



General Assembly

Substitute Bill No. 414

February Session, 2012

* SB00414PH 033012 *

AN ACT CONCERNING ADVANCED PRACTICE REGISTERED NURSES' CERTIFICATION OR SIGNATURE.

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

1 Section 1. Subsection (e) of section 10-221a of the 2012 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective October 1, 2012*):

4 (e) Any student who presents a certificate from a physician or
5 advanced practice registered nurse stating that, in the opinion of the
6 physician or advanced practice registered nurse, participation in
7 physical education is medically contraindicated because of the physical
8 condition of such student, shall be excused from the physical
9 education requirement, provided the credit for physical education may
10 be fulfilled by an elective.

11 Sec. 2. Subsection (a) of section 10a-155 of the general statutes is
12 repealed and the following is substituted in lieu thereof (*Effective*
13 *October 1, 2012*):

14 (a) Each institution of higher education shall require each full-time
15 or matriculating student born after December 31, 1956, to provide
16 proof of adequate immunization against measles, rubella and on and
17 after August 1, 2010, to provide proof of adequate immunization
18 against mumps and varicella as recommended by the national

19 Advisory Committee for Immunization Practices before permitting
20 such student to enroll in such institution. Any such student who (1)
21 presents a certificate from a physician or an advanced practice
22 registered nurse stating that in the opinion of such physician or
23 advanced practice registered nurse such immunization is medically
24 contraindicated, (2) provides a statement that such immunization
25 would be contrary to his religious beliefs, (3) presents a certificate from
26 a physician, an advanced practice registered nurse or [from] the
27 director of health in the student's present or previous town of
28 residence, stating that the student has had a confirmed case of such
29 disease, (4) is enrolled exclusively in a program for which students do
30 not congregate on campus for classes or to participate in institutional-
31 sponsored events, such as students enrolled in distance learning
32 programs for individualized home study or programs conducted
33 entirely through electronic media in a setting without other students
34 present, or (5) graduated from a public or nonpublic high school in this
35 state in 1999 or later and was not exempt from the measles, rubella and
36 on and after August 1, 2010, the mumps vaccination requirement
37 pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a
38 shall be exempt from the appropriate provisions of this section.

39 Sec. 3. Section 10a-155a of the general statutes is repealed and the
40 following is substituted in lieu thereof (*Effective October 1, 2012*):

41 When a public health official has reason to believe that the
42 continued presence in an institution of higher education of a student
43 who has not been immunized against measles or rubella presents a
44 clear danger to the health of others, the public health official shall
45 notify the chief administrative officer of such institution. Such chief
46 administrative officer shall cause the student to be excluded from the
47 institution, or confined in an infirmary or other medical facility at the
48 institution, until the student presents to such chief administrative
49 officer a certificate from a physician or an advanced practice registered
50 nurse stating that, in the opinion of such physician or advanced
51 practice registered nurse, the presence in the institution of the student
52 does not present a clear danger to the health of others.

53 Sec. 4. Subsection (a) of section 10a-155b of the general statutes is
54 repealed and the following is substituted in lieu thereof (*Effective*
55 *October 1, 2012*):

56 (a) For the 2002-2003 school year, and each school year thereafter,
57 each public or private college or university in this state shall require
58 that each student who resides in on-campus housing be vaccinated
59 against meningitis as a condition of such residence. The provisions of
60 this subsection shall not apply to any such student who (1) presents a
61 certificate from a physician or an advanced practice registered nurse
62 stating that, in the opinion of such physician or advanced practice
63 registered nurse, such vaccination is medically contraindicated
64 because of the physical condition of such student, or (2) presents a
65 statement that such vaccination would be contrary to the religious
66 beliefs of such student.

67 Sec. 5. Section 12-94 of the general statutes is repealed and the
68 following is substituted in lieu thereof (*Effective October 1, 2012*):

69 The exemptions granted in sections 12-81 and 12-82 to soldiers,
70 sailors, marines and members of the Coast Guard and Air Force, and
71 their spouses, widows, widowers, fathers and mothers, and to blind or
72 totally disabled persons and their spouses shall first be made in the
73 town in which the person entitled thereto resides, and any person
74 asking such exemption in any other town shall annually make oath
75 before, or forward his or her affidavit to, the assessors of such town,
76 deposing that such exemptions, except the exemption provided in
77 subdivision (55) of section 12-81, if allowed, will not, together with any
78 other exemptions granted under said sections, exceed the amount of
79 exemption thereby allowed to such person. Such affidavit shall be filed
80 with the assessors within the period the assessors have to complete
81 their duties in the town where the exemption is claimed. The assessors
82 of each town shall annually make a certified list of all persons who are
83 found to be entitled to exemption under the provisions of said sections,
84 which list shall be filed in the town clerk's office, and shall be prima
85 facie evidence that the persons whose names appear thereon and who

86 are not required by law to give annual proof are entitled to such
87 exemption as long as they continue to reside in such town; but such
88 assessors may, at any time, require any such person to appear before
89 them for the purpose of furnishing additional evidence, provided, any
90 person who by reason of such person's disability is unable to so appear
91 may furnish such assessors a statement from such person's attending
92 physician or an advanced practice registered nurse certifying that such
93 person is totally disabled and is unable to make a personal appearance
94 and such other evidence of total disability as such assessors may deem
95 appropriate.

96 Sec. 6. Subsection (a) of section 12-129c of the general statutes is
97 repealed and the following is substituted in lieu thereof (*Effective*
98 *October 1, 2012*):

99 (a) No claim shall be accepted under section 12-129b unless the
100 taxpayer or authorized agent of such taxpayer files an application with
101 the assessor of the municipality in which the property is located, in
102 affidavit form as provided by the Secretary of the Office of Policy and
103 Management, during the period from February first to and including
104 May fifteenth of any year in which benefits are first claimed, including
105 such information as is necessary to substantiate said claim in
106 accordance with requirements in such application. A taxpayer may
107 make application to the secretary prior to August fifteenth of the claim
108 year for an extension of the application period. The secretary may
109 grant such extension in the case of extenuating circumstance due to
110 illness or incapacitation as evidenced by a [physician's] certificate
111 signed by a physician or an advanced practice registered nurse to that
112 extent, or if the secretary determines there is good cause for doing so.
113 The taxpayer shall present to the assessor a copy of such taxpayer's
114 federal income tax return and the federal income tax return of such
115 taxpayer's spouse, if filed separately, for such taxpayer's taxable year
116 ending immediately prior to the submission of the taxpayer's
117 application, or if not required to file a federal income tax return, such
118 other evidence of qualifying income in respect to such taxable year as
119 the assessor may require. Each such application, together with the

120 federal income tax return and any other information submitted in
121 relation thereto, shall be examined by the assessor and if the
122 application is approved by the assessor, it shall be forwarded to the
123 secretary on or before July first of the year in which such application is
124 approved, except that in the case of a taxpayer who received a filing
125 date extension from the secretary, such application shall be forwarded
126 to the secretary not later than ten business days after the date it is filed
127 with the assessor. After a taxpayer's claim for the first year has been
128 filed and approved such taxpayer shall be required to file such an
129 application biennially. In respect to such application required after the
130 filing and approval for the first year the tax assessor in each
131 municipality shall notify each such taxpayer concerning application
132 requirements by regular mail not later than February first of the
133 assessment year in which such taxpayer is required to reapply,
134 enclosing a copy of the required application form. Such taxpayer may
135 submit such application to the assessor by mail, provided it is received
136 by the assessor not later than March fifteenth in the assessment year
137 with respect to which such tax relief is claimed. Not later than April
138 first of such year the assessor shall notify, by certified mail, any such
139 taxpayer for whom such application was not received by said March
140 fifteenth concerning application requirements and such taxpayer shall
141 be required not later than May fifteenth to submit such application
142 personally or for reasonable cause, by a person acting on behalf of such
143 taxpayer as approved by the assessor.

144 Sec. 7. Subsection (a) of section 12-170f of the general statutes is
145 repealed and the following is substituted in lieu thereof (*Effective*
146 *October 1, 2012*):

147 (a) Any renter, believing himself or herself to be entitled to a grant
148 under section 12-170d for any calendar year, shall make application for
149 such grant to the assessor of the municipality in which the renter
150 resides or to the duly authorized agent of such assessor or
151 municipality on or after May fifteenth and not later than September
152 fifteenth of each year with respect to such grant for the calendar year
153 preceding each such year, on a form prescribed and furnished by the

154 Secretary of the Office of Policy and Management to the assessor. A
155 renter may make application to the secretary prior to December
156 fifteenth of the claim year for an extension of the application period.
157 The secretary may grant such extension in the case of extenuating
158 circumstance due to illness or incapacitation as evidenced by a
159 [physician's] certificate signed by a physician or an advanced practice
160 registered nurse to that extent, or if the secretary determines there is
161 good cause for doing so. A renter making such application shall
162 present to such assessor or agent, in substantiation of the renter's
163 application, a copy of the renter's federal income tax return, and if not
164 required to file a federal income tax return, such other evidence of
165 qualifying income, receipts for money received, or cancelled checks, or
166 copies thereof, and any other evidence the assessor or such agent may
167 require. When the assessor or agent is satisfied that the applying renter
168 is entitled to a grant, such assessor or agent shall issue a certificate of
169 grant, in triplicate, in such form as the secretary may prescribe and
170 supply showing the amount of the grant due. The assessor or agent
171 shall forward the original copy and attached application to the
172 secretary not later than the last day of the month following the month
173 in which the renter has made application. On or after December 1,
174 1989, any municipality which neglects to transmit to the secretary the
175 claim and supporting applications as required by this section shall
176 forfeit two hundred fifty dollars to the state, provided said secretary
177 may waive such forfeiture in accordance with procedures and
178 standards adopted by regulation in accordance with chapter 54. A
179 duplicate of such certificate with a copy of the application attached
180 shall be delivered to the renter and the assessor or agent shall keep the
181 third copy of such certificate and a copy of the application. After the
182 secretary's review of each claim, pursuant to section 12-120b, and
183 verification of the amount of the grant the secretary shall, not later
184 than September thirtieth of each year prepare a list of certificates
185 approved for payment, and shall thereafter supplement such list
186 monthly. Such list and any supplements thereto shall be approved for
187 payment by the secretary and shall be forwarded by the secretary to
188 the Comptroller, not later than ninety days after receipt of such

189 applications and certificates of grant from the assessor or agent, and
190 the Comptroller shall draw an order on the Treasurer, not later than
191 fifteen days following, in favor of each person on such list and on
192 supplements to such list in the amount of such person's claim and the
193 Treasurer shall pay such amount to such person, not later than fifteen
194 days following. Any claimant aggrieved by the results of the
195 secretary's review shall have the rights of appeal as set forth in section
196 12-120b. Applications filed under this section shall not be open for
197 public inspection. Any person who, for the purpose of obtaining a
198 grant under section 12-170d, wilfully fails to disclose all matters
199 related thereto or with intent to defraud makes false statement shall be
200 fined not more than five hundred dollars.

201 Sec. 8. Subsection (a) of section 12-170w of the general statutes is
202 repealed and the following is substituted in lieu thereof (*Effective*
203 *October 1, 2012*):

204 (a) No claim shall be accepted under section 12-170v unless the
205 taxpayer or authorized agent of such taxpayer files an application with
206 the assessor of the municipality in which the property is located, in
207 such form and manner as the assessor may prescribe, during the
208 period from February first to and including May fifteenth of any year
209 in which benefits are first claimed, including such information as is
210 necessary to substantiate such claim in accordance with requirements
211 in such application. A taxpayer may make application to the assessor
212 prior to August fifteenth of the claim year for an extension of the
213 application period. The assessor may grant such extension in the case
214 of extenuating circumstance due to illness or incapacitation as
215 evidenced by a [physician's] certificate signed by a physician or an
216 advanced practice registered nurse to that extent, or if the assessor
217 determines there is good cause for doing so. The taxpayer shall present
218 to the assessor a copy of such taxpayer's federal income tax return and
219 the federal income tax return of such taxpayer's spouse, if filed
220 separately, for such taxpayer's taxable year ending immediately prior
221 to the submission of the taxpayer's application, or if not required to file
222 a federal income tax return, such other evidence of qualifying income

223 in respect to such taxable year as the assessor may require. Each such
224 application, together with the federal income tax return and any other
225 information submitted in relation thereto, shall be examined by the
226 assessor and a determination shall be made as to whether the
227 application is approved. Upon determination by the assessor that the
228 applying homeowner is entitled to tax relief in accordance with the
229 provisions of section 12-170v and this section, the assessor shall notify
230 the homeowner and the municipal tax collector of the approval of such
231 application. The municipal tax collector shall determine the maximum
232 amount of the tax due with respect to such homeowner's residence and
233 thereafter the property tax with respect to such homeowner's residence
234 shall not exceed such amount. After a taxpayer's claim for the first year
235 has been filed and approved such taxpayer shall file such an
236 application biennially. In respect to such application required after the
237 filing and approval for the first year the assessor in each municipality
238 shall notify each such taxpayer concerning application requirements
239 by regular mail not later than February first of the assessment year in
240 which such taxpayer is required to reapply, enclosing a copy of the
241 required application form. Such taxpayer may submit such application
242 to the assessor by mail provided it is received by the assessor not later
243 than March fifteenth in the assessment year with respect to which such
244 tax relief is claimed. Not later than April first of such year the assessor
245 shall notify, by certified mail, any such taxpayer for whom such
246 application was not received by said March fifteenth concerning
247 application requirements and such taxpayer shall submit not later than
248 May fifteenth such application personally or for reasonable cause, by a
249 person acting on behalf of such taxpayer as approved by the assessor.

250 Sec. 9. Subsection (f) of section 12-170aa of the general statutes is
251 repealed and the following is substituted in lieu thereof (*Effective*
252 *October 1, 2012*):

253 (f) Any homeowner, believing such homeowner is entitled to tax
254 reduction benefits under this section for any assessment year, shall
255 make application as required in subsection (e) of this section, to the
256 assessor of the municipality in which the homeowner resides, for such

257 tax reduction at any time from February first to and including May
258 fifteenth of the year in which tax reduction is claimed. A homeowner
259 may make application to the secretary prior to August fifteenth of the
260 claim year for an extension of the application period. The secretary
261 may grant such extension in the case of extenuating circumstance due
262 to illness or incapacitation as evidenced by a [physician's] certificate
263 signed by a physician or an advanced practice registered nurse to that
264 extent, or if the secretary determines there is good cause for doing so.
265 Such application for tax reduction benefits shall be submitted on a
266 form prescribed and furnished by the secretary to the assessor. In
267 making application the homeowner shall present to such assessor, in
268 substantiation of such homeowner's application, a copy of such
269 homeowner's federal income tax return, including a copy of the Social
270 Security statement of earnings for such homeowner, and that of such
271 homeowner's spouse, if filed separately, for such homeowner's taxable
272 year ending immediately prior to the submission of such application,
273 or if not required to file a return, such other evidence of qualifying
274 income in respect to such taxable year as may be required by the
275 assessor. When the assessor is satisfied that the applying homeowner
276 is entitled to tax reduction in accordance with this section, such
277 assessor shall issue a certificate of credit, in such form as the secretary
278 may prescribe and supply showing the amount of tax reduction
279 allowed. A duplicate of such certificate shall be delivered to the
280 applicant and the tax collector of the municipality and the assessor
281 shall keep the fourth copy of such certificate and a copy of the
282 application. Any homeowner who, for the purpose of obtaining a tax
283 reduction under this section, wilfully fails to disclose all matters
284 related thereto or with intent to defraud makes false statement shall
285 refund all property tax credits improperly taken and shall be fined not
286 more than five hundred dollars. Applications filed under this section
287 shall not be open for public inspection.

288 Sec. 10. Subdivision (1) of subsection (b) of section 16-262c of the
289 2012 supplement to the general statutes is repealed and the following
290 is substituted in lieu thereof (*Effective October 1, 2012*):

291 (b) (1) From November first to May first, inclusive, no electric or
292 electric distribution company, as defined in section 16-1, no electric
293 supplier and no municipal utility furnishing electricity shall terminate,
294 deny or refuse to reinstate residential electric service in hardship cases
295 where the customer lacks the financial resources to pay his or her
296 entire account. From November first to May first, inclusive, no gas
297 company and no municipal utility furnishing gas shall terminate, deny
298 or refuse to reinstate residential gas service in hardship cases where
299 the customer uses such gas for heat and lacks the financial resources to
300 pay his or her entire account, except a gas company that, between May
301 second and October thirty-first, terminated gas service to a residential
302 customer who uses gas for heat and who, during the previous period
303 of November first to May first, had gas service maintained because of
304 hardship status, may refuse to reinstate the gas service from November
305 first to May first, inclusive, only if the customer has failed to pay, since
306 the preceding November first, the lesser of: (A) Twenty per cent of the
307 outstanding principal balance owed the gas company as of the date of
308 termination, (B) one hundred dollars, or (C) the minimum payments
309 due under the customer's amortization agreement. Notwithstanding
310 any other provision of the general statutes to the contrary, no electric,
311 electric distribution or gas company, no electric supplier and no
312 municipal utility furnishing electricity or gas shall terminate, deny or
313 refuse to reinstate residential electric or gas service where the customer
314 lacks the financial resources to pay his or her entire account and for
315 which customer or a member of the customer's household the
316 termination, denial of or failure to reinstate such service would create a
317 life-threatening situation. No electric, electric distribution or gas
318 company, no electric supplier and no municipal utility furnishing
319 electricity or gas shall terminate, deny or refuse to reinstate residential
320 electric or gas service where the customer is a hardship case and lacks
321 the financial resources to pay his or her entire account and a child not
322 more than twenty-four months old resides in the customer's household
323 and such child has been admitted to the hospital and received
324 discharge papers on which the attending physician or an advanced
325 practice registered nurse has indicated such service is a necessity for

326 the health and well being of such child.

327 Sec. 11. Subsection (b) of section 16-262d of the general statutes is
328 repealed and the following is substituted in lieu thereof (*Effective*
329 *October 1, 2012*):

330 (b) No such company, electric supplier or municipal utility shall
331 effect termination of service for nonpayment during such time as any
332 resident of a dwelling to which such service is furnished is seriously ill,
333 if the fact of such serious illness is certified to such company, electric
334 supplier or municipal utility by a registered physician or an advanced
335 practice registered nurse within such period of time after the mailing
336 of a termination notice pursuant to subsection (a) of this section as the
337 Public Utilities Regulatory Authority may by regulation establish,
338 provided the customer agrees to amortize the unpaid balance of his
339 account over a reasonable period of time and keeps current his account
340 for utility service as charges accrue in each subsequent billing period.

341 Sec. 12. Subsection (a) of section 31-12 of the general statutes is
342 repealed and the following is substituted in lieu thereof (*Effective*
343 *October 1, 2012*):

344 (a) None of the following persons under the conditions hereinafter
345 described shall be employed in any manufacturing or mechanical
346 establishment more than nine hours in any day or forty-eight hours in
347 any calendar week: (1) Persons under the age of eighteen years who
348 are not enrolled in and have not graduated from a secondary
349 educational institution; (2) persons sixty-six years of age or older,
350 except with their consent; (3) handicapped persons, so designated by
351 medical or governmental authority, except with their consent and after
352 certification by a physician or an advanced practice registered nurse
353 that the extended hours of work will not be injurious to their health; (4)
354 disabled veterans, as defined under state or federal law, except with
355 their consent and after certification by a physician or an advanced
356 practice registered nurse that the extended hours of work will not be
357 injurious to their health.

358 Sec. 13. Subsection (a) of section 31-13 of the general statutes is
359 repealed and the following is substituted in lieu thereof (*Effective*
360 *October 1, 2012*):

361 (a) None of the following persons under the conditions hereinafter
362 described shall be employed in any mercantile establishment more
363 than eight hours in any one day, or more than six days in any one
364 calendar week or more than forty-eight hours in any one calendar
365 week: (1) Persons under the age of eighteen years who are not enrolled
366 in and have not graduated from a secondary educational institution;
367 (2) persons sixty-six years of age or older, except with their consent; (3)
368 handicapped persons, so designated by medical or governmental
369 authority, except with their consent and after certification by a
370 physician or an advanced practice registered nurse that the extended
371 hours of work will not be injurious to their health; (4) disabled
372 veterans, as defined under state or federal law, except with their
373 consent and after certification by a physician or an advanced practice
374 registered nurse that the extended hours of work will not be injurious
375 to their health; but any such person may be permitted to work in any
376 such establishment one day in any calendar week for not more than
377 ten hours, for the purpose of making one shorter day during such
378 week, and any employer who, during any year, gives not fewer than
379 seven holidays with pay shall be exempt from the foregoing provisions
380 hereof during the period from the eighteenth to the twenty-fifth day of
381 December of such year.

382 Sec. 14. Subsection (a) of section 31-18 of the general statutes is
383 repealed and the following is substituted in lieu thereof (*Effective*
384 *October 1, 2012*):

385 (a) No public restaurant, cafe, dining room, barber shop,
386 hairdressing or manicuring establishment, amusement or recreational
387 establishment, bowling alley, shoe-shining establishment, billiard or
388 pool room or photograph gallery shall employ or permit to work any
389 person under eighteen years of age (1) between the hours of ten o'clock
390 in the evening and six o'clock in the morning, or any of the persons

391 described below under conditions herein set forth more than nine
392 hours in any day: (A) Persons sixty-six years of age or older, except
393 with their consent; (B) handicapped persons, so designated by medical
394 or governmental authority, except with their consent and after
395 certification by a physician or an advanced practice registered nurse
396 that the extended hours of work will not be injurious to their health;
397 (C) disabled veterans, as defined under state or federal law, except
398 with their consent and after certification by a physician or an advanced
399 practice registered nurse that the extended hours of work will not be
400 injurious to their health; provided any such person may be permitted
401 to work in any such establishment one day in a week for not more than
402 ten hours on such day, but not more than six days or forty-eight hours
403 in any one week, and provided further, persons between sixteen and
404 eighteen years of age may be employed in any amusement or
405 recreational establishment, restaurant, cafe or dining room, or
406 employed in any theater until twelve o'clock midnight unless such
407 persons are regularly attending school in which case such minors may
408 be employed until eleven o'clock in the evening on days which precede
409 a regularly scheduled school day and until twelve o'clock midnight
410 during any regular school vacation season and on days which do not
411 precede a regularly scheduled school day, and (2) more than (A) six
412 hours in any regularly scheduled school day unless the regularly
413 scheduled school day immediately precedes a nonschool day or eight
414 hours in any other day, and (B) thirty-two hours in any calendar week
415 during which the school in which such person is enrolled is in session
416 or forty-eight hours in any other calendar week during which the
417 school in which such person is enrolled is not in session.
418 Notwithstanding any provision of this section, the number of hours
419 such person participates in a work experience that is part of an
420 approved educational plan, cooperative program or school-to-work
421 program shall not be counted against the daily or weekly limits set
422 forth in this section.

423 Sec. 15. Subdivision (1) of subsection (c) of section 31-235 of the
424 general statutes is repealed and the following is substituted in lieu

425 thereof (*Effective October 1, 2012*):

426 (c) (1) Notwithstanding the provisions of subsection (a) or (b) of this
427 section, an unemployed individual may limit such individual's
428 availability for work to part-time employment, provided the
429 individual (A) provides documentation from a licensed physician or
430 an advanced practice registered nurse that (i) the individual has a
431 physical or mental impairment that is chronic or is expected to be long-
432 term or permanent in nature, and (ii) the individual is unable to work
433 full-time because of such impairment, and (B) establishes, to the
434 satisfaction of the administrator, that such limitation does not
435 effectively remove such individual from the labor force.

436 Sec. 16. Subsection (a) of section 31-308 of the general statutes is
437 repealed and the following is substituted in lieu thereof (*Effective*
438 *October 1, 2012*):

439 (a) If any injury for which compensation is provided under the
440 provisions of this chapter results in partial incapacity, the injured
441 employee shall be paid a weekly compensation equal to seventy-five
442 per cent of the difference between the wages currently earned by an
443 employee in a position comparable to the position held by the injured
444 employee before his injury, after such wages have been reduced by
445 any deduction for federal or state taxes, or both, and for the federal
446 Insurance Contributions Act in accordance with section 31-310, and the
447 amount he is able to earn after the injury, after such amount has been
448 reduced by any deduction for federal or state taxes, or both, and for
449 the federal Insurance Contributions Act in accordance with section 31-
450 310, except that when (1) the physician or the advanced practice
451 registered nurse attending an injured employee certifies that the
452 employee is unable to perform his usual work but is able to perform
453 other work, (2) the employee is ready and willing to perform other
454 work in the same locality and (3) no other work is available, the
455 employee shall be paid his full weekly compensation subject to the
456 provisions of this section. Compensation paid under this subsection
457 shall not be more than one hundred per cent, raised to the next even

458 dollar, of the average weekly earnings of production and related
459 workers in manufacturing in the state, as determined in accordance
460 with the provisions of section 31-309, and shall continue during the
461 period of partial incapacity, but no longer than five hundred twenty
462 weeks. If the employer procures employment for an injured employee
463 that is suitable to his capacity, the wages offered in such employment
464 shall be taken as the earning capacity of the injured employee during
465 the period of the employment.

466 Sec. 17. Subsection (b) of section 31-51rr of the general statutes is
467 repealed and the following is substituted in lieu thereof (*Effective*
468 *October 1, 2012*):

469 (b) Any employee of a political subdivision of the state who has
470 worked at least twelve months and one thousand two hundred fifty
471 hours for such employer during the previous twelve-month period
472 may request leave in order to serve as an organ or bone marrow donor,
473 provided such employee may be required, prior to the inception of
474 such leave, to provide sufficient written certification from the
475 physician of such employee or an advanced practice registered nurse
476 of the proposed organ or bone marrow donation and the probable
477 duration of the employee's recovery from such donation.

478 Sec. 18. Subdivision (1) of subsection (a) of section 38a-457 of the
479 2012 supplement to the general statutes is repealed and the following
480 is substituted in lieu thereof (*Effective October 1, 2012*):

481 (1) "Accelerated benefits" means benefits payable under a life
482 insurance policy sold in this state: (A) During the lifetime of the
483 insured, in a lump sum or in periodic payments, as specified in the
484 policy, (B) upon the occurrence of a qualifying event, as defined in the
485 policy, and certified by a physician or an advanced practice registered
486 nurse who is licensed under the laws of a state or territory of the
487 United States, or such other foreign or domestic jurisdiction as the
488 Insurance Commissioner may approve, and (C) which reduce the
489 death benefits otherwise payable under the life insurance policy.

490 Sec. 19. Section 38a-465g of the general statutes is repealed and the
491 following is substituted in lieu thereof (*Effective October 1, 2012*):

492 (a) Before entering into a life settlement contract with any owner of
493 a policy wherein the insured is terminally ill or chronically ill, a
494 provider shall obtain:

495 (1) If the owner is the insured, a written statement from a licensed
496 attending physician or an advanced practice registered nurse that the
497 owner is of sound mind and under no constraint or undue influence to
498 enter into the settlement contract; and

499 (2) A document in which the insured consents to the release of the
500 insured's medical records to a provider, broker or insurance producer,
501 and, if the policy was issued less than two years from the date of
502 application for a settlement contract, to the insurance company that
503 issued the policy.

504 (b) The insurer shall respond to a request for verification of
505 coverage submitted by a provider, broker or life insurance producer on
506 a form approved by the commissioner not later than thirty calendar
507 days after the date the request was received. The insurer shall
508 complete and issue the verification of coverage or indicate in which
509 respects it is unable to respond. In its response, the insurer shall
510 indicate whether, based on the medical evidence and documents
511 provided, the insurer intends to pursue an investigation regarding the
512 validity of the policy.

513 (c) Prior to or at the time of execution of the settlement contract, the
514 provider shall obtain a witnessed document in which the owner
515 consents to the settlement contract, represents that the owner has a full
516 and complete understanding of the settlement contract, that the owner
517 has a full and complete understanding of the benefits of the policy,
518 acknowledges that the owner is entering into the settlement contract
519 freely and voluntarily and, for persons with a terminal or chronic
520 illness or condition, acknowledges that the insured has a terminal or
521 chronic illness or condition and that the terminal or chronic illness or

522 condition was diagnosed after the life insurance policy was issued.

523 (d) If a broker or life insurance producer performs any of the
524 activities required of the provider under this section, the provider shall
525 be deemed to have fulfilled the requirements of this section.

526 (e) The insurer shall not unreasonably delay effecting change of
527 ownership or beneficiary with any life settlement contract lawfully
528 entered into in this state or with a resident of this state.

529 (f) Not later than twenty days after an owner executes the life
530 settlement contract, the provider shall give written notice to the insurer
531 that issued the policy that the policy has become subject to a life
532 settlement contract. The notice shall be accompanied by a copy of the
533 medical records release required under subdivision (2) of subsection
534 (a) of this section and a copy of the insured's application for the life
535 settlement contract.

536 (g) All medical information solicited or obtained by any person
537 licensed pursuant to this part shall be subject to applicable provisions
538 of law relating to the confidentiality of medical information.

539 (h) Each life settlement contract entered into in this state shall
540 provide that the owner may rescind the contract not later than fifteen
541 days from the date it is executed by all parties thereto. Such rescission
542 exercised by the owner shall be effective only if both notice of
543 rescission is given to the provider and the owner repays all proceeds
544 and any premiums, loans and loan interest paid by the provider within
545 the rescission period. A failure to provide written notice of the right of
546 rescission shall toll the period of such right until thirty days after the
547 written notice of the right of rescission has been given. If the insured
548 dies during the rescission period, the contract shall be deemed to have
549 been rescinded, subject to repayment by the owner or the owner's
550 estate of all proceeds and any premiums, loans and loan interest to the
551 provider.

552 (i) Not later than three business days after the date the provider

553 receives the documents from the owner to effect the transfer of the
554 insurance policy, the provider shall pay or transfer the proceeds of the
555 settlement into an escrow or trust account managed by a trustee or
556 escrow agent in a state or federally-chartered financial institution
557 whose deposits are insured by the Federal Deposit Insurance
558 Corporation. Not later than three business days after receiving
559 acknowledgment of the transfer of the insurance policy from the issuer
560 of the policy, said trustee or escrow agent shall pay the settlement
561 proceeds to the owner.

562 (j) Failure to tender the life settlement contract proceeds to the
563 owner within the time set forth in section 38a-465f shall render the
564 viatical settlement contract voidable by the owner for lack of
565 consideration until the time such consideration is tendered to, and
566 accepted by, the owner.

567 (k) Any fee paid by a provider, party, individual or an owner to a
568 broker in exchange for services provided to the owner pertaining to a
569 life settlement contract shall be computed as a percentage of the offer
570 obtained and not as a percentage of the face value of the policy.
571 Nothing in this section shall be construed to prohibit a broker from
572 reducing such broker's fee below such percentage.

573 (l) Each broker shall disclose to the owner anything of value paid or
574 given to such broker in connection with a life settlement contract
575 concerning the owner.

576 (m) No person at any time prior to, or at the time of, the application
577 for or issuance of a policy, or during a two-year period commencing
578 with the date of issuance of the policy, shall enter into a life settlement
579 contract regardless of the date the compensation is to be provided and
580 regardless of the date the assignment, transfer, sale, devise, bequest or
581 surrender of the policy is to occur. This prohibition shall not apply if
582 the owner certifies to the provider that:

583 (1) The policy was issued upon the owner's exercise of conversion
584 rights arising out of a group or individual policy, provided the total of

585 the time covered under the conversion policy plus the time covered
586 under the prior policy is not less than twenty-four months. The time
587 covered under a group policy must be calculated without regard to a
588 change in insurance carriers, provided the coverage has been
589 continuous and under the same group sponsorship; or

590 (2) The owner submits independent evidence to the provider that
591 one or more of the following conditions have been met within said
592 two-year period: (A) The owner or insured is terminally ill or
593 chronically ill; (B) the owner or insured disposes of the owner or
594 insured's ownership interests in a closely held corporation, pursuant to
595 the terms of a buyout or other similar agreement in effect at the time
596 the insurance policy was initially issued; (C) the owner's spouse dies;
597 (D) the owner divorces his or her spouse; (E) the owner retires from
598 full-time employment; (F) the owner becomes physically or mentally
599 disabled and a physician or an advanced practice registered nurse
600 determines that the disability prevents the owner from maintaining
601 full-time employment; or (G) a final order, judgment or decree is
602 entered by a court of competent jurisdiction on the application of a
603 creditor of the owner, adjudicating the owner bankrupt or insolvent, or
604 approving a petition seeking reorganization of the owner or
605 appointing a receiver, trustee or liquidator to all or a substantial part of
606 the owner's assets.

607 (n) Copies of the independent evidence required by subdivision (2)
608 of subsection (m) of this section shall be submitted to the insurer when
609 the provider submits a request to the insurer for verification of
610 coverage. The copies shall be accompanied by a letter of attestation
611 from the provider that the copies are true and correct copies of the
612 documents received by the provider. Nothing in this section shall
613 prohibit an insurer from exercising its right to contest the validity of
614 any policy.

615 (o) If, at the time the provider submits a request to the insurer to
616 effect the transfer of the policy to the provider, the provider submits a
617 copy of independent evidence of subparagraph (A) of subdivision (2)

618 of subsection (m) of this section, such copy shall be deemed to
619 establish that the settlement contract satisfies the requirements of this
620 section.

621 Sec. 20. Subsections (b) and (c) of section 38a-477 of the general
622 statutes are repealed and the following is substituted in lieu thereof
623 (*Effective October 1, 2012*):

624 (b) For any claim submitted to an insurer on the current standard
625 Health Care Financing Administration Fifteen Hundred health
626 insurance claim form or its successor, if the following information is
627 completed and received by the insurer, the claim may not be deemed
628 to be deficient in the information needed for filing a claim for
629 processing pursuant to subparagraph (B) of subdivision (15) of section
630 38a-816.

T1	Item Number	Item Description
T2	1a	Insured's identification number
T3	2	Patient's name
T4	3	Patient's birth date and sex
T5	4	Insured's name
T6	10a	Patient's condition - employment
T7	10b	Patient's condition - auto accident
T8	10c	Patient's condition - other accident
T9	11	Insured's policy group number
T10		(if provided on identification card)
T11	11d	Is there another health benefit plan?
T12	17a	Identification number of referring physician <u>or</u>
T13		<u>advanced practice registered nurse</u>
T14		(if required by insurer)
T15	21	Diagnosis
T16	24A	Dates of service
T17	24B	Place of service
T18	24D	Procedures, services or supplies
T19	24E	Diagnosis code
T20	24F	Charges

T21	25	Federal tax identification number
T22	28	Total charge
T23	31	Signature of physician, <u>advanced practice</u>
T24		<u>registered nurse</u> or supplier with date
T25	33	Physician's, <u>advanced practice registered nurse's</u>
T26		<u>or</u> supplier's billing name,
T27		address, zip code & telephone number

631 (c) For any claim submitted to an insurer on the current standard
 632 Health Care Financing Administration UB-92 health insurance claim
 633 form or its successor, if the following information is completed and
 634 received by the insurer, the claim may not be deemed to be deficient in
 635 the information needed for filing a claim for processing pursuant to
 636 subparagraph (B) of subdivision (15) of section 38a-816.

T28	Item Number	Item Description
T29	1	Provider name and address
T30	5	Federal tax identification number
T31	6	Statement covers period
T32	12	Patient name
T33	14	Patient's birth date
T34	15	Patient's sex
T35	17	Admission date
T36	18	Admission hour
T37	19	Type of admission
T38	21	Discharge hour
T39	42	Revenue codes
T40	43	Revenue description
T41	44	HCPCS/CPT4 codes
T42	45	Service date
T43	46	Service units
T44	47	Total charges by revenue code
T45	50	Payer identification
T46	51	Provider number

T47	58	Insured's name
T48	60	Patient's identification number
T49		(policy number and/or
T50		Social Security number)
T51	62	Insurance group number
T52		(if on identification card)
T53	67	Principal diagnosis code
T54	76	Admitting diagnosis code
T55	80	Principle procedure code and date
T56	81	Other procedures code and date
T57	82	[Attending physician's] <u>The identification</u>
T58		<u>number of the attending physician or advanced</u>
T59		<u>practice registered nurse</u>

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2012</i>	10-221a(e)
Sec. 2	<i>October 1, 2012</i>	10a-155(a)
Sec. 3	<i>October 1, 2012</i>	10a-155a
Sec. 4	<i>October 1, 2012</i>	10a-155b(a)
Sec. 5	<i>October 1, 2012</i>	12-94
Sec. 6	<i>October 1, 2012</i>	12-129c(a)
Sec. 7	<i>October 1, 2012</i>	12-170f(a)
Sec. 8	<i>October 1, 2012</i>	12-170w(a)
Sec. 9	<i>October 1, 2012</i>	12-170aa(f)
Sec. 10	<i>October 1, 2012</i>	16-262c(b)(1)
Sec. 11	<i>October 1, 2012</i>	16-262d(b)
Sec. 12	<i>October 1, 2012</i>	31-12(a)
Sec. 13	<i>October 1, 2012</i>	31-13(a)
Sec. 14	<i>October 1, 2012</i>	31-18(a)
Sec. 15	<i>October 1, 2012</i>	31-235(c)(1)
Sec. 16	<i>October 1, 2012</i>	31-308(a)
Sec. 17	<i>October 1, 2012</i>	31-51rr(b)
Sec. 18	<i>October 1, 2012</i>	38a-457(a)(1)
Sec. 19	<i>October 1, 2012</i>	38a-465g
Sec. 20	<i>October 1, 2012</i>	38a-477(b) and (c)

Statement of Legislative Commissioners:

In section 2(a)(1), "or an advanced practice registered nurse" was inserted after "a physician" and "or advanced practice registered nurse" was inserted after "such physician" for consistency; in the introductory language for section 7, "21-170f" was changed to "12-170f" for accuracy; and in section 12(a)(4), "an" was inserted before "advanced practice registered nurse" for clarity and consistency.

PH *Joint Favorable Subst.*