund of nine hundred fifty-six million dollars from proceeds
4421 of the issuance of the economic recovery revenue bonds; and

4422 (20) "Economic recovery revenue bonds" means rate reduction
4423 bonds issued to fund the economic recovery transfer, the costs of
4424 issuance, credit enhancements, operating expenses and such other
4425 costs as the finance authority deems necessary or advisable, and which
4426 shall be payable from competitive transition assessment charges that
4427 replace the competitive transition assessment charges funding
4428 stranded costs and that are offset in part by decreases to the charges
4429 funding the Energy Conservation and Load Management Fund, as
4430 provided in subdivision (3) of subsection (a) of section 16-245m, as
4431 amended by this act.

4432 Sec. 129. Section 16-245f of the general statutes is repealed and the
4433 following is substituted in lieu thereof (*Effective from passage*):

4434 (a) An electric company or electric distribution company shall
4435 submit to the department an application for a financing order with
4436 respect to any proposal to sustain funding of conservation and load
4437 management and renewable energy investment programs by
4438 substituting disbursements to the General Fund from proceeds of rate
4439 reduction bonds for such disbursements from the Energy Conservation
4440 and Load Management Fund established by section 16-245m and from
4441 the Renewable Energy Investment Fund established by section 16-
4442 245n, and may submit to the department an application for a financing
4443 order with respect to the following stranded costs: (1) The cost of
4444 mitigation efforts, as calculated pursuant to subsection (c) of section
4445 16-245e; (2) generation-related regulatory assets, as calculated
4446 pursuant to subsection (e) of section 16-245e; and (3) those long-term
4447 contract costs that have been reduced to a fixed present value through
4448 the buyout, buydown, or renegotiation of such contracts, as calculated

4449 pursuant to subsection (f) of section 16-245e. No stranded costs shall be
4450 funded with the proceeds of rate reduction bonds unless (A) the
4451 electric company or electric distribution company proves to the
4452 satisfaction of the department that the savings attributable to such
4453 funding will be directly passed on to customers through lower rates,
4454 and (B) the department determines such funding will not result in
4455 giving the electric distribution company or any generation entities or
4456 affiliates an unfair competitive advantage. The department shall hold a
4457 hearing for each such electric distribution company to determine the
4458 amount of disbursements to the General Fund from proceeds of rate
4459 reduction bonds that may be substituted for such disbursements from
4460 the Energy Conservation and Load Management Fund established by
4461 section 16-245m and from the Renewable Energy Investment Fund
4462 established by section 16-245n, and thereby constitute transition
4463 property and the portion of stranded costs that may be included in
4464 such funding and thereby constitute transition property. Any hearing
4465 shall be conducted as a contested case in accordance with chapter 54,
4466 except that any hearing with respect to a financing order or other order
4467 to sustain funding for conservation and load management and
4468 renewable energy investment programs by substituting the
4469 disbursement to the General Fund from the Energy Conservation and
4470 Load Management Fund established by section 16-245m and from the
4471 Renewable Energy Investment Fund established by section 16-245n
4472 shall not be a contested case, as defined in section 4-166. The
4473 department shall not include any rate reduction bonds as debt of an
4474 electric distribution company in determining the capital structure of
4475 the company in a rate-making proceeding, for calculating the
4476 company's return on equity or in any manner that would impact the
4477 electric distribution company for rate-making purposes, and shall not
4478 approve such rate reduction bonds that include covenants that have
4479 provisions prohibiting any change to their appointment of an
4480 administrator of the Energy Conservation and Load Management
4481 Fund. Nothing in this subsection shall be deemed to affect the terms of
4482 subsection (b) of section 16-245m.

4483 (b) Prior to September 1, 2010, each electric distribution company
4484 shall submit to the department an application for a financing order
4485 with respect to funding the economic recovery transfer through the
4486 issuance of economic recovery revenue bonds. The department shall
4487 hold a hearing for each such electric distribution company to
4488 determine the amount necessary to fund the economic recovery
4489 transfer, the payment of economic recovery revenue bonds, costs of
4490 issuance, credit enhancements and operating expenses for the
4491 economic recovery revenue bonds. Such amount as determined by the
4492 department shall constitute transition property. The department shall
4493 allocate the responsibility for the funding of the economic recovery
4494 transfer and the expenses of the economic recovery revenue bonds
4495 equitably between the electric distribution companies. Such allocation
4496 may provide that the respective charges payable by the customers of
4497 each electric distribution company may commence on different dates
4498 and that such rates may vary over the period the economic recovery
4499 revenue bonds and the related operating expenses are being paid,
4500 provided (1) such charges are equitably allocated to the customers of
4501 each electric distribution company, and (2) the department determines
4502 that, over such period, and taking into account the timing of charges,
4503 the charges on a kilowatt hour basis assessed to the customers of the
4504 respective electric distribution companies have substantially the same
4505 present value after consultation with the finance authority as to the
4506 discount rate to be used in determining such present value. Any
4507 hearing with respect to a financing order in respect to the economic
4508 recovery transfer and the issuance of economic recovery revenue
4509 bonds shall not be a contested case, as defined in section 4-166. The
4510 department shall issue a financing order in respect to the economic
4511 recovery revenue bonds for each electric distribution company on or
4512 before October 1, 2010. In such financing order, the department shall
4513 determine the competitive transition assessment in respect of the
4514 economic recovery revenue bonds, which shall not be assessed prior to
4515 June 30, 2011, unless the department sets an earlier date in the
4516 financing order. A component of the competitive transition assessment

4517 in respect of the economic recovery revenue bonds shall be equal to the
4518 decreases to the charges provided in subdivision (3) of subsection (a)
4519 of section 16-245m, as amended by this act, funding the Energy
4520 Conservation and Load Management Fund. The portion of the
4521 competitive transition assessment in respect to the economic recovery
4522 revenue bonds equal to such decreases shall be assessed and collected
4523 from the date such charges are reduced pursuant to the financing
4524 order. The department may provide in such financing order that
4525 money from other sources, including proceeds of charges assessed
4526 customers of municipal electric companies, transferred to the trustee
4527 under the indenture and intended to be used to pay debt service on the
4528 bonds shall be taken into account in making adjustments to the
4529 competitive transition assessment pursuant to subdivision (2) of
4530 subsection (b) of section 16-245i, as amended by this act, if such
4531 payment is not made from General Fund revenues and would not
4532 adversely affect the tax status or credit rating of economic recovery
4533 revenue bonds.

4534 (c) The department, during the period commencing on January 1,
4535 2011, and ending June 30, 2011, shall assess or cause to be assessed a
4536 charge per kilowatt hour of electricity sold to each end use customer of
4537 an electric distribution company and shall cause such assessments to
4538 be remitted to the General Fund. The department shall set such charge
4539 at a level which the department estimates will generate forty million
4540 dollars during the period it is assessed. Such charge shall not be
4541 assessed after June 30, 2011.

4542 Sec. 130. Subsection (c) of section 16-245g of the general statutes is
4543 repealed and the following is substituted in lieu thereof (*Effective from*
4544 *passage*):

4545 (c) The competitive transition assessment shall be determined by the
4546 department in a general and equitable manner and, in accordance with
4547 the provisions of subsection (b) of section 16-245f, as amended by this
4548 act, shall be imposed on all customers at a rate that is applied equally

4549 to all customers of the same class in accordance with methods of
4550 allocation in effect on July 1, 1998, provided the competitive transition
4551 assessment shall not be imposed on customers receiving services
4552 under a special contract which is in effect on July 1, 1998, until such
4553 special contract expires. The competitive transition assessment shall be
4554 imposed beginning on January 1, 2000, on all customers receiving
4555 services under a special contract which is entered into or renewed after
4556 July 1, 1998. The competitive transition assessment shall have a
4557 generally applicable manner of determination that may be measured
4558 on the basis of percentages of total costs of retail sales of electric
4559 generation services. [The] Subject to the provisions of subsection (b) of
4560 section 16-245f, as amended by this act, the competitive transition
4561 assessment shall be payable by customers on an equal basis on the
4562 same payment terms and shall be eligible or subject to prepayment on
4563 an equal basis. Any exemption of the competitive transition
4564 assessment by customers under a special contract shall not result in an
4565 increase in rates to any customer.

4566 Sec. 131. Subsections (a) and (b) of section 16-245h of the general
4567 statutes are repealed and the following is substituted in lieu thereof
4568 (*Effective from passage*):

4569 (a) The competitive transition assessment described in
4570 subparagraph (A) of subdivision (2) of subsection (a) of section 16-
4571 245e, as amended by this act, shall constitute transition property when,
4572 and to the extent that, a financing order authorizing such portion of
4573 the competitive transition assessment has become effective in
4574 accordance with sections 16-245e to 16-245k, inclusive, as amended by
4575 this act, and the transition property shall thereafter continuously exist
4576 as property for all purposes with all of the rights and privileges of
4577 sections 16-245e to 16-245k, inclusive, as amended by this act, for the
4578 period and to the extent provided in the financing order, but in any
4579 event until the rate reduction bonds are paid in full, including all
4580 principal, interest, premium, costs, and arrearages on such bonds.
4581 Prior to its sale or other transfer by the electric company or electric

4582 distribution company pursuant to sections 16-245e to 16-245k,
4583 inclusive, as amended by this act, transition property, other than
4584 transition property in respect of the economic recovery transfer or in
4585 respect to disbursements to the General Fund to sustain funding of
4586 conservation and load management and renewable energy investment
4587 programs, shall be a vested contract right of the electric company or
4588 electric distribution company, notwithstanding any contrary treatment
4589 thereof for accounting, tax, or other purpose. Transition property in
4590 respect of disbursements to the General Fund to sustain funding of
4591 conservation and load management and renewable energy investment
4592 programs shall immediately upon its creation vest solely in the
4593 financing entity. Transition property in respect to the economic
4594 recovery transfer shall immediately upon its creation vest solely in the
4595 financing entity. The electric company or electric distribution company
4596 shall have no right, title or interest in transition property in respect to
4597 the economic recovery transfer or in respect of disbursements to the
4598 General Fund to sustain funding of conservation and load
4599 management and renewable energy investment programs, and in
4600 respect of such transition property shall be only a collection agent on
4601 behalf of the financing entity.

4602 (b) Any surplus competitive transition assessment described in
4603 subparagraph (A) of subdivision (2) of subsection (a) of section 16-
4604 245e, as amended by this act, in excess of the amounts necessary to pay
4605 principal, premium, if any, interest and expenses of the issuance of the
4606 rate reduction bonds issued prior to January 1, 2002, after such bonds
4607 have been defeased or paid in full, shall be remitted to the finance
4608 authority who shall apply such charges to the payment of economic
4609 recovery revenue bonds and cause such charges to be credited against
4610 the payment obligation in respect to the economic recovery revenue
4611 bonds of the customers making such excess payments. If the economic
4612 recovery revenue bonds are not issued, the finance authority shall
4613 transfer such excess charges to the General Fund. Any surplus
4614 competitive transition assessment described in subparagraph (A) of
4615 subdivision (2) of subsection (a) of section 16-245e, as amended by this

4616 act, in excess of the amounts necessary to pay principal, premium, if
4617 any, interest and expenses of the issuance of the rate reduction bonds
4618 issued on or after May 1, 2010, shall be remitted to the financing entity
4619 and may be used to benefit customers. [if this would not] No funds
4620 shall be remitted, applied or used in accordance with the terms of this
4621 subsection if such remittance, application or use would result in a
4622 recharacterization of the tax, accounting, and other intended
4623 characteristics of the financing, including, but not limited to, the
4624 following:

4625 (1) Avoiding the recognition of debt on the electric company's or the
4626 electric distribution company's balance sheet for financial accounting
4627 and regulatory purposes;

4628 (2) Treating the rate reduction bonds as debt of the electric company
4629 or electric distribution company or its affiliates for federal income tax
4630 purposes;

4631 (3) Treating the transfer of the transition property by the electric
4632 company or electric distribution company as a true sale for bankruptcy
4633 purposes; or

4634 (4) Avoiding any adverse impact of the financing on the credit
4635 rating of the rate reduction bonds or the electric company or electric
4636 distribution company.

4637 Sec. 132. Subsections (a) and (b) of section 16-245i of the general
4638 statutes are repealed and the following is substituted in lieu thereof
4639 (*Effective from passage*):

4640 (a) The department may issue financing orders in accordance with
4641 sections 16-245e to 16-245k, inclusive, as amended by this act, to fund
4642 the economic recovery transfer, to sustain funding of conservation and
4643 load management and renewable energy investment programs by
4644 substituting disbursements to the General Fund from proceeds of rate
4645 reduction bonds for such disbursements from the Energy Conservation

4646 and Load Management Fund established by section 16-245m and from
4647 the Renewable Energy Investment Fund established by section 16-
4648 245n, and to facilitate the provision, recovery, financing, or refinancing
4649 of stranded costs. [A] Except for a financing order in respect to the
4650 economic recovery revenue bonds, a financing order may be adopted
4651 only upon the application of an electric company or electric
4652 distribution company, pursuant to section 16-245f, as amended by this
4653 act, and shall become effective in accordance with its terms only after
4654 the electric company or electric distribution company files with the
4655 department the electric company's or the electric distribution
4656 company's written consent to all terms and conditions of the financing
4657 order. Any financing order in respect to the economic recovery
4658 revenue bonds shall be effective on issuance.

4659 (b) (1) Notwithstanding any general or special law, rule, or
4660 regulation to the contrary, except as otherwise provided in this
4661 subsection with respect to transition property that has been made the
4662 basis for the issuance of rate reduction bonds, the financing orders and
4663 the competitive transition assessment shall be irrevocable and the
4664 department shall not have authority either by rescinding, altering, or
4665 amending the financing order or otherwise, to revalue or revise for
4666 rate-making purposes the stranded costs, or the costs of providing,
4667 recovering, financing, or refinancing the stranded costs, the amount of
4668 the economic recovery transfer or the amount of disbursements to the
4669 General Fund from proceeds of rate reduction bonds substituted for
4670 such disbursements from the Energy Conservation and Load
4671 Management Fund established by section 16-245m and from the
4672 Renewable Energy Investment Fund established by section 16-245n,
4673 determine that the competitive transition assessment is unjust or
4674 unreasonable, or in any way reduce or impair the value of transition
4675 property either directly or indirectly by taking the competitive
4676 transition assessment into account when setting other rates for the
4677 electric company or electric distribution company; nor shall the
4678 amount of revenues arising with respect thereto be subject to
4679 reduction, impairment, postponement, or termination.

4680 (2) Notwithstanding any other provision of this section, the
4681 department shall approve the adjustments to the competitive transition
4682 assessment as may be necessary to ensure timely recovery of all
4683 stranded costs that are the subject of the pertinent financing order, and
4684 the costs of capital associated with the provision, recovery, financing,
4685 or refinancing thereof, including the costs of issuing, servicing, and
4686 retiring the rate reduction bonds issued to recover stranded costs
4687 contemplated by the financing order and to ensure timely recovery of
4688 the costs of issuing, servicing, and retiring the rate reduction bonds
4689 issued to sustain funding of conservation and load management and
4690 renewable energy investment programs contemplated by the financing
4691 order, and to ensure timely recovery of the costs of issuing, servicing
4692 and retiring the economic recovery revenue bonds issued to fund the
4693 economic recovery transfer contemplated by the financing order.

4694 (3) Notwithstanding any general or special law, rule, or regulation
4695 to the contrary, any requirement under sections 16-245e to 16-245k,
4696 inclusive, as amended by this act, or a financing order that the
4697 department take action with respect to the subject matter of a financing
4698 order shall be binding upon the department, as it may be constituted
4699 from time to time, and any successor agency exercising functions
4700 similar to the department and the department shall have no authority
4701 to rescind, alter, or amend that requirement in a financing order.
4702 Section 16-43 shall not apply to any sale, assignment, or other transfer
4703 of or grant of a security interest in any transition property or the
4704 issuance of rate reduction bonds under sections 16-245e to 16-245k,
4705 inclusive, as amended by this act.

4706 Sec. 133. Subsection (a) of section 16-245j of the general statutes is
4707 repealed and the following is substituted in lieu thereof (*Effective from*
4708 *passage*):

4709 (a) A financing entity may issue rate reduction bonds upon
4710 approval by the department in the pertinent financing order. Rate
4711 reduction bonds shall be nonrecourse to the credit or any assets of the

4712 electric company, [or] electric distribution company or the finance
4713 authority, other than the transition property as specified in the
4714 pertinent financing order.

4715 Sec. 134. Subsection (c) of section 16-245j of the general statutes is
4716 repealed and the following is substituted in lieu thereof (*Effective from*
4717 *passage*):

4718 (c) (1) Financing orders and rate reduction bonds shall not be
4719 deemed to constitute a debt or liability of the state or of any political
4720 subdivision thereof, other than the financing entity, shall not constitute
4721 a pledge of the full faith and credit of the state or any of its political
4722 subdivisions, other than the financing entity, but shall be payable
4723 solely from the funds provided under sections 16-245e to 16-245k,
4724 inclusive, as amended by this act, and shall not constitute an
4725 indebtedness of the state within the meaning of any constitutional or
4726 statutory debt limitation or restriction and, accordingly, shall not be
4727 subject to any statutory limitation on the indebtedness of the state and
4728 shall not be included in computing the aggregate indebtedness of the
4729 state in respect to and to the extent of any such limitation. This
4730 subsection shall in no way preclude bond guarantees or enhancements
4731 pursuant to sections 16-245e to 16-245k, inclusive, as amended by this
4732 act. All rate reduction bonds shall contain on the face thereof a
4733 statement to the following effect: "Neither the full faith and credit nor
4734 the taxing power of the State of Connecticut is pledged to the payment
4735 of the principal of, or interest on, this bond."

4736 (2) The issuance of rate reduction bonds under sections 16-245e to
4737 16-245k, inclusive, as amended by this act, shall not directly, indirectly,
4738 or contingently obligate the state or any political subdivision thereof to
4739 levy or to pledge any form of taxation therefor or to make any
4740 appropriation for their payment.

4741 (3) The exercise of the powers granted by sections 16-245e to 16-
4742 245k, inclusive, as amended by this act, shall be in all respects for the
4743 benefit of the people of this state, for the increase of their commerce,

4744 welfare, and prosperity, and as the exercise of such powers shall
4745 constitute the performance of an essential public function, neither the
4746 finance authority, any electric company or electric distribution
4747 company, any affiliate of any electric company or electric distribution
4748 company, any financing entity, or any collection or other agent of any
4749 of the foregoing shall be required to pay any taxes or assessments
4750 upon or in respect of any revenues or property received, acquired,
4751 transferred, or used by the finance authority, any electric company or
4752 electric distribution company, any affiliate of any electric company or
4753 electric distribution company, any financing entity, or any collection or
4754 other agent of any of the foregoing under the provisions of sections 16-
4755 245e to 16-245k, inclusive, as amended by this act, or upon or in
4756 respect of the income therefrom, and any rate reduction bonds shall be
4757 treated as issued by or on behalf of a public instrumentality created
4758 under the laws of the state for purposes of chapter 229.

4759 (4) (A) The proceeds of any rate reduction bonds, other than
4760 economic recovery revenue bonds, shall be used for the purposes
4761 approved by the department in the financing order, including, but not
4762 limited to, disbursements to the General Fund in substitution for such
4763 disbursements from the Energy Conservation and Load Management
4764 Fund established by section 16-245m and from the Renewable Energy
4765 Investment Fund established by section 16-245n, the costs of
4766 refinancing or retiring of debt of the electric company or electric
4767 distribution company, and associated federal and state tax liabilities;
4768 provided such proceeds shall not be applied to purchase generation
4769 assets or to purchase or redeem stock or to pay dividends to
4770 shareholders or operating expenses other than taxes resulting from the
4771 receipt of such proceeds.

4772 (B) The proceeds of any economic recovery revenue bonds shall be
4773 used for the purposes approved by the department in the financing
4774 order, including, but not limited to, funding the economic recovery
4775 transfer, the costs of refinancing or retiring of debt of the electric
4776 company or electric distribution company, and associated federal and

4777 state tax liabilities, provided such proceeds shall not be applied to
4778 purchase generation assets or to purchase or redeem stock or to pay
4779 dividends to shareholders or operating expenses other than taxes
4780 resulting from the receipt of such proceeds.

4781 (5) Rate reduction bonds are made and declared (A) securities in
4782 which all public officers and public bodies of the state and its political
4783 subdivisions, all insurance companies, state banks and trust
4784 companies, national banking associations, savings banks, savings and
4785 loan associations, investment companies, executors, administrators,
4786 trustees and other fiduciaries may properly and legally invest funds,
4787 including capital in their control or belonging to them, and (B)
4788 securities which may properly and legally be deposited with and
4789 received by any state or municipal officer or any agency or political
4790 subdivision of the state for any purpose for which the deposit of bonds
4791 or obligations of the state is now or may be authorized.

4792 (6) Rate reduction bonds, other than economic recovery revenue
4793 bonds, shall mature at such time or times approved by the department
4794 in the financing order; provided that such maturity shall not be later
4795 than December 31, 2011. Economic recovery revenue bonds shall
4796 mature at such time or times approved by the department in the
4797 financing order, provided such maturity shall not be later than eight
4798 years after the date of issuance, provided such maturity may be
4799 extended for economic reasons, upon the advice of the financing
4800 entity.

4801 (7) Rate reduction bonds issued and at any time outstanding may, if
4802 and to the extent permitted under the indenture or other agreement
4803 pursuant to which they are issued, be refunded by other rate reduction
4804 bonds.

4805 Sec. 135. Subsection (e) of section 16-245j of the general statutes is
4806 repealed and the following is substituted in lieu thereof (*Effective from*
4807 *passage*):

4808 (e) [When the state is the authorized financing entity] In conjunction
4809 with the issuance of economic recovery revenue bonds or state rate
4810 reduction bonds: (1) The Treasurer may enter into a trust indenture for
4811 the benefit of holders of the rate reduction bonds with a corporate
4812 trustee, which may be any trust company or commercial bank
4813 qualified to do business within or without the state; such trust
4814 indenture shall be consistent with the financing order and may contain
4815 such other provisions as may be appropriate including those
4816 regulating the investment of funds and the remedies of bondholders;
4817 (2) the Treasurer may make representations and agreements for the
4818 benefit of the holders of rate reduction bonds to make secondary
4819 market disclosures; (3) the Treasurer may enter into interest rate swap
4820 agreements and other agreements for the purpose of moderating
4821 interest rate risk on rate reduction bonds as permitted elsewhere
4822 within sections 16-245e to 16-245k, inclusive, as amended by this act,
4823 provided the obligations under such agreements are payable from the
4824 transition property; (4) the Treasurer may enter into such other
4825 agreements and instruments to secure the rate reduction bonds as
4826 provided in sections 16-245f to 16-245k, inclusive, as amended by this
4827 act; and (5) the Treasurer may take such other actions as necessary or
4828 appropriate for the issuance and distribution of the rate reduction
4829 bonds pursuant to the financing order and the Treasurer and the
4830 Secretary of the Office of Policy and Management may make
4831 representations and agreements for the benefit of the holders of the
4832 rate reduction bonds which are necessary or appropriate to ensure
4833 exclusion of the interest payable on the rate reduction bonds from
4834 gross income under the Internal Revenue Code of 1986, or any
4835 subsequent corresponding internal revenue code of the United States,
4836 as from time to time amended.

4837 Sec. 136. Subsection (l) of section 16-245k of the general statutes is
4838 repealed and the following is substituted in lieu thereof (*Effective from*
4839 *passage*):

4840 (l) The authority of the department to issue financing orders

4841 pursuant to sections 16-245e to 16-245k, inclusive, as amended by this
4842 act, shall expire on December 31, 2008, with respect to bonds other
4843 than economic recovery revenue bonds. The authority of the
4844 department to issue financing orders pursuant to sections 16-245e to
4845 16-245k, inclusive, as amended by this act, with respect to economic
4846 recovery revenue bonds shall expire on December 31, 2012. The
4847 expiration of the authority shall have no effect upon financing orders
4848 adopted by the department pursuant to sections 16-245e to 16-245k,
4849 inclusive, as amended by this act, or any transition property arising
4850 therefrom, or upon the charges authorized to be levied thereunder, or
4851 the rights, interests, and obligations of the electric company or electric
4852 distribution company or a financing entity or holders of rate reduction
4853 bonds pursuant to the financing order, or the authority of the
4854 department to monitor, supervise, or take further action with respect
4855 to the financing order in accordance with the terms of sections 16-245e
4856 to 16-245k, inclusive, as amended by this act, and of the financing
4857 order.

4858 Sec. 137. Subsection (a) of section 16-245m of the general statutes is
4859 repealed and the following is substituted in lieu thereof (*Effective from*
4860 *passage*):

4861 (a) (1) On and after January 1, 2000, the Department of Public Utility
4862 Control shall assess or cause to be assessed a charge of three mills per
4863 kilowatt hour of electricity sold to each end use customer of an electric
4864 distribution company to be used to implement the program as
4865 provided in this section for conservation and load management
4866 programs but not for the amortization of costs incurred prior to July 1,
4867 1997, for such conservation and load management programs.

4868 (2) Notwithstanding the provisions of this section, receipts from
4869 such charge shall be disbursed to the resources of the General Fund
4870 during the period from July 1, 2003, to June 30, 2005, unless the
4871 department shall, on or before October 30, 2003, issue a financing order
4872 for each affected electric distribution company in accordance with

4873 sections 16-245e to 16-245k, inclusive, as amended by this act, to
4874 sustain funding of conservation and load management programs by
4875 substituting an equivalent amount, as determined by the department
4876 in such financing order, of proceeds of rate reduction bonds for
4877 disbursement to the resources of the General Fund during the period
4878 from July 1, 2003, to June 30, 2005. The department may authorize in
4879 such financing order the issuance of rate reduction bonds that
4880 substitute for disbursement to the General Fund for receipts of both
4881 the charge under this subsection and under subsection (b) of section
4882 16-245n, as amended by this act, and also may, in its discretion,
4883 authorize the issuance of rate reduction bonds under this subsection
4884 and subsection (b) of section 16-245n, as amended by this act, that
4885 relate to more than one electric distribution company. The department
4886 shall, in such financing order or other appropriate order, offset any
4887 increase in the competitive transition assessment necessary to pay
4888 principal, premium, if any, interest and expenses of the issuance of
4889 such rate reduction bonds by making an equivalent reduction to the
4890 charge imposed under this subsection, provided any failure to offset
4891 all or any portion of such increase in the competitive transition
4892 assessment shall not affect the need to implement the full amount of
4893 such increase as required by this subsection and by sections 16-245e to
4894 16-245k, inclusive, as amended by this act. Such financing order shall
4895 also provide if the rate reduction bonds are not issued, any
4896 unrecovered funds expended and committed by the electric
4897 distribution companies for conservation and load management
4898 programs, provided such expenditures were approved by the
4899 department after August 20, 2003, and prior to the date of
4900 determination that the rate reduction bonds cannot be issued, shall be
4901 recovered by the companies from their respective competitive
4902 transition assessment or systems benefits charge but such expenditures
4903 shall not exceed four million dollars per month. All receipts from the
4904 remaining charge imposed under this subsection, after reduction of
4905 such charge to offset the increase in the competitive transition
4906 assessment as provided in this subsection, shall be disbursed to the

4907 Energy Conservation and Load Management Fund commencing as of
4908 July 1, 2003. Any increase in the competitive transition assessment or
4909 decrease in the conservation and load management component of an
4910 electric distribution company's rates resulting from the issuance of or
4911 obligations under rate reduction bonds shall be included as rate
4912 adjustments on customer bills.

4913 (3) In the financing order authorizing the economic recovery
4914 revenue bonds, or other appropriate order, the department shall
4915 reduce the charge assessed by subdivision (1) of this subsection by
4916 thirty-five per cent. Such reduction shall become effective on April 4,
4917 2012, or such earlier date set by the department in the financing order.
4918 An amount equivalent to such reduction shall constitute a portion of
4919 the competitive transition assessment in respect of the economic
4920 recovery revenue bonds, provided any failure to offset all or any
4921 portion of such competitive transition assessment shall not affect the
4922 requirement to implement the full amount of such competitive
4923 transition assessment, as required by sections 16-245e to 16-245k,
4924 inclusive, as amended by this act. All receipts from the remaining
4925 charge, after reduction of such charge as provided in this subsection,
4926 shall be disbursed to the Energy Conservation and Load Management
4927 Fund. The competitive transition assessment in respect to the economic
4928 recovery revenue bonds or the decrease in the conservation and load
4929 management component of an electric distribution company's rates
4930 resulting from the issuance of or obligations under the economic
4931 recovery revenue bonds shall be included as rate adjustments on
4932 customer bills.

4933 Sec. 138. (NEW) (*Effective from passage*) (a) For the purposes of this
4934 section:

4935 (1) "Participating qualified nonprofit organizations" means
4936 individuals, nonprofit organizations and small businesses;

4937 (2) "Small business" means a business entity employing not more
4938 than fifty full-time employees;

4939 (3) "Eligible energy conservation project" means an energy
4940 conservation project meeting the criteria identified, as provided in
4941 subsection (d) of this section; and

4942 (4) "Participating lending institution" means any bank, trust
4943 company, savings bank, savings and loan association or credit union,
4944 whether chartered by the United States of America or this state, or any
4945 insurance company authorized to do business in this state that
4946 participates in the Green Connecticut Loan Guaranty Fund program.

4947 (b) The Connecticut Health and Educational Facilities Authority
4948 shall establish the Green Connecticut Loan Guaranty Fund program
4949 from the proceeds of the bonds issued pursuant to section 140 of this
4950 act for the purpose of guaranteeing loans made by participating
4951 lending institutions to a participating qualified nonprofit organization
4952 for eligible energy conservation projects, including for two or more
4953 joint eligible energy conservation projects. In carrying out the purposes
4954 of this section, the authority shall have and may exercise the powers
4955 provided in section 10a-180 of the general statutes.

4956 (c) Participating qualified nonprofit organizations may borrow
4957 money from a participating lending institution for any energy
4958 conservation project for which the authority provides guaranties
4959 pursuant to this section. In connection with the provision of such a
4960 guaranty by the Connecticut Health and Educational Facilities
4961 Authority, (1) a participating qualified nonprofit organization shall
4962 enter into any loan or other agreement and make such covenants,
4963 representations and indemnities as a participating lending institution
4964 deems necessary or appropriate; and (2) a participating lending
4965 institution shall enter into a guaranty agreement with the authority,
4966 pursuant to which the authority has agreed to provide a first loss
4967 guaranty of an agreed percentage of the original principal amount of
4968 loans for eligible energy conservation projects.

4969 (d) In consultation with the Office of Policy and Management, the
4970 Connecticut Health and Educational Facilities Authority shall identify

4971 types of projects that qualify as eligible energy conservation projects,
4972 including, but not limited to, the purchase and installation of
4973 insulation, alternative energy devices, energy conservation materials,
4974 replacement furnaces and boilers, and technologically advanced
4975 energy-conserving equipment. The authority, in consultation with said
4976 office, shall establish priorities for financing eligible energy
4977 conservation projects based on need and quality determinants. The
4978 authority shall adopt procedures, in accordance with the provisions of
4979 section 1-121 of the general statutes, to implement the provisions of
4980 this section.

4981 Sec. 139. (NEW) (*Effective from passage*) The Connecticut Health and
4982 Educational Facilities Authority shall establish a "Green Connecticut
4983 Loan Guaranty Fund". Such fund shall be used for the purposes of
4984 guaranteeing loans authorized under section 138 of this act, and may
4985 be used for expenses incurred by said authority in the implementation
4986 of the program under said section.

4987 Sec. 140. Section 6 of public act 05-2 of the October 25 special
4988 session, as amended by section 2 of public act 07-242 and section 210 of
4989 senate bill 25 of the current session, is amended to read as follows
4990 (*Effective July 1, 2010*):

4991 (a) The State Bond Commission shall have the power, from time to
4992 time, to authorize the issuance of bonds of the state in one or more
4993 series and in principal amounts not exceeding in the aggregate [two
4994 million] five million dollars [for the fiscal year ending June 30, 2008,
4995 five million dollars for the fiscal year ending June 30, 2011, and five
4996 million dollars annually thereafter] per year. [The] Except as provided
4997 in subsection (b) of this section, the proceeds of the sale of said bonds
4998 shall be deposited in the Energy Conservation Loan Fund established
4999 under section 16a-40a of the general statutes for the purposes of
5000 making and guaranteeing loans and deferred loans as provided in
5001 section 5 of public act 05-2 of the October 25 special session and section
5002 1 of public act 07-242. All provisions of section 3-20 of the general

5003 statutes, or the exercise of any right or power granted thereby which
5004 are not inconsistent with the provisions of sections 16a-40 to 16a-40b,
5005 inclusive, of the general statutes, as amended by section 5 of public act
5006 05-191, and this section are hereby adopted and shall apply to all
5007 bonds authorized by the State Bond Commission pursuant to said
5008 sections 16a-40 to 16a-40b, inclusive, and this section, and temporary
5009 notes in anticipation of the money to be derived from the sale of any
5010 such bonds so authorized may be issued in accordance with said
5011 section 3-20 and from time to time renewed. Such bonds shall mature
5012 at such time or times not exceeding twenty years from their respective
5013 dates as may be provided in or pursuant to the resolution or
5014 resolutions of the State Bond Commission authorizing such bonds.
5015 Said bonds issued pursuant to said sections 16a-40 to 16a-40b,
5016 inclusive, and this section shall be general obligations of the state and
5017 the full faith and credit of the state of Connecticut are pledged for the
5018 payment of the principal of and interest on said bonds as the same
5019 become due, and accordingly and as part of the contract of the state
5020 with the holders of said bonds, appropriation of all amounts necessary
5021 for punctual payment of such principal and interest is hereby made,
5022 and the Treasurer shall pay such principal and interest as the same
5023 become due.

5024 (b) As of the effective date of this section, proceeds of the sale of
5025 said bonds which have been authorized as provided in subsection (a)
5026 of this section, but have not been allocated by the State Bond
5027 Commission, and the additional amount of five million dollars
5028 authorized by this section on July 1, 2010, shall be deposited in the
5029 Green Connecticut Loan Guaranty Fund established pursuant to
5030 section 139 of this act, and shall be used by the Connecticut Health and
5031 Educational Facilities Authority for purposes of the Green Connecticut
5032 Loan Guaranty Fund program established pursuant to section 138 of
5033 this act, provided not more than eighteen million dollars shall be
5034 deposited in the Green Connecticut Loan Guaranty Fund. Such
5035 additional amounts may be deposited in the Green Connecticut Loan
5036 Guaranty Fund as the State Bond Commission may, from time to time,

5037 authorize.

5038 Sec. 141. (NEW) (*Effective from passage*) (a) At such time as economic
5039 recovery revenue bonds are issued to fund the economic recovery
5040 transfer, the Department of Public Utility Control shall ensure that the
5041 competitive transition assessment charged to customers of each electric
5042 company or electric distribution company is adjusted to reflect the
5043 lower charge to be paid by customers. No electric company or electric
5044 distribution company may bill any customer an amount for the
5045 competitive transition assessment that is in excess of the amount
5046 necessary to fund the economic recovery transfer.

5047 (b) At such time as the competitive transition assessment charged to
5048 customers has allowed full or partial recovery by the financing entity
5049 of any economic recovery revenue bonds and full or partial recovery
5050 by the electric company or electric distribution company of stranded
5051 costs not funded with the proceeds of economic recovery revenue
5052 bonds, the department shall ensure that the competitive transition
5053 assessment charged to customers of each electric company or electric
5054 distribution company is adjusted to reflect, in the case of a partial
5055 recovery, the lower charge to be paid by customers, and, in the case of
5056 a full recovery, the absence of such assessment. No electric company or
5057 electric distribution company may bill any customer an amount for the
5058 competitive transition assessment that is in excess of the amount
5059 necessary to fund economic recovery revenue bonds or stranded costs.

5060 Sec. 142. (*Effective from passage*) Notwithstanding section 511 of
5061 public act 09-3 of the June special session, after the accounts for the
5062 fiscal year ending June 30, 2010, are closed, if the Comptroller
5063 determines there exists an unappropriated surplus in the General
5064 Fund, the amount of any such surplus shall first be used to reduce the
5065 obligations incurred by sections 128 to 137, inclusive, of this act.

5066 Sec. 143. (*Effective from passage*) (a) The Secretary of the Office of
5067 Policy and Management shall establish a pilot program in a single
5068 municipality whereby the municipality selected shall be authorized,

5069 for one time only, to issue postemployment benefit plan deficit
5070 funding bonds pursuant to section 144 of this act.

5071 (b) To be eligible for the program a municipality shall (1) have a
5072 population of not less than one hundred fifteen thousand; (2) have
5073 been incorporated by special act; and (3) have a mayor and city council
5074 form of government. The secretary shall establish an application
5075 procedure and any other criteria for the program. The secretary shall
5076 not select a municipality for the pilot program unless the legislative
5077 body of the municipality has approved the application. The secretary
5078 shall send a notice of selection for the pilot program to the chief
5079 executive officer of the municipality.

5080 (c) The secretary shall submit a report on the status of the program,
5081 in accordance with section 11-4a of the general statutes, to the joint
5082 standing committees of the General Assembly having cognizance of
5083 matters relating to local government and finance, revenue and bonding
5084 not later than December 1, 2011.

5085 Sec. 144. (*Effective from passage*) (a) For purposes of this section:

5086 (1) "Actuarial valuation" means a determination certified by an
5087 actuary, in a method and using assumptions meeting the parameters
5088 established by generally accepted accounting principles, of the normal
5089 cost, actuarial accrued liability, actuarial value of assets and related
5090 actuarial present values for a postemployment health and life benefit
5091 plan of a municipality as of a valuation date not more than thirty
5092 months preceding the date of issue of the postemployment benefit plan
5093 deficit funding bonds, together with an actuarial update of such
5094 valuation as of a date not more than three months preceding the date
5095 of notification of the secretary by the municipality, in accordance with
5096 subdivision (1) of subsection (c) of this section, of its intent to issue the
5097 postemployment benefit plan deficit funding bonds.

5098 (2) "Actuarially recommended contribution" means the annual
5099 required contribution of the municipal employer to the

5100 postemployment health and life benefit plan of the municipality, as
5101 established by the actuarial valuation and determined by an actuary in
5102 a method and using assumptions meeting the parameters established
5103 by generally accepted accounting principles, provided the
5104 amortization schedule used to determine such contribution shall be
5105 fixed and shall have a term not longer than the longest of (A) ten years,
5106 or (B) thirty years from the date of issuance of the postemployment
5107 benefit plan deficit funding bonds.

5108 (3) "Chief executive officer" means (A) for a municipality as
5109 described in section 7-188 of the general statutes, such officer as
5110 described in section 7-193 of the general statutes, (B) for a metropolitan
5111 district, such officer as described in the special act, charter, local
5112 ordinance or other local law applicable to such metropolitan district,
5113 (C) for a district, as defined in section 7-324 of the general statutes, the
5114 president of its board of directors, (D) for a regional school district, the
5115 chairperson of its regional board of education, and (E) for any other
5116 municipal corporation having the power to levy taxes and to issue
5117 bonds, notes or other obligations, such officer as prescribed by the
5118 general statutes or any special act, charter, special act charter, home-
5119 rule ordinance, local ordinance or local law applicable to such
5120 municipal corporation.

5121 (4) "Actuary" means a person who is a member in good standing of
5122 the American Academy of Actuaries.

5123 (5) "General obligation" means an obligation issued by a
5124 municipality and secured by the full faith and credit and taxing power
5125 of such municipality.

5126 (6) "Legislative body" means (A) for a regional school district, the
5127 regional board of education, and (B) for any other municipality not
5128 having the authority to make ordinances, the body, board, committee
5129 or similar body charged under the general statutes, special acts or its
5130 charter with the power to authorize the issue of bonds by the
5131 municipality.

5132 (7) "Municipal Finance Advisory Commission" means the Municipal
5133 Finance Advisory Commission established pursuant to section 7-394b
5134 of the general statutes.

5135 (8) "Municipality" means a municipality, as defined in section 7-369
5136 of the general statutes, or a regional school district.

5137 (9) "Obligation" means any bond or any other transaction which
5138 constitutes debt in accordance with both municipal reporting
5139 standards in section 7-394a of the general statutes and the regulations
5140 prescribing municipal financial reporting adopted by the secretary
5141 pursuant to said section 7-394a.

5142 (10) "Postemployment benefit plan deficit funding bond" means any
5143 obligation issued by a municipality to fund, in whole or in part, an
5144 unfunded past benefit obligation. "Postemployment benefit plan deficit
5145 funding bond" shall not include any bond issued by a municipality
5146 pursuant to and in accordance with the provisions of subsection (g) of
5147 this section to pay, fund or refund prior to maturity any of its
5148 postemployment benefit plan deficit funding bonds previously issued.

5149 (11) "Secretary" means the Secretary of the Office of Policy and
5150 Management or the secretary's designee.

5151 (12) "Treasurer" means the Treasurer of the state of Connecticut or
5152 the Treasurer's designee.

5153 (13) "Unfunded past benefit obligation" means the unfunded
5154 actuarial accrued liability of the postemployment health and life
5155 benefit plan determined in a method and using assumptions meeting
5156 the parameters established by generally accepted accounting
5157 principles.

5158 (14) "Weighted average maturity" means (A) the sum of the
5159 products, determined separately for each maturity or sinking fund
5160 payment date and taking into account any mandatory redemptions of
5161 the obligation, of (i) with respect to a serial obligation, the principal

5162 amount of each serial maturity of such obligation and the number of
5163 years to such maturity, or (ii) with respect to a term obligation, the
5164 dollar amount of each mandatory sinking fund payment with respect
5165 to such obligation and the number of years to such payment, divided
5166 by (B) the aggregate principal amount of such obligation.

5167 (b) Except as expressly provided in this section, no municipality
5168 shall issue any postemployment benefit plan deficit funding bond.

5169 (c) Any municipality which has been selected by the Secretary of the
5170 Office of Policy and Management pursuant to section 143 of this act
5171 and has no outstanding postemployment benefit plan deficit funding
5172 bonds, other than an earlier series of such obligations issued under
5173 subsection (b) of section 7-374b of the general statutes or this section to
5174 partially fund an unfunded past benefit obligation, may authorize and
5175 issue postemployment benefit plan deficit funding bonds to fund all or
5176 a portion of an unfunded past benefit obligation, as determined by an
5177 actuarial valuation, and the payment of costs related to the issuance of
5178 such bonds in accordance with the following requirements:

5179 (1) The municipality shall, within the time and in the manner
5180 prescribed by regulations adopted by the secretary or as otherwise
5181 required by the secretary, notify the secretary of its intent to issue such
5182 postemployment benefit plan deficit funding bonds and shall include
5183 with such notice (A) the actuarial valuation, (B) an actuarial analysis of
5184 the method by which the municipality proposes to fund any unfunded
5185 past benefit obligation not to be defrayed by the postemployment
5186 benefit plan deficit funding bonds, which method may include a plan
5187 of issuance of a series of postemployment benefit plan deficit funding
5188 bonds, (C) an explanation of the municipality's investment strategic
5189 plan for the postemployment health and life benefit plan with respect
5190 to which the postemployment benefit plan deficit funding bonds are to
5191 be issued, including, but not limited to, an asset allocation plan, (D) a
5192 three-year financial plan, including the major assumptions and plan of
5193 finance for such postemployment benefit plan deficit funding bonds,

5194 (E) a comparison of the anticipated effects of funding the unfunded
5195 past benefit obligation through the issuance of postemployment
5196 benefit plan deficit funding bonds with the funding of the obligation
5197 through the annual actuarially recommended contribution, prepared
5198 in the manner prescribed by the secretary, (F) documentation of the
5199 municipality's authorization of the issuance of such postemployment
5200 benefit plan deficit funding bonds including a certified copy of the
5201 resolution or ordinance of the municipality authorizing the issuance of
5202 the postemployment benefit plan deficit funding bonds and an opinion
5203 of nationally recognized bond counsel as to the due authorization of
5204 the issuance of the bonds, (G) documentation that the municipality has
5205 adopted an ordinance, or with respect to a municipality not having the
5206 authority to make ordinances, has adopted a resolution by a two-thirds
5207 vote of the members of its legislative body, requiring the municipality
5208 to appropriate funds in an amount sufficient to meet the actuarially
5209 required contribution and contribute such amounts to the plan as
5210 required in subdivision (3) of subsection (c) of this section, (H) the
5211 methodology used and actuarial assumptions that will be utilized to
5212 calculate the actuarially recommended contribution, (I) a draft official
5213 statement with respect to the issuance of the postemployment benefit
5214 plan deficit funding bonds, and (J) such other information and
5215 documentation as reasonably required by the secretary or the
5216 Treasurer to carry out the provisions of this section.

5217 (2) Within ten days following the sale of the postemployment
5218 benefit plan deficit funding bonds, the municipality shall provide the
5219 secretary and the Treasurer with a final financing summary comparing
5220 the anticipated effects of funding the unfunded past benefit obligation
5221 through the issuance of the postemployment benefit plan deficit
5222 funding bonds with the funding of the obligation through the annual
5223 actuarially recommended contribution, prepared in the manner
5224 prescribed by the secretary.

5225 (3) So long as the postemployment benefit plan deficit funding
5226 bonds or any bond refunding such bonds are outstanding, the

5227 municipality shall (A) for each fiscal year of the municipality,
5228 commencing with the fiscal year in which the bonds are issued,
5229 appropriate funds in an amount sufficient to meet the actuarially
5230 required contribution and contribute such amount to the plan, and (B)
5231 notify the secretary annually, who shall in turn notify the Treasurer, of
5232 the amount or the rate of any such actuarially recommended
5233 contribution and the amount or the rate, if any, of the actual annual
5234 contribution by the municipality to the postemployment health and
5235 life benefit plan to meet such actuarially recommended contribution.
5236 Notwithstanding the provisions of any other general statute or of any
5237 special act, charter, special act charter, home-rule ordinance, local
5238 ordinance or local law, in any fiscal year for which the municipality
5239 fails to appropriate sufficient funds to meet the actuarially required
5240 contribution in accordance with the provisions of this subsection, there
5241 shall be deemed appropriated an amount sufficient to meet such
5242 requirement. On an annual basis, the municipality shall provide the
5243 secretary and the Treasurer with: (i) the actuarial valuation of the
5244 postemployment health and life benefit plan, (ii) a specific
5245 identification, in a format to be determined by the secretary, of any
5246 changes that have been made in the actuarial assumptions or methods
5247 compared to the previous actuarial valuation of the plan, (iii) the
5248 footnote disclosure and required supplementary information
5249 disclosure required by GASB Statement Number 45 with respect to the
5250 plan, and (iv) a review of the investments of the plan including a
5251 statement of the current asset allocation and an analysis of
5252 performance by asset class.

5253 (4) The municipality shall not issue postemployment benefit plan
5254 deficit funding bonds prior to, nor more than six months subsequent
5255 to, receipt of the written final review required under subsection (d) of
5256 this section. A municipality may renotify the secretary of its intention
5257 to issue postemployment benefit plan deficit funding bonds and
5258 provide the secretary with updated information and documentation in
5259 the manner and as described in subdivision (1) of this subsection, and
5260 request an updated final review from the secretary if more than six

5261 months will elapse between the receipt of the prior final review of the
5262 secretary and the proposed date of issue of the postemployment
5263 benefit plan deficit funding bonds.

5264 (d) Upon receipt of notification from a municipality that it intends
5265 to issue postemployment benefit plan deficit funding bonds, the
5266 secretary shall inform the Treasurer and the Municipal Finance
5267 Advisory Commission of such notification. The secretary and the
5268 Treasurer shall review the information and documentation required in
5269 subsection (c) of this section and within fifteen days shall notify the
5270 municipality as to the adequacy of the materials provided and whether
5271 any additional information is required. The secretary and the
5272 Treasurer shall issue a written final review to the municipality
5273 verifying that the municipality has complied with the provisions of
5274 subdivision (1) of subsection (c) of this section and including any
5275 recommendations to the municipality concerning the issuance of
5276 postemployment benefit plan deficit funding bonds not later than
5277 thirty days following the receipt of such information and
5278 documentation. The secretary shall file a copy of such final review
5279 with the chief executive officer of the municipality and the Municipal
5280 Finance Advisory Commission. If the secretary and the Treasurer fail
5281 to provide a written final review to the municipality by the forty-fifth
5282 day following the receipt of such information and documentation,
5283 such final review shall be deemed to have been received by the
5284 municipality.

5285 (e) Except as otherwise provided by this section, the provisions and
5286 limitations of this chapter shall apply to any postemployment benefit
5287 plan deficit funding bonds issued pursuant to the provisions of this
5288 section. Such postemployment benefit plan deficit funding bonds shall
5289 be general obligations of the municipality and shall be serial bonds
5290 maturing in annual or semiannual installments of principal or shall be
5291 term bonds with mandatory annual or semiannual deposits of sinking
5292 fund payments into a sinking fund. Notwithstanding the provisions of
5293 any other general statute or of any special act, charter, special act

5294 charter, home-rule ordinance, local ordinance or local law, (1) the first
5295 installment of any series of postemployment benefit plan deficit
5296 funding bonds shall mature or the first sinking fund payment of any
5297 series of postemployment benefit plan deficit funding bonds shall be
5298 due not later than eighteen months from the date of the issue of such
5299 series, provided such first installment shall mature or such first sinking
5300 fund payment shall be due not later than the fiscal year of the
5301 municipality next following the fiscal year in which such series is
5302 issued, and the last installment of such series shall mature or the last
5303 sinking fund payment of such series shall be due not later than thirty
5304 years from such date of issue, (2) any such postemployment benefit
5305 plan deficit funding bonds may be sold at public sale on sealed
5306 proposal, by negotiation or by private placement in such manner, at
5307 such price or prices, at such time or times and on such terms or
5308 conditions as the municipality, or the officers or board of the
5309 municipality delegated the authority to issue such bonds, determines
5310 to be in the best interest of the municipality, and (3) no municipality
5311 shall issue temporary notes in anticipation of the receipt of the
5312 proceeds from the sale of its postemployment benefit plan deficit
5313 funding bonds.

5314 (f) Proceeds of the postemployment benefit plan deficit funding
5315 bonds, to the extent not applied to the payment of costs related to the
5316 issuance thereof, shall be deposited in the postemployment health and
5317 life benefit plan of the municipality to fund the unfunded past benefit
5318 obligation for which the bonds were issued, and, notwithstanding any
5319 limitations on the investment of proceeds received from the sale of
5320 bonds, notes or other obligations set forth in section 7-400 of the
5321 general statutes, may be invested in accordance with the terms of said
5322 postemployment health and life benefit plan, as such terms may be
5323 amended from time to time.

5324 (g) A municipality may authorize and issue refunding bonds to pay,
5325 fund or refund prior to maturity any of its postemployment benefit
5326 plan deficit funding bonds in accordance with the provisions of section

5327 7-370c of the general statutes or, with respect to a regional school
5328 district, the provisions of section 10-60a of the general statutes,
5329 provided, notwithstanding the provisions of said sections 7-370c and
5330 10-60a, the weighted average maturity of such refunding bonds shall
5331 not exceed the weighted average maturity of the outstanding
5332 postemployment benefit plan deficit funding bonds being paid,
5333 funded or refunded by such refunding bonds. The municipality shall
5334 notify the secretary, who shall in turn notify the Treasurer, of its
5335 intention to issue refunding bonds pursuant to this subsection, not less
5336 than fifteen days prior to the issuance thereof, and shall provide the
5337 secretary with a copy of the final official statement, if any, prepared for
5338 the refunding bonds, not more than fifteen days after the date of issue
5339 of such bonds.

5340 (h) The secretary, in consultation with the Treasurer, is authorized
5341 to adopt regulations, in accordance with the provisions of chapter 54 of
5342 the general statutes, as necessary to establish guidelines concerning
5343 compliance with the provisions of subsections (c), (d) and (g) of this
5344 section.

5345 Sec. 145. Section 9 of senate bill 25 of the current session, as
5346 amended by Senate Amendment Schedule A, is amended to read as
5347 follows (*Effective July 1, 2010*):

5348 The State Bond Commission shall have power, in accordance with
5349 the provisions of sections [1 to 8] 9 to 16, inclusive, of [this act] senate
5350 bill 25 of the current session, from time to time to authorize the
5351 issuance of bonds of the state in one or more series and in principal
5352 amounts in the aggregate, not exceeding \$45,100,000.

5353 Sec. 146. Subsection (a) of section 2 of substitute senate bill 25 of the
5354 current session, as amended by Senate Amendment Schedule A, is
5355 amended to read as follows (*Effective July 1, 2010*):

5356 (a) Grants-in-aid for economic development projects and programs
5357 in the city of Hartford, not exceeding \$5,700,000, including, but not

5358 limited to, grants (1) for the purchase of a building or necessary
5359 alterations and renovation for the John E. Rogers African American
5360 Cultural Center of Hartford; (2) to the Hartford Economic
5361 Development Corporation for a North Hartford community revolving
5362 loan fund; (3) [for planning and design of streetscape improvements in
5363 the North Hartford area and along the Main Street corridor; (4)] for
5364 facade improvements along Wethersfield Avenue; and [(5)] (4) for the
5365 Park Street streetscape project;

5366 Sec. 147. Subdivision (3) of subsection (i) of section 13 of special act
5367 05-1 of the June special session, as amended by section 177 of public act
5368 07-7 of the June special session and section 144 of substitute senate bill
5369 25 of the current session, as amended by Senate Amendment Schedule
5370 A, is amended to read as follows (*Effective July 1, 2010*):

5371 Grants-in-aid to private, nonprofit organizations, including the Boys
5372 and Girls Clubs of America, YMCAs, YWCAs and community centers,
5373 for construction and renovation of community youth centers for
5374 neighborhood recreation or education purposes, not exceeding
5375 \$3,700,000, provided (A) up to \$1,000,000 shall be made available to the
5376 Bridgeport Police Athletic League for the construction and renovation
5377 of a new gym and youth center, [and] (B) up to \$750,000 shall be made
5378 available to the city of Bridgeport for the Burroughs Community
5379 Center, and (C) up to \$1,000,000 shall be made available to the Boys
5380 and Girls Club of Hartford for new construction of a building to be
5381 named after Ella Cromwell.

5382 Sec. 148. Section 12 of public act 07-7 of the June special session, as
5383 amended by section 233 of substitute senate bill 25 of the current
5384 session, as amended by Senate Amendment Schedule A, is amended to
5385 read as follows (*Effective July 1, 2010*):

5386 The State Bond Commission shall have power, in accordance with
5387 the provisions of sections 12 to 19, inclusive, of public act 07-7 of the
5388 June special session, from time to time to authorize the issuance of
5389 bonds of the state in one or more series and in principal amounts in the

5390 aggregate, not exceeding [~~\$194,603,868~~] \$195,103,868.

5391 Sec. 149. Section 31 of public act 07-7 of the June special session, as
5392 amended by section 318 of substitute senate bill 25 of the current
5393 session, as amended by Senate Amendment Schedule A, is amended to
5394 read as follows (*Effective July 1, 2010*):

5395 The State Bond Commission shall have power, in accordance with
5396 the provisions of sections 31 to 38, inclusive, of public act 07-7 of the
5397 June special session, from time to time to authorize the issuance of
5398 bonds of the state in one or more series and in principal amounts in the
5399 aggregate, not exceeding [~~\$90,267,075~~] \$90,417,075.

5400 Sec. 150. Section 288 of substitute senate bill 25 of the current
5401 session, as amended by Senate Amendment Schedule A, is repealed.
5402 (*Effective from passage*)

5403 Sec. 151. Section 329 of substitute senate bill 25 of the current
5404 session, as amended by Senate Amendment Schedule A, is repealed.
5405 (*Effective from passage*)

5406 Sec. 152. Section 18-81r of the general statutes is repealed. (*Effective*
5407 *from passage*)

5408 Sec. 153. Section 57 of public act 09-2 of the September special
5409 session is repealed. (*Effective July 1, 2010*)

5410 Sec. 154. Sections 17b-266a, 17b-294, 17b-296, 17b-298 and 17b-302 of
5411 the general statutes are repealed. (*Effective July 1, 2010*)

5412 Sec. 155. Sections 17a-678, 19a-2b and 19a-637a of the general
5413 statutes are repealed. (*Effective October 1, 2010*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2010</i>	PA 09-3 of the June Sp. Sess., Sec. 11

Sec. 2	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 12
Sec. 3	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 14
Sec. 4	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 15
Sec. 5	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 16
Sec. 6	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 17
Sec. 7	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 18
Sec. 8	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 19
Sec. 9	from passage	New section
Sec. 10	from passage	New section
Sec. 11	from passage	New section
Sec. 12	from passage	New section
Sec. 13	July 1, 2010	New section
Sec. 14	July 1, 2010	New section
Sec. 15	from passage	PA 09-7 of the September Sp. Sess., Sec. 107
Sec. 16	from passage	PA 10-3, Sec. 33
Sec. 17	from passage	PA 10-3, Sec. 24
Sec. 18	from passage	10-2641(c)(3)
Sec. 19	July 1, 2010	New section
Sec. 20	July 1, 2010	New section
Sec. 21	July 1, 2010	17b-342(i)(2)
Sec. 22	July 1, 2010	17b-295(a)
Sec. 23	from passage	17b-280(a)
Sec. 24	July 1, 2010	17a-317
Sec. 25	July 1, 2010	14-41(b)
Sec. 26	from passage	14-18(a)
Sec. 27	July 1, 2010	New section
Sec. 28	October 1, 2010	New section
Sec. 29	October 1, 2010	New section
Sec. 30	October 1, 2010	New section
Sec. 31	July 1, 2010	4-85
Sec. 32	July 1, 2010	2-35

Sec. 33	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 36
Sec. 34	from passage	17a-17
Sec. 35	July 1, 2010	New section
Sec. 36	from passage	New section
Sec. 37	July 1, 2010	17b-244(a)
Sec. 38	July 1, 2010	New section
Sec. 39	July 1, 2010	New section
Sec. 40	from passage	New section
Sec. 41	July 1, 2010	New section
Sec. 42	from passage	New section
Sec. 43	July 1, 2010	PA 09-3 of the June Sp. Sess., Sec. 74(l)
Sec. 44	from passage	13b-61c
Sec. 45	July 1, 2010	New section
Sec. 46	from passage	17b-28
Sec. 47	July 1, 2010	12-202a(b)
Sec. 48	from passage	PA 10-3, Sec. 12
Sec. 49	from passage	PA 10-3, Sec. 28
Sec. 50	from passage	New section
Sec. 51	July 1, 2010	New section
Sec. 52	July 1, 2010	New section
Sec. 53	July 1, 2010	New section
Sec. 54	July 1, 2010	New section
Sec. 55	from passage	New section
Sec. 56	from passage	SA 09-6, Sec. 4
Sec. 57	July 1, 2011	15-155
Sec. 58	from passage	10-264i(a)(4)
Sec. 59	from passage	17b-492(a)
Sec. 60	July 1, 2010	New section
Sec. 61	July 1, 2010	17b-266
Sec. 62	July 1, 2010	New section
Sec. 63	July 1, 2010	17b-290
Sec. 64	July 1, 2010	17b-292
Sec. 65	July 1, 2010	17b-300
Sec. 66	July 1, 2010	17b-311
Sec. 67	July 1, 2010	17b-29(b)
Sec. 68	July 1, 2010	17b-261(a)
Sec. 69	July 1, 2010	17b-274d(e)
Sec. 70	July 1, 2010	17b-297(a)

Sec. 71	July 1, 2010	17b-306a
Sec. 72	July 1, 2010	19a-45b
Sec. 73	July 1, 2010	17a-22j
Sec. 74	July 1, 2010	17a-22p(f)
Sec. 75	July 1, 2010	17b-277
Sec. 76	July 1, 2010	17b-28a
Sec. 77	July 1, 2010	17b-28e(c)
Sec. 78	July 1, 2010	17b-28f
Sec. 79	July 1, 2010	17b-221a
Sec. 80	July 1, 2010	17b-261i(c)
Sec. 81	July 1, 2010	17b-265(a)
Sec. 82	from passage	17b-112(d)
Sec. 83	from passage	17b-30
Sec. 84	from passage	HB 5027 (current session), Sec. 8(b)
Sec. 85	July 1, 2010	PA 09-2 of the September Sp. Sess., Sec. 34(d)
Sec. 86	October 1, 2010	19a-630
Sec. 87	October 1, 2010	19a-630a
Sec. 88	October 1, 2010	19a-634
Sec. 89	October 1, 2010	19a-637
Sec. 90	October 1, 2010	19a-638
Sec. 91	October 1, 2010	19a-639
Sec. 92	October 1, 2010	19a-639a
Sec. 93	October 1, 2010	19a-639b
Sec. 94	October 1, 2010	19a-639c
Sec. 95	October 1, 2010	19a-639e
Sec. 96	October 1, 2010	19a-653
Sec. 97	October 1, 2010	4-67x(a)
Sec. 98	October 1, 2010	12-263a(4) and (5)
Sec. 99	October 1, 2010	17b-234
Sec. 100	October 1, 2010	17b-240
Sec. 101	October 1, 2010	17b-352(g)
Sec. 102	October 1, 2010	17b-353(a)
Sec. 103	October 1, 2010	17b-353(e)
Sec. 104	October 1, 2010	17b-354(j)
Sec. 105	October 1, 2010	17b-356
Sec. 106	October 1, 2010	19a-7(b)
Sec. 107	October 1, 2010	19a-493b(b) and (c)

Sec. 108	October 1, 2010	19a-499(a)
Sec. 109	October 1, 2010	19a-509b(c)
Sec. 110	October 1, 2010	4-101a
Sec. 111	October 1, 2010	19a-645
Sec. 112	October 1, 2010	19a-654
Sec. 113	October 1, 2010	38a-553(c)
Sec. 114	October 1, 2010	19a-485(a)
Sec. 115	October 1, 2010	19a-486a(b) and (c)
Sec. 116	October 1, 2010	19a-486b
Sec. 117	October 1, 2010	19a-486d(a)
Sec. 118	October 1, 2010	19a-487a
Sec. 119	October 1, 2010	19a-643
Sec. 120	October 1, 2010	19a-681
Sec. 121	October 1, 2010	51-344b
Sec. 122	October 1, 2010	33-182bb(b) to (d)
Sec. 123	October 1, 2010	19a-644(d)
Sec. 124	October 1, 2010	19a-673c
Sec. 125	October 1, 2010	19a-673(a)(1)
Sec. 126	October 1, 2010	19a-669
Sec. 127	October 1, 2010	19a-122c(b)
Sec. 128	<i>from passage</i>	16-245e(a)
Sec. 129	<i>from passage</i>	16-245f
Sec. 130	<i>from passage</i>	16-245g(c)
Sec. 131	<i>from passage</i>	16-245h(a) and (b)
Sec. 132	<i>from passage</i>	16-245i(a) and (b)
Sec. 133	<i>from passage</i>	16-245j(a)
Sec. 134	<i>from passage</i>	16-245j(c)
Sec. 135	<i>from passage</i>	16-245j(e)
Sec. 136	<i>from passage</i>	16-245k(l)
Sec. 137	<i>from passage</i>	16-245m(a)
Sec. 138	<i>from passage</i>	New section
Sec. 139	<i>from passage</i>	New section
Sec. 140	July 1, 2010	PA 05-2 of the October 25 Sp. Sess., Sec. 6
Sec. 141	<i>from passage</i>	New section
Sec. 142	<i>from passage</i>	New section
Sec. 143	<i>from passage</i>	New section
Sec. 144	<i>from passage</i>	New section
Sec. 145	July 1, 2010	SBI 25 (current session), Sec. 9

Sec. 146	<i>July 1, 2010</i>	SBI 25 (current session), Sec. 2(a)
Sec. 147	<i>July 1, 2010</i>	SA 05-1 of the June Sp. Sess., Sec. 13(i)
Sec. 148	<i>July 1, 2010</i>	PA 07-7 of the June Sp. Sess., Sec. 12
Sec. 149	<i>July 1, 2010</i>	PA 07-7 of the June Sp. Sess., Sec. 31
Sec. 150	<i>from passage</i>	Repealer section
Sec. 151	<i>from passage</i>	Repealer section
Sec. 152	<i>from passage</i>	Repealer section
Sec. 153	<i>July 1, 2010</i>	Repealer section
Sec. 154	<i>July 1, 2010</i>	Repealer section
Sec. 155	<i>October 1, 2010</i>	Repealer section