February Session, 2018

Proposed Substitute Bill No. 16

LCO No. **3078**

AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH.

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

1 Section 1. Section 4-28f of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2018*):

3 (a) There is created a Tobacco and Health Trust Fund which shall be
4 a separate nonlapsing fund. The purpose of the trust fund shall be to
5 create a continuing significant source of funds to (1) support and
6 encourage development of programs to reduce tobacco abuse through
7 prevention, education and cessation programs, (2) support and
8 encourage development of programs to reduce substance abuse, and
9 (3) develop and implement programs to meet the unmet physical and
10 mental health needs in the state.

11 (b) The trust fund may accept transfers from the Tobacco Settlement
12 Fund and may apply for and accept gifts, grants or donations from
13 public or private sources to enable the trust fund to carry out its
14 objectives.

15 (c) The trust fund shall be administered by a board of trustees,
16 except that the board shall suspend its operations from July 1, 2003, to
17 June 30, 2005, inclusive. The board shall consist of seventeen trustees.
18 The appointment of the initial trustees shall be as follows: (1) The
19 Governor shall appoint four trustees, one of whom shall serve for a
20 term of one year from July 1, 2000, two of whom shall serve for a term
21 of two years from July 1, 2000, and one of whom shall serve for a term

22 of three years from July 1, 2000; (2) the speaker of the House of
23 Representatives and the president pro tempore of the Senate each shall
24 appoint two trustees, one of whom shall serve for a term of two years
25 from July 1, 2000, and one of whom shall serve for a term of three years
26 from July 1, 2000; (3) the majority leader of the House of
27 Representatives and the majority leader of the Senate each shall
28 appoint two trustees, one of whom shall serve for a term of one year
29 from July 1, 2000, and one of whom shall serve for a term of three years
30 from July 1, 2000; (4) the minority leader of the House of
31 Representatives and the minority leader of the Senate each shall
32 appoint two trustees, one of whom shall serve for a term of one year
33 from July 1, 2000, and one of whom shall serve for a term of two years
34 from July 1, 2000; and (5) the Secretary of the Office of Policy and
35 Management, or the secretary's designee, shall serve as an ex-officio
36 voting member. Following the expiration of such initial terms,
37 subsequent trustees shall serve for a term of three years. The period of
38 suspension of the board's operations from July 1, 2003, to June 30, 2005,
39 inclusive, shall not be included in the term of any trustee serving on
40 July 1, 2003. The trustees shall serve without compensation except for
41 reimbursement for necessary expenses incurred in performing their
42 duties. The board of trustees shall establish rules of procedure for the
43 conduct of its business which shall include, but not be limited to,
44 criteria, processes and procedures to be used in selecting programs to
45 receive money from the trust fund. The trust fund shall be within the
46 Office of Policy and Management for administrative purposes only.
47 The board of trustees shall<u>,</u> **[**meet not less than biannually, except
48 during the fiscal years ending June 30, 2004, and June 30, 2005, and,**]**
49 not later than January first of each year, except **[**during the fiscal years
50 ending June 30, 2004, and June 30, 2005**]** <u>following a fiscal year in</u>
51 <u>which the trust fund does not receive a deposit from the Tobacco</u>
52 <u>Settlement Fund</u>, shall submit a report of its activities and
53 accomplishments to the joint standing committees of the General
54 Assembly having cognizance of matters relating to public health and
55 appropriations and the budgets of state agencies, in accordance with
56 section 11-4a.

57 (d) (1) During the period commencing July 1, 2000, and ending June
58 30, 2003, the board of trustees, by majority vote, may recommend
59 authorization of disbursement from the trust fund for the purposes
60 described in subsection (a) of this section and section 19a-6d, provided
61 the board may not recommend authorization of disbursement of more
62 than fifty per cent of net earnings from the principal of the trust fund
63 for such purposes. For the fiscal year commencing July 1, 2005, and
64 each fiscal year thereafter, the board may recommend authorization of
65 the net earnings from the principal of the trust fund for such purposes.
66 For the fiscal year ending June 30, 2009, and each fiscal year thereafter,
67 the board may recommend authorization of disbursement for such
68 purposes of (A) up to one-half of the annual disbursement from the
69 Tobacco Settlement Fund to the Tobacco and Health Trust Fund from
70 the previous fiscal year, pursuant to section 4-28e, up to a maximum of
71 six million dollars per fiscal year, and (B) the net earnings from the
72 principal of the trust fund from the previous fiscal year. For the fiscal
73 year ending June 30, 2014, and each fiscal year thereafter, the board
74 may recommend authorization of disbursement of up to the total
75 unobligated balance remaining in the trust fund after disbursement in
76 accordance with the provisions of the general statutes and relevant
77 special and public acts for such purposes, not to exceed twelve million
78 dollars per fiscal year. The board's recommendations shall give (i)
79 priority to programs that address tobacco and substance abuse and
80 serve minors, pregnant women and parents of young children, and (ii)
81 consideration to the availability of private matching funds.
82 Recommended disbursements from the trust fund shall be in addition
83 to any resources that would otherwise be appropriated by the state for
84 such purposes and programs.

85 (2) Except during the fiscal years ending June 30, 2004, and June 30,
86 2005, the board of trustees shall submit such recommendations for the
87 authorization of disbursement from the trust fund to the joint standing
88 committees of the General Assembly having cognizance of matters
89 relating to public health and appropriations and the budgets of state
90 agencies. Not later than thirty days after receipt of such
91 recommendations, said committees shall advise the board of their

92 approval, modifications, if any, or rejection of the board's
93 recommendations. If said joint standing committees do not concur, the
94 speaker of the House of Representatives, the president pro tempore of
95 the Senate, the majority leader of the House of Representatives, the
96 majority leader of the Senate, the minority leader of the House of
97 Representatives and the minority leader of the Senate each shall
98 appoint one member from each of said joint standing committees to
99 serve as a committee on conference. The committee on conference shall
100 submit its report to both committees, which shall vote to accept or
101 reject the report. The report of the committee on conference may not be
102 amended. If a joint standing committee rejects the report of the
103 committee on conference, the board's recommendations shall be
104 deemed approved. If the joint standing committees accept the report of
105 the committee on conference, the joint standing committee having
106 cognizance of matters relating to appropriations and the budgets of
107 state agencies shall advise the board of said joint standing committees'
108 approval or modifications, if any, of the board's recommended
109 disbursement. If said joint standing committees do not act within thirty
110 days after receipt of the board's recommendations for the
111 authorization of disbursement, such recommendations shall be
112 deemed approved. Disbursement from the trust fund shall be in
113 accordance with the board's recommendations as approved or
114 modified by said joint standing committees.

115 (3) After such recommendations for the authorization of
116 disbursement have been approved or modified pursuant to
117 subdivision (2) of this subsection, any modification in the amount of an
118 authorized disbursement in excess of fifty thousand dollars or ten per
119 cent of the authorized amount, whichever is less, shall be submitted to
120 said joint standing committees and approved, modified or rejected in
121 accordance with the procedure set forth in subdivision (2) of this
122 subsection. Notification of all disbursements from the trust fund made
123 pursuant to this section shall be sent to the joint standing committees
124 of the General Assembly having cognizance of matters relating to
125 public health and appropriations and the budgets of state agencies,
126 through the Office of Fiscal Analysis.

127 (4) The board of trustees shall, not later than February first of each
128 year, except **[**during the fiscal years ending June 30, 2004, and June 30,
129 2005**]** following a fiscal year in which the trust fund does not receive a
130 deposit from the Tobacco Settlement Fund, submit a report to the
131 General Assembly, in accordance with the provisions of section 11-4a,
132 that includes all disbursements and other expenditures from the trust
133 fund and an evaluation of the performance and impact of each
134 program receiving funds from the trust fund. Such report shall also
135 include the criteria and application process used to select programs to
136 receive such funds.

137 Sec. 2. Subsection (a) of section 19a-55 of the 2018 supplement to the
138 general statutes is repealed and the following is substituted in lieu
139 thereof (*Effective October 1, 2018*):

140 (a) The administrative officer or other person in charge of each
141 institution caring for newborn infants shall cause to have administered
142 to every such infant in its care an HIV-related test, as defined in section
143 19a-581, a test for phenylketonuria and other metabolic diseases,
144 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine
145 disease, homocystinuria, biotinidase deficiency, congenital adrenal
146 hyperplasia, severe combined immunodeficiency disease,
147 adrenoleukodystrophy and such other tests for inborn errors of
148 metabolism as shall be prescribed by the Department of Public Health.
149 The tests shall be administered as soon after birth as is medically
150 appropriate. If the mother has had an HIV-related test pursuant to
151 section 19a-90 or 19a-593, the person responsible for testing under this
152 section may omit an HIV-related test. The Commissioner of Public
153 Health shall (1) administer the newborn screening program, (2) direct
154 persons identified through the screening program to appropriate
155 specialty centers for treatments, consistent with any applicable
156 confidentiality requirements, and (3) set the fees to be charged to
157 institutions to cover all expenses of the comprehensive screening
158 program including testing, tracking and treatment. The fees to be
159 charged pursuant to subdivision (3) of this subsection shall be set at a
160 minimum of ninety-eight dollars. The Commissioner of Public Health

161 shall publish a list of all the abnormal conditions for which the
162 department screens newborns under the newborn screening program,
163 which shall include screening for amino acid disorders, organic acid
164 disorders and fatty acid oxidation disorders, including, but not limited
165 to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD), [and]
166 medium-chain acyl-CoA dehydrogenase (MCAD) and, subject to the
167 approval of the Secretary of the Office of Policy and Management, any
168 other disorder included on the recommended uniform screening panel
169 pursuant to 42 USC 300b-10, as amended from time to time.

170 Sec. 3. (*Effective July 1, 2018*) The amount of the payments made by
171 the state to full-time municipal health departments, pursuant to section
172 19a-202 of the general statutes, and to health districts, pursuant to
173 section 19a-245 of the general statutes, shall be reduced
174 proportionately in the event that the total of such payments in a fiscal
175 year exceeds the amount appropriated for the purposes of said sections
176 with respect to such fiscal year.

177 Sec. 4. Subsection (a) of section 19a-490 of the 2018 supplement to
178 the general statutes is repealed and the following is substituted in lieu
179 thereof (*Effective from passage*):

180 (a) "Institution" means a hospital, short-term hospital special
181 hospice, hospice inpatient facility, residential care home, nursing home
182 facility, home health care agency, homemaker-home health aide
183 agency, behavioral health facility, assisted living services agency,
184 substance abuse treatment facility, outpatient surgical facility,
185 outpatient clinic, an infirmary operated by an educational institution
186 for the care of students enrolled in, and faculty and employees of, such
187 institution; a facility engaged in providing services for the prevention,
188 diagnosis, treatment or care of human health conditions, including
189 facilities operated and maintained by any state agency; [, except
190 facilities for the care or treatment of mentally ill persons or persons
191 with substance abuse problems;] and a residential facility for persons
192 with intellectual disability licensed pursuant to section 17a-227 and
193 certified to participate in the Title XIX Medicaid program as an

194 intermediate care facility for individuals with intellectual disability.
195 "Institution" does not include any facility for the care and treatment of
196 persons with mental illness or substance use disorder operated or
197 maintained by any state agency, except Whiting Forensic Hospital;

198 Sec. 5. Subdivision (18) of subsection (b) of section 1-210 of the 2018
199 supplement to the general statutes is repealed and the following is
200 substituted in lieu thereof (*Effective from passage*):

201 (18) Records, the disclosure of which the Commissioner of
202 Correction, or as it applies to Whiting Forensic [Division facilities of
203 the Connecticut Valley] Hospital, the Commissioner of Mental Health
204 and Addiction Services, has reasonable grounds to believe may result
205 in a safety risk, including the risk of harm to any person or the risk of
206 an escape from, or a disorder in, a correctional institution or facility
207 under the supervision of the Department of Correction or Whiting
208 Forensic [Division facilities] Hospital. Such records shall include, but
209 are not limited to:

210 (A) Security manuals, including emergency plans contained or
211 referred to in such security manuals;

212 (B) Engineering and architectural drawings of correctional
213 institutions or facilities or Whiting Forensic [Division] Hospital
214 facilities;

215 (C) Operational specifications of security systems utilized by the
216 Department of Correction at any correctional institution or facility or
217 Whiting Forensic [Division] Hospital facilities, except that a general
218 description of any such security system and the cost and quality of
219 such system may be disclosed;

220 (D) Training manuals prepared for correctional institutions and
221 facilities or Whiting Forensic [Division] Hospital facilities that
222 describe, in any manner, security procedures, emergency plans or
223 security equipment;

224 (E) Internal security audits of correctional institutions and facilities

225 or Whiting Forensic [Division] Hospital facilities;

226 (F) Minutes or recordings of staff meetings of the Department of
227 Correction or Whiting Forensic [Division] Hospital facilities, or
228 portions of such minutes or recordings, that contain or reveal
229 information relating to security or other records otherwise exempt
230 from disclosure under this subdivision;

231 (G) Logs or other documents that contain information on the
232 movement or assignment of inmates or staff at correctional institutions
233 or facilities; and

234 (H) Records that contain information on contacts between inmates,
235 as defined in section 18-84, and law enforcement officers;

236 Sec. 6. Subsection (c) of section 1-210 of the 2018 supplement to the
237 general statutes is repealed and the following is substituted in lieu
238 thereof (*Effective from passage*):

239 (c) Whenever a public agency receives a request from any person
240 confined in a correctional institution or facility or a Whiting Forensic
241 [Division] Hospital facility, for disclosure of any public record under
242 the Freedom of Information Act, the public agency shall promptly
243 notify the Commissioner of Correction or the Commissioner of Mental
244 Health and Addiction Services in the case of a person confined in a
245 Whiting Forensic [Division] Hospital facility of such request, in the
246 manner prescribed by the commissioner, before complying with the
247 request as required by the Freedom of Information Act. If the
248 commissioner believes the requested record is exempt from disclosure
249 pursuant to subdivision (18) of subsection (b) of this section, the
250 commissioner may withhold such record from such person when the
251 record is delivered to the person's correctional institution or facility or
252 Whiting Forensic [Division] Hospital facility.

253 Sec. 7. Section 5-145a of the general statutes is repealed and the
254 following is substituted in lieu thereof (*Effective from passage*):

255 Any condition of impairment of health caused by hypertension or

256 heart disease resulting in total or partial disability or death to a
257 member of the security force or fire department of The University of
258 Connecticut or the aeronautics operations of the Department of
259 Transportation, or to a member of the Office of State Capitol Police or
260 any person appointed under section 29-18 as a special policeman for
261 the State Capitol building and grounds, the Legislative Office Building
262 and parking garage and related structures and facilities, and other
263 areas under the supervision and control of the Joint Committee on
264 Legislative Management, or to state personnel engaged in guard or
265 instructional duties in the Connecticut Correctional Institution,
266 Somers, Connecticut Correctional Institution, Enfield-Medium, the
267 Carl Robinson Correctional Institution, Enfield, John R. Manson Youth
268 Institution, Cheshire, the York Correctional Institution, the Connecticut
269 Correctional Center, Cheshire, or the community correctional centers,
270 or to any employee of the Whiting Forensic **[**Division**]** Hospital with
271 direct and substantial patient contact, or to any detective, chief
272 inspector or inspector in the Division of Criminal Justice or chief
273 detective, or to any state employee designated as a hazardous duty
274 employee pursuant to an applicable collective bargaining agreement
275 who successfully passed a physical examination on entry into such
276 service, which examination failed to reveal any evidence of such
277 condition, shall be presumed to have been suffered in the performance
278 of his duty and shall be compensable in accordance with the
279 provisions of chapter 568, except that for the first three months of
280 compensability the employee shall continue to receive the full salary
281 which he was receiving at the time of injury in the manner provided
282 by the provisions of section 5-142. Any such employee who began such
283 service prior to June 28, 1985, and was not covered by the provisions of
284 this section prior to said date shall not be required, for purposes of this
285 section, to show proof that he successfully passed a physical
286 examination on entry into such service.

287 Sec. 8. Section 5-173 of the general statutes is repealed and the
288 following is substituted in lieu thereof (*Effective from passage*):

289 (a) A state policeman in the active service of the Division of State

290 Police within the Department of Emergency Services and Public
291 Protection, or any person who is engaged in guard or instructional
292 duties at the Connecticut Correctional Institution, Somers, the
293 Connecticut Correctional Institution, Enfield-Medium, the Carl
294 Robinson Correctional Institution, Enfield, the John R. Manson Youth
295 Institution, Cheshire, the York Correctional Institution, the Connecticut
296 Correctional Center, Cheshire and the community correctional centers,
297 or any person exempt from collective bargaining who is engaged in
298 custodial or instructional duties within the Department of Correction,
299 or any person who is an employee of the Whiting Forensic **[**Division**]**
300 Hospital with direct and substantial patient contact, or any person who
301 is employed as a correctional counselor, correctional counselor
302 supervisor, parole officer or parole supervisor or in a comparable job
303 classification by the Board of Pardons and Paroles, or any member of
304 tier I who has been designated as a hazardous duty member pursuant
305 to an applicable collective bargaining agreement, who has reached his
306 forty-seventh birthday and completed at least twenty years of
307 hazardous duty service for the state or service as a state policeman or
308 as guard or instructor at said correctional institutions or correctional
309 centers, or service in a custodial or instructional position within the
310 Department of Correction which is exempt from collective bargaining,
311 or as an employee of the Whiting Forensic **[**Division**]** Hospital or its
312 predecessor institutions, or as a correctional counselor, correctional
313 counselor supervisor, parole officer or parole supervisor or in a
314 comparable job classification as an employee of the Board of Pardons
315 and Paroles, shall be retired on his own application or on the
316 application of the Commissioner of Emergency Services and Public
317 Protection or the Commissioner of Correction, as the case may be.

318 (b) On or after October 1, 1982, each such person shall receive a
319 monthly retirement income equal to one-twelfth of (1) fifty per cent of
320 his base salary, as defined in subsection (b) of section 5-162, for such
321 twenty years of service, plus (2) two per cent of his base salary for each
322 year, taken to completed months, of Connecticut state service in excess
323 of twenty years, except that any such person who is both a member of
324 the Division of State Police within the Department of Emergency

325 Services and Public Protection and a member of part B shall receive a
326 permanently reduced retirement income upon reaching the age of
327 sixty-five or, if earlier, upon receipt of Social Security disability
328 benefits or, for any such state policeman, upon receipt of benefits
329 under subsection (d) of section 5-142. Any such state police member
330 shall have his monthly retirement income reduced by an amount equal
331 to one-twelfth of one per cent of four thousand eight hundred dollars
332 multiplied by the number of years of state service, taken to completed
333 months.

334 (c) Any such person who, while so employed, was granted military
335 leave to enter the armed forces, as defined by section 27-103, and who,
336 upon his discharge and within ninety days, returned to such service,
337 shall be granted retirement credit for any period of service in time of
338 war, as defined by said section, and for military service during a
339 national emergency declared by the President of the United States on
340 and after September 1, 1939, toward the required minimum of twenty
341 [years] years' service; and any such person may be granted credit for
342 any such war service prior to such employment upon payment of
343 contributions and interest computed in accordance with subsection (b)
344 of section 5-180, but such service shall not be counted toward the
345 minimum service requirement of twenty years.

346 (d) Any such person who, after retiring from hazardous duty as
347 designated pursuant to a collective bargaining agreement or from the
348 Division of State Police or the employ of the Connecticut Correctional
349 Institution, Somers, the Connecticut Correctional Institution, Enfield-
350 Medium, the Carl Robinson Correctional Institution, Enfield, the John
351 R. Manson Youth Institution, Cheshire, the York Correctional
352 Institution, the Connecticut Correctional Center, Cheshire or a
353 community correctional center, the Whiting Forensic [Division]
354 Hospital or the Board of Pardons and Paroles, as the case may be, is
355 employed by any other state agency may elect to receive the retirement
356 income to which he was entitled at the time of his retirement from such
357 hazardous duty or as a state policeman or employee of the correctional
358 institution or correctional center, forensic [division] hospital or Board

359 of Pardons and Paroles when his employment in such other agency
360 ceases, but he shall not, in that case, be entitled to any retirement
361 income by reason of service in such other agency except as provided in
362 subsection (g) of this section.

363 (e) Notwithstanding the provisions of subsection (a) of this section,
364 any state policeman who serves as Commissioner or Deputy
365 Commissioner of Emergency Services and Public Protection and whose
366 position as commissioner or deputy commissioner is terminated,
367 abolished or eliminated for any reason or who otherwise leaves such
368 position and who has completed twenty years of service as a state
369 policeman but who has not reached his forty-seventh birthday, shall be
370 entitled to a retirement income, in accordance with subsection (b) of
371 this section.

372 (f) A member who has completed twenty years of hazardous duty
373 service under this section, but who leaves such service on or after
374 October 1, 1982, but prior to reaching his forty-seventh birthday shall,
375 upon his own application be entitled to the benefits provided in
376 subsection (b) of this section at any time after reaching his forty-
377 seventh birthday.

378 (g) On and after October 1, 1982, an employee who has met the
379 twenty-year minimum service requirement and is thus eligible for
380 benefits under this section shall have any other Connecticut state
381 employment recognized in calculating the amount of his benefits.

382 Sec. 9. Subsection (d) of section 5-192f of the general statutes is
383 repealed and the following is substituted in lieu thereof (*Effective from*
384 *passage*):

385 (d) "Hazardous duty member" means a member who is a state
386 policeman in the active service of the Division of State Police within
387 the Department of Emergency Services and Public Protection, who is
388 engaged in guard or instructional duties at the Connecticut
389 Correctional Institution, Somers, the Connecticut Correctional
390 Institution, Enfield-Medium, the Carl Robinson Correctional

391 Institution, Enfield, the John R. Manson Youth Institution, Cheshire,
392 the York Correctional Institution, the Connecticut Correctional Center,
393 Cheshire or the community correctional centers, who is an employee of
394 the Whiting Forensic **[**Division**]** <u>Hospital</u> or its predecessor institutions
395 with direct and substantial patient contact, who is a detective, chief
396 inspector or inspector in the Division of Criminal Justice or chief
397 detective, who is employed as a correctional counselor, correctional
398 counselor supervisor, parole officer or parole supervisor or in a
399 comparable job classification by the Board of Pardons and Paroles, or
400 who has been designated as a hazardous duty member pursuant to the
401 terms of a collective bargaining agreement.

402 Sec. 10. Subsection (b) of section 17a-450 of the general statutes is
403 repealed and the following is substituted in lieu thereof (*Effective from*
404 *passage*):

405 (b) For the purposes of chapter 48, the Department of Mental Health
406 and Addiction Services shall be organized to promote comprehensive,
407 client-based services in the areas of mental health treatment and
408 substance abuse treatment and to ensure the programmatic integrity
409 and clinical identity of services in each area. The department shall
410 perform the functions of: Centralized administration, planning and
411 program development; prevention and treatment programs and
412 facilities, both inpatient and outpatient, for persons with psychiatric
413 disabilities or persons with substance use disorders, or both;
414 community mental health centers and community or regional
415 programs and facilities providing services for persons with psychiatric
416 disabilities or persons with substance use disorders, or both; training
417 and education; and research and evaluation of programs and facilities
418 providing services for persons with psychiatric disabilities or persons
419 with substance use disorders, or both. The department shall include,
420 but not be limited to, the following divisions and facilities or their
421 successor facilities: The office of the Commissioner of Mental Health
422 and Addiction Services; Capitol Region Mental Health Center;
423 Connecticut Valley Hospital, including the Addictions Division **[**, the
424 Whiting Forensic Division**]** and the General Psychiatric Division of

425 Connecticut Valley Hospital; the Whiting Forensic Hospital; the
426 Connecticut Mental Health Center; Ribicoff Research Center; the
427 Southwest Connecticut Mental Health System, including the Franklin
428 S. DuBois Center and the Greater Bridgeport Community Mental
429 Health Center; the Southeastern Mental Health Authority; River Valley
430 Services; the Western Connecticut Mental Health Network; and any
431 other state-operated facility for the treatment of persons with
432 psychiatric disabilities or persons with substance use disorders, or
433 both, but shall not include those portions of such facilities transferred
434 to the Department of Children and Families for the purpose of
435 consolidation of children's services.

436 Sec. 11. Subdivision (3) of subsection (c) of section 17a-450 of the
437 general statutes is repealed and the following is substituted in lieu
438 thereof (*Effective from passage*):

439 (3) Work with public or private agencies, organizations, facilities or
440 individuals to ensure the operation of the programs set forth in
441 accordance with sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-
442 484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive,
443 17a-540 to 17a-550, inclusive, 17a-560 to **[**17a-576**]** 17a-575, as amended
444 by this act, inclusive, 17a-580 to 17a-603, inclusive, and 17a-615 to 17a-
445 618, inclusive;

446 Sec. 12. Subsection (a) of section 17a-450a of the general statutes is
447 repealed and the following is substituted in lieu thereof (*Effective from*
448 *passage*):

449 (a) The Department of Mental Health and Addiction Services shall
450 constitute a successor department to the Department of Mental Health.
451 Whenever the words "Commissioner of Mental Health" are used or
452 referred to in the following general statutes, the words "Commissioner
453 of Mental Health and Addiction Services" shall be substituted in lieu
454 thereof and whenever the words "Department of Mental Health" are
455 used or referred to in the following general statutes, the words
456 "Department of Mental Health and Addiction Services" shall be
457 substituted in lieu thereof: 4-5, as amended by this act, 4-38c, 4-77a, 4a-

458 12, 4a-16, 5-142, 8-206d, 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31,
459 17a-33, 17a-218, 17a-246, 17a-450, as amended by this act, 17a-451, 17a-
460 453, 17a-454, 17a-455, 17a-456, 17a-457, 17a-458, as amended by this act,
461 17a-459, 17a-460, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470,
462 as amended by this act, 17a-471, 17a-472, as amended by this act, 17a-
463 473, 17a-474, 17a-476, 17a-478, 17a-479, 17a-480, 17a-481, 17a-482, 17a-
464 483, 17a-484, 17a-498, 17a-499, 17a-502, 17a-506, 17a-510, 17a-511, 17a-
465 512, 17a-513, 17a-519, 17a-528, 17a-560, as amended by this act, 17a-561,
466 as amended by this act, 17a-562, as amended by this act, 17a-565, **[**17a-
467 576,**]** as amended by this act, 17a-581, 17a-582, 17a-675, 17b-28, 17b-59a,
468 as amended by this act, 17b-222, 17b-223, 17b-225, 17b-359, 17b-694,
469 19a-82, 19a-495, 19a-498, 19a-507a, 19a-507c, 19a-576, 19a-583, 20-14i,
470 20-14j, 21a-240, 21a-301, 27-122a, 31-222, 38a-514, 46a-28, 51-51o, 52-
471 146h and 54-56d.

472 Sec. 13. Subsection (c) of section 17a-458 of the general statutes is
473 repealed and the following is substituted in lieu thereof (*Effective from*
474 *passage*):

475 (c) "State-operated facilities" means those hospitals or other facilities
476 providing treatment for persons with psychiatric disabilities or for
477 persons with substance use disorders, or both, which are operated in
478 whole or in part by the Department of Mental Health and Addiction
479 Services. Such facilities include, but are not limited to, the Capitol
480 Region Mental Health Center, the Connecticut Valley Hospital,
481 including the Addictions Division **[**, the Whiting Forensic Division**]**
482 and the General Psychiatric Division of Connecticut Valley Hospital,
483 the Whiting Forensic Hospital, the Connecticut Mental Health Center,
484 the Franklin S. DuBois Center, the Greater Bridgeport Community
485 Mental Health Center and River Valley Services.

486 Sec. 14. Section 17a-470 of the general statutes is repealed and the
487 following is substituted in lieu thereof (*Effective from passage*):

488 Each state hospital, state-operated facility or the Whiting Forensic
489 **[**Division of the Connecticut Valley**]** Hospital for the treatment of
490 persons with psychiatric disabilities or persons with substance use

491 disorders, or both, except the Connecticut Mental Health Center, may
492 have an advisory board appointed by the superintendent or director of
493 the facility for terms to be decided by such superintendent or director.
494 In any case where the present number of members of an advisory
495 board is less than the number of members designated by the
496 superintendent or director of the facility, he shall appoint additional
497 members to such board in accordance with this section in such manner
498 that the terms of an approximately equal number of members shall
499 expire in each odd-numbered year. The superintendent or director
500 shall fill any vacancy that may occur for the unexpired portion of any
501 term. No member may serve more than two successive terms plus the
502 balance of any unexpired term to which he had been appointed. The
503 superintendent or director of the facility shall be an ex-officio member
504 of the advisory board. Each member of an advisory board of a state-
505 operated facility within the Department of Mental Health and
506 Addiction Services assigned a geographical territory shall be a resident
507 of the assigned geographical territory. Members of said advisory
508 boards shall receive no compensation for their services but shall be
509 reimbursed for necessary expenses involved in the performance of
510 their duties. At least one-third of such members shall be from a
511 substance abuse subregional planning and action council established
512 pursuant to section 17a-671, and at least one-third shall be members of
513 the catchment area councils, as provided in section 17a-483, for the
514 catchment areas served by such facility, except that members serving
515 as of October 1, 1977, shall serve out their terms.

516 Sec. 15. Section 17a-471a of the general statutes is repealed and the
517 following is substituted in lieu thereof (*Effective from passage*):

518 (a) The Commissioner of Mental Health and Addiction Services, in
519 consultation and coordination with the advisory council established
520 under subsection (b) of this section, shall develop policies and set
521 standards related to clients residing on the Connecticut Valley
522 Hospital campus and to the discharge of such clients from the hospital
523 into the adjacent community. **[**Any such policies and standards shall
524 assure that no discharge of any client admitted to Whiting Forensic

525 Division under commitment by the Superior Court or transfer from the
526 Department of Correction shall take place without full compliance
527 with sections 17a-511 to 17a-524, inclusive, 17a-566 to 17a-575,
528 inclusive, 17a-580 to 17a-603, inclusive, and 54-56d.]

529 (b) There is established a Connecticut Valley Hospital Advisory
530 Council that shall advise the Commissioner of Mental Health and
531 Addiction Services on policies concerning, but not limited to, building
532 use, security, clients residing on the campus and the discharge of
533 clients from the [campuses] campus into the adjacent community. In
534 addition, the advisory council shall periodically review the
535 implementation of the policies and standards established by the
536 commissioner in consultation with the advisory council. The council
537 shall be composed of six members appointed by the mayor of
538 Middletown, six members appointed by the Commissioner of Mental
539 Health and Addiction Services and one member who shall serve as
540 chairperson appointed by the Governor.

541 Sec. 16. Section 17a-472 of the general statutes is repealed and the
542 following is substituted in lieu thereof (*Effective from passage*):

543 Except as otherwise provided, the Commissioner of Mental Health
544 and Addiction Services shall appoint and remove (1) the
545 superintendents and directors of state-operated facilities and divisions
546 constituting the Department of Mental Health and Addiction Services,
547 and (2) the director of the Whiting Forensic [Division of Connecticut
548 Valley] Hospital, who shall report to the [director of forensic services]
549 commissioner and shall have as [his] such director's sole responsibility
550 the administration of the Whiting Forensic [Division] Hospital. Each
551 superintendent or director shall be a qualified person with experience
552 in health, hospital or mental health administration.

553 Sec. 17. Subsection (b) of section 17a-495 of the general statutes is
554 repealed and the following is substituted in lieu thereof (*Effective from*
555 *passage*):

556 (b) For the purposes of this section, sections 17a-450 to 17a-484,

557 inclusive, as amended by this act, [17a-495] 17a-496 to 17a-528,
558 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, and
559 17a-560 to [17a-576] 17a-545, as amended by this act, inclusive, the
560 following terms shall have the following meanings: "Business day"
561 means Monday to Friday, inclusive, except when a legal holiday falls
562 on any such day; "hospital for persons with psychiatric disabilities"
563 means any public or private hospital, retreat, institution, house or
564 place in which any person with psychiatric disabilities is received or
565 detained as a patient, but shall not include any correctional institution
566 of this state; "patient" means any person detained and taken care of as
567 a person with psychiatric disabilities; "keeper of a hospital for persons
568 with psychiatric disabilities" means any person, body of persons or
569 corporation which has the immediate superintendence, management
570 and control of a hospital for persons with psychiatric disabilities and
571 the patients therein; "support" includes all necessary food, clothing and
572 medicine and all general expenses of maintaining state hospitals for
573 persons with psychiatric disabilities; "indigent person" means any
574 person who has an estate insufficient, in the judgment of the Court of
575 Probate, to provide for his or her support and has no person or persons
576 legally liable who are able to support him or her; "dangerous to
577 himself or herself or others" means there is a substantial risk that
578 physical harm will be inflicted by an individual upon his or her own
579 person or upon another person; "gravely disabled" means that a
580 person, as a result of mental or emotional impairment, is in danger of
581 serious harm as a result of an inability or failure to provide for his or
582 her own basic human needs such as essential food, clothing, shelter or
583 safety and that hospital treatment is necessary and available and that
584 such person is mentally incapable of determining whether or not to
585 accept such treatment because his judgment is impaired by his
586 psychiatric disabilities; "respondent" means a person who is alleged to
587 have psychiatric disabilities and for whom an application for
588 commitment to a hospital for persons with psychiatric disabilities has
589 been filed; "voluntary patient" means any patient sixteen years of age
590 or older who applies in writing to and is admitted to a hospital for
591 persons with psychiatric disabilities as a person with psychiatric

592 disabilities or any patient under sixteen years of age whose parent or
593 legal guardian applies in writing to such hospital for admission of such
594 patient; and "involuntary patient" means any patient hospitalized
595 pursuant to an order of a judge of the Probate Court after an
596 appropriate hearing or a patient hospitalized for emergency diagnosis,
597 observation or treatment upon certification of a qualified physician.

598 Sec. 18. Section 17a-496 of the general statutes is repealed and the
599 following is substituted in lieu thereof (*Effective from passage*):

600 Any keeper of a hospital for psychiatric disabilities who wilfully
601 violates any of the provisions of this section, sections 17a-75 to 17a-83,
602 inclusive, 17a-450 to 17a-484, inclusive, [17a-495] as amended by this
603 act, 17a-497 to 17a-528, inclusive, as amended by this act, 17a-540 to
604 17a-550, inclusive, 17a-560 to 17a-576, inclusive, as amended by this
605 act, and 17a-615 to 17a-618, inclusive, shall be fined not more than two
606 hundred dollars or imprisoned not more than one year or both.

607 Sec. 19. Subsection (b) of section 17a-497 of the general statutes is
608 repealed and the following is substituted in lieu thereof (*Effective from*
609 *passage*):

610 (b) Upon the motion of any respondent or his or her counsel, or the
611 probate judge having jurisdiction over such application, filed not later
612 than three days prior to any hearing scheduled on such application,
613 the Probate Court Administrator shall appoint a three-judge court
614 from among the probate judges to hear such application. The judge of
615 the Probate Court having jurisdiction over such application under the
616 provisions of this section shall be a member, provided such judge may
617 disqualify himself in which case all three members of such court shall
618 be appointed by the Probate Court Administrator. Such three-judge
619 court when convened shall have all the powers and duties set forth
620 under sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive,
621 as amended by this act, 17a-495 to 17a-528, inclusive, as amended by
622 this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575,
623 inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive,
624 and shall be subject to all of the provisions of law as if it were a single-

625 judge court. No such respondent shall be involuntarily confined
626 without the vote of at least two of the three judges convened
627 hereunder. The judges of such court shall designate a chief judge from
628 among their members. All records for any case before the three-judge
629 court shall be maintained in the Probate Court having jurisdiction over
630 the matter as if the three-judge court had not been appointed.

631 Sec. 20. Subsection (g) of section 17a-498 of the general statutes is
632 repealed and the following is substituted in lieu thereof (*Effective from*
633 *passage*):

634 (g) The hospital shall notify each patient at least annually that such
635 patient has a right to a further hearing pursuant to this section. If the
636 patient requests such hearing, it shall be held by the Probate Court for
637 the district in which the hospital is located. Any such request shall be
638 immediately filed with the appropriate court by the hospital. After
639 such request is filed with the Probate Court, it shall proceed in the
640 manner provided in subsections (a), (b), (c) and (f) of this section. In
641 addition, the hospital shall furnish the Probate Court for the district in
642 which the hospital is located on a monthly basis with a list of all
643 patients confined in the hospital involuntarily without release for one
644 year since the last annual review under this section of the patient's
645 commitment or since the original commitment. The hospital shall
646 include in such notification the type of review the patient last received.
647 If the patient's last annual review had a hearing, the Probate Court
648 shall, within fifteen business days thereafter, appoint an impartial
649 physician who is a psychiatrist from the list provided by the
650 Commissioner of Mental Health and Addiction Services as set forth in
651 subsection (c) of this section and not connected with the hospital in
652 which the patient is confined or related by blood or marriage to the
653 original applicant or to the respondent, which physician shall see and
654 examine each such patient within fifteen business days after such
655 physician's appointment and make a report forthwith to such court of
656 the condition of the patient on forms provided by the Probate Court
657 Administrator. If the Probate Court concludes that the confinement of
658 any such patient should be reviewed by such court for possible release

of the patient, the court, on its own motion, shall proceed in the manner provided in subsections (a), (b), (c) and (f) of this section, except that the examining physician shall be considered one of the physicians required by subsection (c) of this section. If the patient's last annual review did not result in a hearing, and in any event at least every two years, the Probate Court shall, within fifteen business days, proceed with a hearing in the manner provided in subsections (a), (b), (c) and (f) of this section. All costs and expenses, including Probate Court entry fees provided by statute, in conjunction with the annual psychiatric review and the judicial review under this subsection, except costs for physicians appointed pursuant to this subsection, shall be established by, and paid from funds appropriated to, the Judicial Department, except that if funds have not been included in the budget of the Judicial Department for such costs and expenses, such payment shall be made from the Probate Court Administration Fund. Compensation of any physician appointed to conduct the annual psychiatric review, to examine a patient for any hearing held as a result of such annual review or for any other biennial hearing required pursuant to sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to **[**17a-576**]** 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, shall be paid by the state from funds appropriated to the Department of Mental Health and Addiction Services in accordance with rates established by the Department of Mental Health and Addiction Services.

Sec. 21. Section 17a-499 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All proceedings of the Probate Court, upon application made under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to **[**17a-576**]** 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, shall be in writing and filed in such court, and, whenever a

693 court passes an order for the admission of any person to any state
694 hospital for psychiatric disabilities, the court shall record the order and
695 give a certified copy of such order and of the reports of the physicians
696 to the person by whom such person is to be taken to the hospital, as
697 the warrant for such taking and commitment, and shall also forthwith
698 transmit a like copy to the Commissioner of Mental Health and
699 Addiction Services, and, in the case of a person in the custody of the
700 Commissioner of Correction, to the Commissioner of Correction.
701 Whenever a court passes an order for the commitment of any person to
702 any hospital for psychiatric disabilities, it shall, within three business
703 days, provide the Commissioner of Mental Health and Addiction
704 Services with access to identifying information including, but not
705 limited to, name, address, sex, date of birth and date of commitment
706 on all commitments ordered on and after June 1, 1998. All commitment
707 applications, orders of commitment and commitment papers issued by
708 any court in committing persons with psychiatric disabilities to public
709 or private hospitals for psychiatric disabilities shall be in accordance
710 with a form prescribed by the Probate Court Administrator, which
711 form shall be uniform throughout the state. State hospitals and other
712 hospitals for persons with psychiatric disabilities shall, so far as they
713 are able, upon reasonable request of any officer of a court having the
714 power of commitment, send one or more trained attendants or nurses
715 to attend any hearing concerning the commitment of any person with
716 psychiatric disabilities and any such attendant or nurse, when present,
717 shall be designated by the court as the authority to serve commitment
718 process issued under the provisions of sections 17a-75 to 17a-83,
719 inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495
720 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550,
721 inclusive, 17a-560 to **[**17a-576**]** 17a-575, inclusive, as amended by this
722 act, and 17a-615 to 17a-618, inclusive.

723 Sec. 22. Subsection (a) of section 17a-500 of the general statutes is
724 repealed and the following is substituted in lieu thereof (*Effective from*
725 *passage*):

726 (a) Each court of probate shall keep a record of the cases relating to

727 persons with psychiatric disabilities coming before it under sections
728 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, <u>as amended</u>
729 <u>by this act,</u> 17a-495 to 17a-528, inclusive, <u>as amended by this act,</u> 17a-
730 540 to 17a-550, inclusive, 17a-560 to **[**17a-576**]** <u>17a-575</u>, inclusive, <u>as</u>
731 <u>amended by this act,</u> and 17a-615 to 17a-618, inclusive, and the
732 disposition of them. It shall also keep on file the original application
733 and certificate of physicians required by said sections, or a microfilm
734 duplicate of such records in accordance with regulations issued by the
735 Probate Court Administrator. All records maintained in the courts of
736 probate under the provisions of said sections shall be sealed and
737 available only to the respondent or his or her counsel unless the Court
738 of Probate, after hearing held with notice to the respondent,
739 determines such records should be disclosed for cause shown.

740 Sec. 23. Section 17a-501 of the general statutes is repealed and the
741 following is substituted in lieu thereof (*Effective from passage*):

742 Any person with psychiatric disabilities, the expense of whose
743 support is paid by himself or by another person, may be committed to
744 any institution for the care of persons with psychiatric disabilities
745 designated by the person paying for such support; and any indigent
746 person with psychiatric disabilities, not a pauper, committed under the
747 provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484,
748 inclusive, <u>as amended by this act,</u> 17a-495 to 17a-528, inclusive, <u>as</u>
749 <u>amended by this act,</u> 17a-540 to 17a-550, inclusive, 17a-560 to **[**17a-576**]**
750 <u>17a-575</u>, inclusive, <u>as amended by this act,</u> and 17a-615 to 17a-618,
751 inclusive, shall be committed to any state hospital for psychiatric
752 disabilities which is equipped to receive him, at the discretion of the
753 Court of Probate, upon consideration of a request made by the person
754 applying for such commitment.

755 Sec. 24. Section 17a-504 of the general statutes is repealed and the
756 following is substituted in lieu thereof (*Effective from passage*):

757 Any person who wilfully and maliciously causes, or attempts to
758 cause, or who conspires with any other person to cause, any person
759 who does not have psychiatric disabilities to be committed to any

760 hospital for psychiatric disabilities, and any person who wilfully
761 certifies falsely to the psychiatric disabilities of any person in any
762 certificate provided for in sections 17a-75 to 17a-83, inclusive, 17a-450
763 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528,
764 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560
765 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to
766 17a-618, inclusive, and any person who, under the provisions of said
767 sections relating to persons with psychiatric disabilities, wilfully
768 reports falsely to any court or judge that any person has psychiatric
769 disabilities, shall be guilty of a class D felony.

770 Sec. 25. Section 17a-505 of the general statutes is repealed and the
771 following is substituted in lieu thereof (*Effective from passage*):

772 When any female with psychiatric disabilities is escorted to a state
773 hospital for persons with psychiatric disabilities by a male guard,
774 attendant or other employee of a correctional or reformatory
775 institution, or by a male law enforcement officer, under the provisions
776 of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as
777 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this
778 act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575,
779 inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, the
780 person so escorting her shall be accompanied by an adult member of
781 her family or at least one woman.

782 Sec. 26. Section 17a-517 of the general statutes is repealed and the
783 following is substituted in lieu thereof (*Effective from passage*):

784 [If any] Any person in the custody of the Commissioner of
785 Correction who is brought to a hospital pursuant to the provisions of
786 sections 17a-499, as amended by this act, 17a-509, 17a-512 to [17a-517]
787 17a-516, inclusive, 17a-520, 17a-521, [and] as amended by this act, or
788 54-56d [is a desperate or dangerous individual, such person] shall be
789 hospitalized in the Whiting Forensic [Division] Hospital. If the Whiting
790 Forensic [Division] Hospital is unable to accommodate such transfer,
791 then such person shall remain in the custody of the commissioner at a
792 correctional institution, there confined under appropriate care and

793 supervision. Under no circumstances shall an inmate with psychiatric
794 disabilities requiring maximum security conditions be placed in a state
795 hospital for persons with psychiatric disabilities which does not have
796 the facilities and trained personnel to provide appropriate care and
797 supervision for such individuals.

798 Sec. 27. Section 17a-519 of the general statutes is repealed and the
799 following is substituted in lieu thereof (*Effective from passage*):

800 Each officer or indifferent person making legal service of any order,
801 notice, warrant or other paper under the provisions of sections 17a-75
802 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this
803 act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to
804 17a-550, inclusive, 17a-560 to **[**17a-576**]** 17a-575, inclusive, as amended
805 by this act, and 17a-615 to 17a-618, inclusive, shall be entitled to the
806 same compensation as is by law provided for like services in civil
807 causes. Physicians, for examining a person alleged to have psychiatric
808 disabilities and making a certificate as provided by said sections, shall
809 be entitled to a reasonable compensation established by the
810 Commissioner of Mental Health and Addiction Services. The fees of
811 the courts of probate shall be such as are provided by law for similar
812 services. The Superior Court, on an appeal, may tax costs at its
813 discretion.

814 Sec. 28. Section 17a-521 of the general statutes is repealed and the
815 following is substituted in lieu thereof (*Effective from passage*):

816 Except as otherwise provided in this section, the superintendent **[**or
817 keeper**]** of any institution used wholly or in part for the care of persons
818 with psychiatric disabilities or the director of the Whiting Forensic
819 **[**Division**]** Hospital may, under such provisions or agreements as **[**he**]**
820 the director deems advisable for psychiatric supervision, permit any
821 patient of the institution under **[**his**]** the director's charge temporarily
822 to leave such institution, in charge of his guardian, relatives or friends,
823 or by himself or herself. A person confined to a hospital for psychiatric
824 disabilities under the provisions of section 17a-584 may leave the
825 hospital temporarily as provided under the provisions of section 17a-

826 587. In the case of committed persons, the original order of
827 commitment shall remain in force and effect during absence from the
828 institution either on authorized or unauthorized leave until such
829 patient is officially discharged by the authorities of such institution or
830 such order is superseded by a court of competent jurisdiction. In the
831 case of a patient on authorized leave, if it appears to be for the best
832 interest of the public or for the interest and benefit of such patient, [he]
833 the patient may return or be returned by [his] the patient's guardian,
834 relatives or friends or [he] the patient may be recalled by the
835 authorities of such institution, at any time during such temporary
836 absence and prior to [his] the patient's official discharge. With respect
837 both to patients on authorized and unauthorized leave, state or local
838 police shall, on the request of the authorities of any such institution,
839 assist in the rehospitalization of any patient on temporary leave or of
840 any other patient committed to such institution by a court of
841 competent jurisdiction or any person who is a patient under the
842 provisions of section 17a-502, if, in the opinion of such authorities, the
843 patient's condition warrants such assistance. The expense, if any, of
844 such recall or return shall, in the case of an indigent, be paid by those
845 responsible for [his] the patient's support or, in the case of a pauper, by
846 the state. Leave under this section shall not be available to any person
847 who is under a term of imprisonment or who has not met the
848 requirements of the condition of release set to provide reasonable
849 assurance of such person's appearance in court.

850 Sec. 29. Section 17a-525 of the general statutes is repealed and the
851 following is substituted in lieu thereof (*Effective from passage*):

852 Any person aggrieved by an order, denial or decree of a Probate
853 Court under sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484,
854 inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as
855 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576]
856 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618,
857 inclusive, including any relative or friend, on behalf of any person
858 found to have psychiatric disabilities, shall have the right of appeal in
859 accordance with sections 45a-186 to 45a-193, inclusive. On the trial of

860 an appeal, the Superior Court may require the state's attorney or, in the
861 state's attorney's absence, some other practicing attorney of the court to
862 be present for the protection of the interests of the state and of the
863 public.

864 Sec. 30. Subsection (a) of section 17a-528 of the general statutes is
865 repealed and the following is substituted in lieu thereof (*Effective from*
866 *passage*):

867 (a) When any person is found to have psychiatric disabilities, and is
868 committed to a state hospital for psychiatric disabilities, upon
869 proceedings had under sections 17a-75 to 17a-83, inclusive, 17a-450 to
870 17a-484, inclusive, <u>as amended by this act,</u> 17a-495 to 17a-528,
871 inclusive, <u>as amended by this act,</u> 17a-540 to 17a-550, inclusive, 17a-560
872 to **[**17a-576**]** <u>17a-575</u>, inclusive, <u>as amended by this act,</u> and 17a-615 to
873 17a-618, inclusive, all fees and expenses incurred upon the probate
874 commitment proceedings, payment of which is not otherwise provided
875 for under said sections, shall be paid by the state within available
876 appropriations from funds appropriated to the Department of Mental
877 Health and Addiction Services in accordance with rates established by
878 said department; and, if such person is found not to have psychiatric
879 disabilities, such fees and expenses shall be paid by the applicant.

880 Sec. 31. Subsection (a) of section 17a-548 of the general statutes is
881 repealed and the following is substituted in lieu thereof (*Effective from*
882 *passage*):

883 (a) Any patient shall be permitted to wear his or her own clothes; to
884 keep and use personal possessions including toilet articles; **[**except for
885 patients hospitalized in Whiting Forensic Division;**]** to be present
886 during any search of his <u>or her</u> personal possessions<u>, except a patient</u>
887 <u>hospitalized in the maximum security service of Whiting Forensic</u>
888 <u>Hospital</u>; to have access to individual storage space for such
889 possessions; and in such manner as determined by the facility to spend
890 a reasonable sum of his or her own money for canteen expenses and
891 small purchases. These rights shall be denied only if the
892 superintendent, director **[**,**]** or his <u>or her</u> authorized representative

893 determines that it is medically harmful to the patient to exercise such
894 rights. An explanation of such denial shall be placed in the patient's
895 permanent clinical record.

896 Sec. 32. Section 17a-560 of the general statutes is repealed and the
897 following is substituted in lieu thereof (*Effective from passage*):

898 As used in sections 17a-560 to **[**17a-576**]** 17a-575, inclusive, as
899 amended by this act, unless specifically provided otherwise,
900 **[**"division",**]** "hospital" means the Whiting Forensic **[**Division**]** Hospital,
901 including the diagnostic unit established under the provisions of
902 section 17a-562, as amended by this act, or any other facility of the
903 Department of Mental Health and Addiction Services which the
904 commissioner may designate as appropriate. The words **[**"institute"**]**
905 "hospital" or "diagnostic unit", as used in sections 17a-566, as amended
906 by this act, 17a-567, as amended by this act, 17a-570, as amended by
907 this act, and **[**17a-576**]** 17a-575, as amended by this act, when applied to
908 children or youths under the age of eighteen, mean any facility of the
909 Department of Children and Families designated by the Commissioner
910 of Children and Families. "Board" means the advisory and review
911 board appointed under the provisions of section 17a-565, as amended
912 by this act. "Commissioner" means the Commissioner of Mental Health
913 and Addiction Services or in the case of children, the Commissioner of
914 Children and Families.

915 Sec. 33. Section 17a-561 of the general statutes is repealed and the
916 following is substituted in lieu thereof (*Effective from passage*):

917 The Whiting Forensic **[**Division of the Connecticut Valley**]** Hospital
918 shall exist for the care and treatment of (1) patients with psychiatric
919 disabilities, confined in facilities under the control of the Department
920 of Mental Health and Addiction Services, including persons who
921 require care and treatment under maximum security conditions, (2)
922 persons convicted of any offense enumerated in section 17a-566, as
923 amended by this act, who, after examination by the staff of the
924 diagnostic unit of the **[**division**]** hospital as herein provided, are
925 determined to have psychiatric disabilities and be dangerous to

926 themselves or others and to require custody, care and treatment at the
927 [division and] hospital, (3) inmates in the custody of the Commissioner
928 of Correction who are transferred in accordance with sections 17a-512
929 to 17a-517, inclusive, as amended by this act, and who require custody,
930 care and treatment at the [division] hospital, and (4) persons
931 committed to the hospital pursuant to section 17a-582 or 54-56d.

932 Sec. 34. Section 17a-562 of the general statutes is repealed and the
933 following is substituted in lieu thereof (*Effective from passage*):

934 The Whiting Forensic [Division of the Connecticut Valley] Hospital
935 shall be within the general administrative control and supervision of
936 the Department of Mental Health and Addiction Services. The director,
937 with the approval of the commissioner and the board, shall establish
938 such [subdivisions] divisions, which may be located geographically
939 separate from the [division] hospital, as may be deemed proper for the
940 administrative control and the efficient operation thereof, one of which
941 [subdivisions] divisions shall be the diagnostic unit.

942 Sec. 35. Section 17a-564 of the general statutes is repealed and the
943 following is substituted in lieu thereof (*Effective from passage*):

944 The director of the Whiting Forensic [Division] Hospital shall
945 quarterly make a report to the Board of Mental Health and Addiction
946 Services on the affairs of the [division] hospital, including reports of
947 reexaminations and recommendations.

948 Sec. 36. Section 17a-565 of the general statutes is repealed and the
949 following is substituted in lieu thereof (*Effective from passage*):

950 (a) There shall be an advisory board for the [division] hospital,
951 constituted as follows: The Commissioner of Mental Health and
952 Addiction Services, three physicians licensed to practice in this state,
953 two of whom shall be psychiatrists, two attorneys of this state, at least
954 one of whom shall be in active practice and have at least five years'
955 experience in the trial of criminal cases, one licensed psychologist with
956 experience in clinical psychology, one licensed clinical social worker,

957 and one person actively engaged in business who shall have at least
958 ten years' experience in business management. Annually, on October
959 first, the Governor shall appoint a member or members to replace
960 those whose terms expire for terms of five years each. The board shall
961 elect a chairman and a secretary, who shall keep full and accurate
962 minutes of its meetings and preserve the same. The board shall meet at
963 the call of the chairman at least quarterly. Members of the board shall
964 receive no compensation for their duties as such but shall be
965 reimbursed for their actual expenses incurred in the course of their
966 duties. Said board shall confer with the staff of the **[**division**]** hospital
967 and give general consultative and advisory services on problems and
968 matters relating to its work. On any matter relating to the work of the
969 **[**division**]** hospital, the board may also confer with the warden or
970 superintendent of the affected Connecticut correctional institution.

971 (b) The advisory board shall develop policies and set standards
972 related to clients residing in Whiting Forensic Hospital. Such policies
973 and standards shall ensure that no discharge of any client admitted to
974 said hospital under commitment by the Superior Court or transfer
975 from the Department of Correction shall take place without full
976 compliance with sections 17a-511 to 17a-524, inclusive, 17a-566 to 17a-
977 575, inclusive, as amended by this act, 17a-580 to 17a-603, inclusive,
978 and 54-56d.

979 Sec. 37. Section 17a-566 of the general statutes is repealed and the
980 following is substituted in lieu thereof (*Effective from passage*):

981 (a) Except as provided in section 17a-574, as amended by this act,
982 any court prior to sentencing a person convicted of an offense for
983 which the penalty may be imprisonment in the Connecticut
984 Correctional Institution at Somers, or of a sex offense involving (1)
985 physical force or violence, (2) disparity of age between an adult and a
986 minor or (3) a sexual act of a compulsive or repetitive nature, may if it
987 appears to the court that such person has psychiatric disabilities and is
988 dangerous to himself or others, upon its own motion or upon request
989 of any of the persons enumerated in subsection (b) of this section and a

990 subsequent finding that such request is justified, order the
991 commissioner to conduct an examination of the convicted defendant
992 by qualified personnel of the [division] hospital. Upon completion of
993 such examination the examiner shall report in writing to the court.
994 Such report shall indicate whether the convicted defendant should be
995 committed to the diagnostic unit of the [division] hospital for
996 additional examination or should be sentenced in accordance with the
997 conviction. Such examination shall be conducted and the report made
998 to the court not later than fifteen days after the order for the
999 examination. Such examination may be conducted at a correctional
1000 facility if the defendant is confined or it may be conducted on an
1001 outpatient basis at the [division] hospital or other appropriate location.
1002 If the report recommends additional examination at the diagnostic
1003 unit, the court may, after a hearing, order the convicted defendant
1004 committed to the diagnostic unit of the [division] hospital for a period
1005 not to exceed sixty days, except as provided in section 17a-567, as
1006 amended by this act, provided the hearing may be waived by the
1007 defendant. Such commitment shall not be effective until the director
1008 certifies to the court that space is available at the diagnostic unit. While
1009 confined in said diagnostic unit, the defendant shall be given a
1010 complete physical and psychiatric examination by the staff of the unit
1011 and may receive medication and treatment without his consent. The
1012 director shall have authority to procure all court records, institutional
1013 records and probation or other reports which provide information
1014 about the defendant.

1015 (b) The request for such examination may be made by the state's
1016 attorney or assistant state's attorney who prosecuted the defendant for
1017 an offense specified in this section, or by the defendant or his attorney
1018 in his behalf. If the court orders such examination, a copy of the
1019 examination order shall be served upon the defendant to be examined.

1020 (c) Upon completion of the physical and psychiatric examination of
1021 the defendant, but not later than sixty days after admission to the
1022 diagnostic unit, a written report of the results thereof shall be filed in
1023 quadruplicate with the clerk of the court before which he was

1024 convicted, and such clerk shall cause copies to be delivered to the
1025 state's attorney, to counsel for the defendant and to the Court Support
1026 Services Division.

1027 (d) Such report shall include the following: (1) A description of the
1028 nature of the examination; (2) a diagnosis of the mental condition of
1029 the defendant; (3) an opinion as to whether the diagnosis and
1030 prognosis demonstrate clearly that the defendant is actually dangerous
1031 to himself or others and requires custody, care and treatment at the
1032 **[**division**]** hospital; and (4) a recommendation as to whether the
1033 defendant should be sentenced in accordance with the conviction,
1034 sentenced in accordance with the conviction and confined in the
1035 **[**institute**]** hospital for custody, care and treatment, placed on
1036 probation by the court or placed on probation by the court with the
1037 requirement, as a condition to probation, that he receive outpatient
1038 psychiatric treatment.

1039 Sec. 38. Section 17a-567 of the general statutes is repealed and the
1040 following is substituted in lieu thereof (*Effective from passage*):

1041 (a) If the report recommends that the defendant be sentenced in
1042 accordance with the conviction, placed on probation by the court or
1043 placed on probation by the court with the requirement, as a condition
1044 of such probation, that he receive outpatient psychiatric treatment, the
1045 defendant shall be returned directly to the court for disposition. If the
1046 report recommends sentencing in accordance with the conviction and
1047 confinement in the **[**division**]** hospital for custody, care and treatment,
1048 then during the period between the submission of the report and the
1049 disposition of the defendant by the court such defendant shall remain
1050 at the **[**division**]** hospital and may receive such custody, care and
1051 treatment as is consistent with his medical needs.

1052 (b) If the report recommends confinement at the **[**division**]** hospital
1053 for custody, care and treatment, the court shall set the matter for a
1054 hearing not later than fifteen days after receipt of the report. Any
1055 evidence, including the report ordered by the court, regarding the
1056 defendant's mental condition may be introduced at the hearing by

1057 either party. Any staff member of the diagnostic unit who participated
1058 in the examination of the defendant and who signed the report may
1059 testify as to the contents of the report. The defendant may waive the
1060 court hearing.

1061 (c) If at such hearing the court finds the defendant is not in need of
1062 custody, care and treatment at the [division] hospital, it shall sentence
1063 [him] the defendant in accordance with the conviction or place [him]
1064 the defendant on probation. If the court finds that [such person] the
1065 defendant is in need of outpatient psychiatric treatment, it may place
1066 [him] the defendant on probation on condition that [he] the defendant
1067 receive such treatment. If the court finds [such person] the defendant
1068 to have psychiatric disabilities and to be dangerous to himself, herself
1069 or others and to require custody, care and treatment at the [division]
1070 hospital, it shall sentence [him] the defendant in accordance with the
1071 conviction and order confinement in the [division] hospital for
1072 custody, care and treatment provided no court may order such
1073 confinement if the report does not recommend confinement at the
1074 [division] hospital. The defendant shall not be subject to custody, care
1075 and treatment under sections 17a-560 to [17a-576] 17a-575, inclusive, as
1076 amended by this act, beyond the maximum period specified in the
1077 sentence.

1078 Sec. 39. Section 17a-568 of the general statutes is repealed and the
1079 following is substituted in lieu thereof (*Effective from passage*):

1080 Nothing in sections 17a-560 to [17a-576] 17a-575, inclusive, as
1081 amended by this act, shall affect proceedings under sections 17a-580 to
1082 17a-602, inclusive, 17b-250 and 54-56d.

1083 Sec. 40. Section 17a-569 of the general statutes is repealed and the
1084 following is substituted in lieu thereof (*Effective from passage*):

1085 Not less than once every six months the staff of the [institute]
1086 hospital shall give a complete psychiatric examination to every patient
1087 confined in the [division] hospital. As used in this section and sections
1088 17a-570 to 17a-573, inclusive, as amended by this act, the word

1089 "patient" means any person confined for custody, care and treatment
1090 under section 17a-567, as amended by this act. Such examination shall
1091 ascertain whether the patient has psychiatric disabilities and is in need
1092 of custody, care and treatment at the [division] hospital and, in making
1093 such determination, the staff shall assemble such information and
1094 follow such procedures as are used in initial examinations by the
1095 diagnostic unit to indicate the need for custody, care and treatment.
1096 The record of the examination shall include the information required
1097 in subdivisions (1), (2) and (3) of subsection (d) of section 17a-566, as
1098 amended by this act, and a recommendation for the future treatment of
1099 the patient examined. The record of the examination may include a
1100 recommendation for transfer of the patient or change in confinement
1101 status.

1102 Sec. 41. Section 17a-570 of the general statutes is repealed and the
1103 following is substituted in lieu thereof (*Effective from passage*):

1104 (a) As soon as is practicable, the director of the Whiting Forensic
1105 [Division] Hospital shall act upon the examination reports of the
1106 director's staff. Upon review of each report and upon consideration of
1107 what is for the benefit of the patient and for the benefit of society, the
1108 director shall determine whether such patient: (1) Is to remain in the
1109 [division] hospital for further treatment, or (2) has sufficiently
1110 improved to warrant discharge from the [division] hospital, provided
1111 if such patient was sentenced and confined in the [division] hospital
1112 under section 17a-567, as amended by this act, such patient shall not be
1113 released except upon order of the court by which such patient was
1114 confined under said section, after notice to said court by the director.
1115 The director shall report each determination made under this
1116 subsection to the court by which the patient was confined in the
1117 [division] hospital.

1118 (b) If a report submitted by the director to the court under
1119 subsection (a) of this section recommends that the patient be returned
1120 to the custody of the Commissioner of Correction, the court shall set
1121 the matter for a hearing not later than fifteen days after receipt of such

1122 report.

1123 (c) The court, upon its own motion or at the request of the patient or
1124 the patient's attorney, may at any time hold a hearing to determine
1125 whether such patient should be discharged from the **[**division**]** <u>hospital</u>
1126 prior to the expiration of the maximum period of the patient's
1127 sentence. Prior to such hearing, the **[**division**]** <u>hospital</u> shall file a
1128 report with the court concerning the patient's mental condition. The
1129 court may appoint a physician specializing in psychiatry to examine
1130 the patient and report to the court. Such hearing shall be held at least
1131 once every five years. If the court determines that the patient should be
1132 discharged from the **[**division**]** <u>hospital</u>, the patient shall be returned to
1133 the custody of the Commissioner of Correction.

1134 Sec. 42. Section 17a-572 of the general statutes is repealed and the
1135 following is substituted in lieu thereof (*Effective from passage*):

1136 All certificates, applications, records and reports made for the
1137 purpose of sections 17a-560 to **[**17a-576**]** <u>17a-575</u>, inclusive, <u>as amended</u>
1138 <u>by this act,</u> and directly or indirectly identifying a person subject to it
1139 shall be kept confidential and shall not be disclosed by any person
1140 except so far (1) as the individual identified or his legal guardian, if
1141 any, or, if he is a minor, his parent or legal guardian, consents or (2) as
1142 disclosure may be necessary to carry out any of the provisions of said
1143 sections or (3) as a court may direct upon its determination that
1144 disclosure is necessary for the conduct of proceedings before it and
1145 that failure to make such disclosure would be contrary to the public
1146 interest.

1147 Sec. 43. Section 17a-573 of the general statutes is repealed and the
1148 following is substituted in lieu thereof (*Effective from passage*):

1149 Within two months prior to the expiration of the maximum term of
1150 confinement authorized for any patient under section 17a-567, <u>as</u>
1151 <u>amended by this act,</u> the director of the **[**division**]** <u>hospital</u> may, upon
1152 the recommendation of the board, initiate proceedings under section
1153 17a-497 or 17a-520<u>, as amended by this act,</u> for the commitment or

1154 further commitment, as the case may be, of the patient.

1155 Sec. 44. Section 17a-574 of the general statutes is repealed and the
1156 following is substituted in lieu thereof (*Effective from passage*):

1157 Nothing in sections 17a-560 to **[**17a-576**]** 17a-575, inclusive, as
1158 amended by this act, shall be construed to extend to or affect any case
1159 in the Superior Court involving a juvenile matter, or to any person
1160 arrested for an offense which is not punishable by imprisonment for
1161 more than one year or by a fine of not more than one thousand dollars
1162 or both or except as provided in section 46b-127.

1163 Sec. 45. Section 17a-575 of the general statutes is repealed and the
1164 following is substituted in lieu thereof (*Effective from passage*):

1165 Nothing in sections 17a-560 to **[**17a-576**]** 17a-575, inclusive, as
1166 amended by this act, shall be construed to limit or suspend the writ of
1167 habeas corpus.

1168 Sec. 46. Subsection (d) of section 45a-656 of the 2018 supplement to
1169 the general statutes is repealed and the following is substituted in lieu
1170 thereof (*Effective from passage*):

1171 (d) The conservator of the person shall not have the power or
1172 authority to cause the respondent to be committed to any institution
1173 for the treatment of the mentally ill except under the provisions of
1174 sections 17a-75 to 17a-83, inclusive, 17a-456 to 17a-484, inclusive, 17a-
1175 495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550,
1176 inclusive, 17a-560 to **[**17a-576**]** 17a-575, inclusive, as amended by this
1177 act, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and
1178 chapter 359.

1179 Sec. 47. Subsection (d) of section 45a-656 of the 2018 supplement to
1180 the general statutes, as amended by section 4 of public act 17-7, is
1181 repealed and the following is substituted in lieu thereof (*Effective July*
1182 *1, 2018*):

1183 (d) The conservator of the person shall not have the power or

1184 authority to cause the respondent to be committed to any institution
1185 for the treatment of the mentally ill except under the provisions of
1186 sections 17a-75 to 17a-83, inclusive, 17a-456 to 17a-484, inclusive, 17a-
1187 495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550,
1188 inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this
1189 act, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and
1190 chapter 359.

1191 Sec. 48. Subsection (e) of section 45a-677 of the 2018 supplement to
1192 the general statutes is repealed and the following is substituted in lieu
1193 thereof (*Effective from passage*):

1194 (e) A plenary guardian or limited guardian shall not have the power
1195 or authority: (1) To cause the protected person to be admitted to any
1196 institution for treatment of the mentally ill, except in accordance with
1197 the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to 17a-
1198 484, inclusive, 17a-495 to 17a-528, inclusive, as amended by this act,
1199 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as
1200 amended by this act, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-
1201 664, inclusive, and chapter 420b; (2) to cause the protected person to be
1202 admitted to any training school or other facility provided for the care
1203 and training of persons with intellectual disability if there is a conflict
1204 concerning such admission between the guardian and the protected
1205 person or next of kin, except in accordance with the provisions of
1206 sections 17a-274 and 17a-275; (3) to consent on behalf of the protected
1207 person to a sterilization, except in accordance with the provisions of
1208 sections 45a-690 to 45a-700, inclusive; (4) to consent on behalf of the
1209 protected person to psychosurgery, except in accordance with the
1210 provisions of section 17a-543; (5) to consent on behalf of the protected
1211 person to the termination of the protected person's parental rights,
1212 except in accordance with the provisions of sections 45a-706 to 45a-709,
1213 inclusive, 45a-715 to 45a-718, inclusive, 45a-724 to 45a-737, inclusive,
1214 and 45a-743 to 45a-757, inclusive; (6) to consent on behalf of the
1215 protected person to the performance of any experimental biomedical
1216 or behavioral medical procedure or participation in any biomedical or
1217 behavioral experiment, unless it (A) is intended to preserve the life or

1218 prevent serious impairment of the physical health of the protected
1219 person, (B) is intended to assist the protected person to regain the
1220 protected person's abilities and has been approved for the protected
1221 person by the court, or (C) has been (i) approved by a recognized
1222 institutional review board, as defined by 45 CFR 46, 21 CFR 50 and 21
1223 CFR 56, as amended from time to time, which is not a part of the
1224 Department of Developmental Services, (ii) endorsed or supported by
1225 the Department of Developmental Services, and (iii) approved for the
1226 protected person by such protected person's primary care physician;
1227 (7) to admit the protected person to any residential facility operated by
1228 an organization by whom such guardian is employed, except in
1229 accordance with the provisions of section 17a-274; (8) to prohibit the
1230 marriage or divorce of the protected person; and (9) to consent on
1231 behalf of the protected person to an abortion or removal of a body
1232 organ, except in accordance with applicable statutory procedures
1233 when necessary to preserve the life or prevent serious impairment of
1234 the physical or mental health of the protected person.

1235 Sec. 49. Section 18-101f of the general statutes is repealed and the
1236 following is substituted in lieu thereof (*Effective from passage*):

1237 A personnel or medical file or similar file concerning a current or
1238 former employee of the Division of Public Defender Services,
1239 Department of Correction or the Department of Mental Health and
1240 Addiction Services, including, but not limited to, a record of a security
1241 investigation of such employee by the department or division or an
1242 investigation by the department or division of a discrimination
1243 complaint by or against such employee, shall not be subject to
1244 disclosure under the Freedom of Information Act, as defined in section
1245 1-200, to any individual committed to the custody or supervision of the
1246 Commissioner of Correction or confined in a facility of the Whiting
1247 Forensic **[**Division of the Connecticut Valley**]** Hospital. For the
1248 purposes of this section, an "employee of the Department of
1249 Correction" includes a member or employee of the Board of Pardons
1250 and Paroles within the Department of Correction.

1251 Sec. 50. Subsection (a) of section 46a-152 of the 2018 supplement to
1252 the general statutes is repealed and the following is substituted in lieu
1253 thereof (*Effective from passage*):

1254 (a) No provider or assistant may use involuntary physical restraint
1255 on a person at risk except (1) as an emergency intervention to prevent
1256 immediate or imminent injury to the person at risk or to others,
1257 provided the restraint is not used for discipline or convenience and is
1258 not used as a substitute for a less restrictive alternative, (2) as
1259 necessary and appropriate, as determined on an individual basis by
1260 the person's treatment team and consistent with sections 17a-540 to
1261 17a-550, inclusive, for the transportation of a person under the
1262 jurisdiction of the Whiting Forensic **[**Division**]** <u>Hospital</u> of the
1263 Department of Mental Health and Addiction Services.

1264 Sec. 51. Subsection (a) of section 12-19a of the general statutes is
1265 repealed and the following is substituted in lieu thereof (*Effective from*
1266 *passage*):

1267 (a) Until the fiscal year commencing July 1, 2016, on or before
1268 January first, annually, the Secretary of the Office of Policy and
1269 Management shall determine the amount due, as a state grant in lieu of
1270 taxes, to each town in this state wherein state-owned real property,
1271 reservation land held in trust by the state for an Indian tribe, a
1272 municipally owned airport, or any airport owned by the Connecticut
1273 Airport Authority, other than Bradley International Airport, except
1274 that which was acquired and used for highways and bridges, but not
1275 excepting property acquired and used for highway administration or
1276 maintenance purposes, is located. The grant payable to any town
1277 under the provisions of this section in the state fiscal year commencing
1278 July 1, 1999, and each fiscal year thereafter, shall be equal to the total of
1279 (1) (A) one hundred per cent of the property taxes which would have
1280 been paid with respect to any facility designated by the Commissioner
1281 of Correction, on or before August first of each year, to be a
1282 correctional facility administered under the auspices of the
1283 Department of Correction or a juvenile detention center under

1284 direction of the Department of Children and Families that was used for
1285 incarcerative purposes during the preceding fiscal year. If a list
1286 containing the name and location of such designated facilities and
1287 information concerning their use for purposes of incarceration during
1288 the preceding fiscal year is not available from the Secretary of the State
1289 on the first day of August of any year, said commissioner shall, on said
1290 first day of August, certify to the Secretary of the Office of Policy and
1291 Management a list containing such information, (B) one hundred per
1292 cent of the property taxes which would have been paid with respect to
1293 that portion of the John Dempsey Hospital located at The University of
1294 Connecticut Health Center in Farmington that is used as a permanent
1295 medical ward for prisoners under the custody of the Department of
1296 Correction. Nothing in this section shall be construed as designating
1297 any portion of The University of Connecticut Health Center John
1298 Dempsey Hospital as a correctional facility, and (C) in the state fiscal
1299 year commencing July 1, 2001, and each fiscal year thereafter, one
1300 hundred per cent of the property taxes which would have been paid
1301 on any land designated within the 1983 Settlement boundary and
1302 taken into trust by the federal government for the Mashantucket
1303 Pequot Tribal Nation on or after June 8, 1999, (2) subject to the
1304 provisions of subsection (c) of this section, sixty-five per cent of the
1305 property taxes which would have been paid with respect to the
1306 buildings and grounds comprising Connecticut Valley Hospital and
1307 Whiting Forensic Hospital in Middletown. Such grant shall commence
1308 with the fiscal year beginning July 1, 2000, and continuing each year
1309 thereafter, (3) notwithstanding the provisions of subsections (b) and (c)
1310 of this section, with respect to any town in which more than fifty per
1311 cent of the property is state-owned real property, one hundred per cent
1312 of the property taxes which would have been paid with respect to such
1313 state-owned property. Such grant shall commence with the fiscal year
1314 beginning July 1, 1997, and continuing each year thereafter, (4) subject
1315 to the provisions of subsection (c) of this section, forty-five per cent of
1316 the property taxes which would have been paid with respect to all
1317 other state-owned real property, (5) forty-five per cent of the property
1318 taxes which would have been paid with respect to all municipally

1319 owned airports or any airport owned by the Connecticut Airport
1320 Authority, other than Bradley International Airport, except for the
1321 exemption applicable to such property, on the assessment list in such
1322 town for the assessment date two years prior to the commencement of
1323 the state fiscal year in which such grant is payable. The grant provided
1324 pursuant to this section for any municipally owned airport or any
1325 airport owned by the Connecticut Airport Authority, other than
1326 Bradley International Airport, shall be paid to any municipality in
1327 which the airport is located, except that the grant applicable to
1328 Sikorsky Airport shall be paid half to the town of Stratford and half to
1329 the city of Bridgeport, and (6) forty-five per cent of the property taxes
1330 which would have been paid with respect to any land designated
1331 within the 1983 Settlement boundary and taken into trust by the
1332 federal government for the Mashantucket Pequot Tribal Nation prior
1333 to June 8, 1999, or taken into trust by the federal government for the
1334 Mohegan Tribe of Indians of Connecticut, provided (A) the real
1335 property subject to this subdivision shall be the land only, and shall
1336 not include the assessed value of any structures, buildings or other
1337 improvements on such land, and (B) said forty-five per cent grant shall
1338 be phased in as follows: (i) In the fiscal year commencing July 1, 2012,
1339 an amount equal to ten per cent of said forty-five per cent grant, (ii) in
1340 the fiscal year commencing July 1, 2013, thirty-five per cent of said
1341 forty-five per cent grant, (iii) in the fiscal year commencing July 1,
1342 2014, sixty per cent of said forty-five per cent grant, (iv) in the fiscal
1343 year commencing July 1, 2015, eighty-five per cent of said forty-five
1344 per cent grant, and (v) in the fiscal year commencing July 1, 2016, one
1345 hundred per cent of said forty-five per cent grant.

1346 Sec. 52. Subparagraph (D) of subdivision (1) of subsection (b) of
1347 section 12-18b of the general statutes is repealed and the following is
1348 substituted in lieu thereof (*Effective from passage*):

1349 (D) Subject to the provisions of subsection (c) of section 12-19a,
1350 sixty-five per cent of the property taxes that would have been paid
1351 with respect to the buildings and grounds comprising Connecticut
1352 Valley Hospital and Whiting Forensic Hospital in Middletown;

1353 Sec. 53. (NEW) (*Effective October 1, 2018*) (a) As used in this section
1354 and section 54 of this act:

1355 (1) "Abuse" means the wilful infliction of physical pain, injury or
1356 mental anguish, or the wilful deprivation by a caregiver of services
1357 which are necessary to maintain the physical and mental health of a
1358 patient;

1359 (2) "Behavioral health facility" means any facility operated by the
1360 Department of Mental Health and Addiction Services that provides
1361 mental health or substance use disorder services to persons eighteen
1362 years of age or older;

1363 (3) "Patient" means any person receiving services from a behavioral
1364 health facility;

1365 (4) "Legal representative" means a court-appointed fiduciary,
1366 including a guardian or conservator, or a person with power of
1367 attorney authorized to act on a patient's behalf; and

1368 (5) "Mandatory reporter" means (A) any person in a behavioral
1369 health facility paid to provide direct care for a patient of such facility,
1370 and (B) any employee, contractor or consultant of such facility who is a
1371 licensed healthcare provider.

1372 (b) Any mandatory reporter, who, in the ordinary course of such
1373 person's employment, has reasonable cause to suspect or believe that
1374 any patient (1) has been abused, (2) is in a condition that is the result of
1375 abuse, or (3) has had an injury that is at variance with the history given
1376 of such injury, shall, not later than seventy-two hours after such
1377 suspicion or belief arose, report such information or cause a report to
1378 be made in any reasonable manner to the Commissioner of Mental
1379 Health and Addiction Services or to the person or persons designated
1380 by the commissioner to receive such reports. Any behavioral health
1381 facility providing direct care for patients shall provide mandatory
1382 training on detecting potential abuse of patients to mandatory
1383 reporters and inform such individuals of their obligations under this

1384 section.

1385 (c) Any mandatory reporter who fails to make a report under
1386 subsection (b) of this section or fails to make such report within the
1387 prescribed time period set forth in said subsection shall be fined not
1388 more than five hundred dollars, except if such person intentionally
1389 fails to make such report within the prescribed time period, such
1390 person shall be guilty of (1) a class C misdemeanor for the first
1391 violation, and (2) a class A misdemeanor for any subsequent violation.

1392 (d) A report made under subsection (b) of this section shall contain
1393 the name and address of the behavioral health facility, the name of the
1394 patient, information regarding the nature and extent of the abuse and
1395 any other information the mandatory reporter believes may be helpful
1396 in an investigation of the case and for the protection of the patient.

1397 (e) Any other person having reasonable cause to believe that a
1398 patient is being or has been abused shall report such information in
1399 accordance with subsection (b) of this section in any reasonable
1400 manner to the Commissioner of Mental Health and Addiction Services
1401 who shall inform the patient or such patient's legal representative of
1402 the services of the nonprofit entity designated by the Governor in
1403 accordance with section 46a-10b of the general statutes to serve as the
1404 Connecticut protection and advocacy system.

1405 (f) A report filed under this section shall not be deemed a public
1406 record, and shall not be subject to the provisions of section 1-210 of the
1407 general statutes, as amended by this act. Information derived from
1408 such report for which reasonable grounds are determined to exist after
1409 investigation, including the identity of the behavioral health facility,
1410 the number of complaints received, the number of complaints
1411 substantiated and the types of complaints, may be disclosed by the
1412 Commissioner of Mental Health and Addiction Services, except in no
1413 case shall the name of the patient be revealed, unless such person
1414 specifically requests such disclosure or unless a judicial proceeding
1415 results from such report. Notwithstanding the provisions of this
1416 section, not later than twenty-four hours or as soon as possible after

1417 receiving a report under this section, the commissioner or the
1418 commissioner's designee shall notify such person's legal
1419 representative, if any. Such notification shall not be required when the
1420 legal representative is suspected of perpetrating the abuse that is the
1421 subject of the report. The commissioner shall obtain the contact
1422 information for such legal representative from the behavioral health
1423 facility.

1424 (g) (1) Subject to subdivision (2) of this subsection, any person who
1425 makes a report under this section or who testifies in any administrative
1426 or judicial proceeding arising from the report shall be immune from
1427 any civil or criminal liability with regard to such report or testimony,
1428 except liability for perjury in the context of making such report.

1429 (2) Any person who makes a report under this section is guilty of
1430 making a fraudulent or malicious report or providing false testimony
1431 when such person (A) wilfully makes a fraudulent or malicious report,
1432 (B) conspires with another person to make or cause to be made such
1433 fraudulent or malicious report, or (C) wilfully testifies falsely in any
1434 administrative or judicial proceeding arising from such report
1435 regarding the abuse of a patient. Making a fraudulent or malicious
1436 report or providing false testimony under this section is a class A
1437 misdemeanor.

1438 (h) Any person who is discharged or in any manner discriminated
1439 or retaliated against for making, in good faith, a report under this
1440 section shall be entitled to all remedies available under law.

1441 Sec. 54. (NEW) (*Effective October 1, 2018*) (a) The commissioner, upon
1442 receiving a report under section 53 of this act that a patient is being or
1443 has been abused, shall investigate the report to determine the
1444 condition of the patient and what action and services, if any, are
1445 required. The investigation shall include (1) an in-person visit to the
1446 named patient, (2) consultation with those individuals having
1447 knowledge of the facts surrounding the particular report, and (3) an
1448 interview with the patient, unless the patient refuses to consent to such
1449 interview. Upon completion of the investigation, the commissioner

1450 shall prepare written findings that shall include recommended actions.
1451 Not later than forty-five days after completion of the investigation, the
1452 commissioner shall disclose, in general terms, the result of the
1453 investigation to the person or persons who reported the suspected
1454 abuse, provided: (A) The person who made such report is legally
1455 mandated to make such report, (B) the information is not otherwise
1456 privileged or confidential under state or federal law, (C) the names of
1457 the witnesses or other persons interviewed are kept confidential, and
1458 (D) the names of the person or persons suspected to be responsible for
1459 the abuse are not disclosed unless such person or persons have been
1460 arrested as a result of the investigation.

1461 (b) The Department of Mental Health and Addiction Services shall
1462 maintain a state-wide registry of the number of reports received under
1463 this section, the allegations contained in such reports and the outcomes
1464 of the investigations resulting from such reports.

1465 (c) The patient's file, including, but not limited to, the original report
1466 and the investigation report shall not be deemed a public record or
1467 subject to the provisions of section 1-210 of the general statutes, as
1468 amended by this act. The commissioner may disclose such file, in
1469 whole or in part, to an individual, agency, corporation or organization
1470 only with the written authorization of the patient, the patient's legal
1471 representative or as otherwise authorized under this section.

1472 (d) Notwithstanding the provisions of subsection (c) of this section,
1473 the commissioner shall not disclose the name of a person who reported
1474 suspected abuse, except with such person's written permission or to a
1475 law enforcement official pursuant to a court order that specifically
1476 requires such disclosure.

1477 (e) The patient or such patient's legal representative or attorney
1478 shall have the right of access to records made, maintained or kept on
1479 file by the department, in accordance with all applicable state and
1480 federal law, when such records pertain to or contain information or
1481 material concerning the patient, including, but not limited to, records
1482 concerning investigations, reports or medical, psychological or

1483 psychiatric examinations of the patient, except: (1) If protected health
1484 information was obtained by the department from someone other than
1485 a health care provider under the promise of confidentiality and the
1486 access requested would, with reasonable likelihood, reveal the source
1487 of the information; (2) information identifying the individual who
1488 reported the abuse, neglect, or exploitation of the person shall not be
1489 released unless, upon application made to the Superior Court by the
1490 patient or such patient's legal representative or attorney and served on
1491 the Commissioner of Mental Health and Addiction Services, a judge
1492 determines, after in camera inspection of relevant records and a
1493 hearing, that there is reasonable cause to believe the individual
1494 knowingly made a false report or that other interests of justice require
1495 such release; (3) if it is determined by a licensed health care provider
1496 that the access requested is reasonably likely to endanger the life or
1497 physical safety of the patient or another person; (4) if the protected
1498 health information makes reference to another person, other than a
1499 health care provider, and the access requested would reveal protected
1500 health information about such other person; or (5) the request for
1501 access is made by the patient's legal representative, and a licensed
1502 health care provider has determined, in the exercise of professional
1503 judgment, that the provision of access to such legal representative is
1504 reasonably likely to cause harm to the patient or another person.

1505 Sec. 55. Section 19a-754a of the 2018 supplement to the general
1506 statutes is repealed and the following is substituted in lieu thereof
1507 (*Effective July 1, 2018*):

1508 (a) There is established an Office of Health Strategy, which shall be
1509 within the Department of Public Health for administrative purposes
1510 only. The department head of said office shall be the executive director
1511 of the Office of Health Strategy, who shall be appointed by the
1512 Governor in accordance with the provisions of sections 4-5 to 4-8,
1513 inclusive, <u>as amended by this act,</u> with the powers and duties therein
1514 prescribed.

1515 (b) **[**On or before July 1, 2018, the**]** <u>The</u> Office of Health Strategy

1516 shall be responsible for the following:

1517 (1) Developing and implementing a comprehensive and cohesive
1518 health care vision for the state, including, but not limited to, a
1519 coordinated state health care cost containment strategy;

1520 (2) Promoting effective health planning and the provision of quality
1521 health care in the state in a manner that ensures access for all state
1522 residents to cost-effective health care services, avoids the duplication
1523 of such services and improves the availability and financial stability of
1524 such services throughout the state;

1525 [(2)] (3) Directing and overseeing [(A) the all-payers claims database
1526 program established pursuant to section 19a-755a, and (B)] the State
1527 Innovation Model Initiative and related successor initiatives;

1528 [(3)] (4) (A) Coordinating the state's health information technology
1529 initiatives, (B) seeking funding for and overseeing the planning,
1530 implementation and development of policies and procedures for the
1531 administration of the all-payer claims database program established
1532 under section 19a-775a, as amended by this act, (C) establishing and
1533 maintaining a consumer health information Internet web site under
1534 19a-755b, as amended by this act, and (D) designating an unclassified
1535 individual from the office to perform the duties of a health information
1536 technology officer as set forth in sections 17b-59f and 17b-59g, as
1537 amended by this act;

1538 [(4)] (5) Directing and overseeing the [Office of Health Care Access]
1539 Health Systems Planning Unit established under section 19a-612, as
1540 amended by this act, and all of its duties and responsibilities as set
1541 forth in chapter 368z; and

1542 [(5)] (6) Convening forums and meetings with state government and
1543 external stakeholders, including, but not limited to, the Connecticut
1544 Health Insurance Exchange, to discuss health care issues designed to
1545 develop effective health care cost and quality strategies.

1546 (c) The Office of Health Strategy shall constitute a successor, in

1547 accordance with the provisions of sections 4-38d, 4-38e and 4-39, to the
1548 functions, powers and duties of the following:

1549 (1) The Connecticut Health Insurance Exchange, established
1550 pursuant to section 38a-1081, relating to the administration of the all-
1551 payer claims database pursuant to section 19a-755a, as amended by
1552 this act; and

1553 (2) The Office of the Lieutenant Governor, relating to the (A)
1554 development of a chronic disease plan pursuant to section 19a-6q, as
1555 amended by this act, (B) housing, chairing and staffing of the Health
1556 Care Cabinet pursuant to section 19a-725, as amended by this act, and
1557 (C) (i) appointment of the health information technology officer,
1558 [pursuant to section 19a-755,] and (ii) oversight of the duties of such
1559 health information technology officer as set forth in sections [17b-59,
1560 17b-59a and] 17b-59f, as amended by this act, and 17b-59g, as amended
1561 by this act.

1562 (d) Any order or regulation of the entities listed in subdivisions (1)
1563 and (2) of subsection (c) of this section that is in force on July 1, 2018,
1564 shall continue in force and effect as an order or regulation until
1565 amended, repealed or superseded pursuant to law.

1566 Sec. 56. Section 4-5 of the 2018 supplement to the general statutes is
1567 repealed and the following is substituted in lieu thereof (*Effective July
1568 1, 2018*):

1569 As used in sections 4-6, 4-7 and 4-8, the term "department head"
1570 means Secretary of the Office of Policy and Management,
1571 Commissioner of Administrative Services, Commissioner of Revenue
1572 Services, Banking Commissioner, Commissioner of Children and
1573 Families, Commissioner of Consumer Protection, Commissioner of
1574 Correction, Commissioner of Economic and Community Development,
1575 State Board of Education, Commissioner of Emergency Services and
1576 Public Protection, Commissioner of Energy and Environmental
1577 Protection, Commissioner of Agriculture, Commissioner of Public
1578 Health, Insurance Commissioner, Labor Commissioner, Commissioner

1579 of Mental Health and Addiction Services, Commissioner of Social
1580 Services, Commissioner of Developmental Services, Commissioner of
1581 Motor Vehicles, Commissioner of Transportation, Commissioner of
1582 Veterans Affairs, Commissioner of Housing, Commissioner of
1583 Rehabilitation Services, the Commissioner of Early Childhood<u>,</u> [and]
1584 the executive director of the Office of Military Affairs <u>and the</u>
1585 <u>executive director of the Office of Health Strategy</u>. As used in sections
1586 4-6 and 4-7, "department head" also means the Commissioner of
1587 Education.

1588 Sec. 57. Section 4-5 of the 2018 supplement to the general statutes, as
1589 amended by section 6 of public act 17-237 and section 279 of public act
1590 17-2 of the June special session, is repealed and the following is
1591 substituted in lieu thereof (*Effective July 1, 2019*):

1592 As used in sections 4-6, 4-7 and 4-8, the term "department head"
1593 means Secretary of the Office of Policy and Management,
1594 Commissioner of Administrative Services, Commissioner of Revenue
1595 Services, Banking Commissioner, Commissioner of Children and
1596 Families, Commissioner of Consumer Protection, Commissioner of
1597 Correction, Commissioner of Economic and Community Development,
1598 State Board of Education, Commissioner of Emergency Services and
1599 Public Protection, Commissioner of Energy and Environmental
1600 Protection, Commissioner of Agriculture, Commissioner of Public
1601 Health, Insurance Commissioner, Labor Commissioner, Commissioner
1602 of Mental Health and Addiction Services, Commissioner of Social
1603 Services, Commissioner of Developmental Services, Commissioner of
1604 Motor Vehicles, Commissioner of Transportation, Commissioner of
1605 Veterans Affairs, Commissioner of Housing, Commissioner of
1606 Rehabilitation Services, the Commissioner of Early Childhood, the
1607 executive director of the Office of Military Affairs<u>,</u> [and] the executive
1608 director of the Technical Education and Career System <u>and the</u>
1609 <u>executive director of the Office of Health Strategy</u>. As used in sections
1610 4-6 and 4-7, "department head" also means the Commissioner of
1611 Education.

1612 Sec. 58. Section 19a-755a of the 2018 supplement to the general
1613 statutes is repealed and the following is substituted in lieu thereof
1614 (*Effective July 1, 2018*):

1615 (a) As used in this section:

1616 (1) "All-payer claims database" means a database that receives and
1617 stores data from a reporting entity relating to medical insurance
1618 claims, dental insurance claims, pharmacy claims and other insurance
1619 claims information from enrollment and eligibility files.

1620 (2) (A) "Reporting entity" means:

1621 (i) An insurer, as described in section 38a-1, licensed to do health
1622 insurance business in this state;

1623 (ii) A health care center, as defined in section 38a-175;

1624 (iii) An insurer or health care center that provides coverage under
1625 Part C or Part D of Title XVIII of the Social Security Act, as amended
1626 from time to time, to residents of this state;

1627 (iv) A third-party administrator, as defined in section 38a-720;

1628 (v) A pharmacy benefits manager, as defined in section 38a-479aaa;

1629 (vi) A hospital service corporation, as defined in section 38a-199;

1630 (vii) A nonprofit medical service corporation, as defined in section
1631 38a-214;

1632 (viii) A fraternal benefit society, as described in section 38a-595, that
1633 transacts health insurance business in this state;

1634 (ix) A dental plan organization, as defined in section 38a-577;

1635 (x) A preferred provider network, as defined in section 38a-479aa;
1636 and

1637 (xi) Any other person that administers health care claims and

1638 payments pursuant to a contract or agreement or is required by statute
1639 to administer such claims and payments.

1640 (B) "Reporting entity" does not include an employee welfare benefit
1641 plan, as defined in the federal Employee Retirement Income Security
1642 Act of 1974, as amended from time to time, that is also a trust
1643 established pursuant to collective bargaining subject to the federal
1644 Labor Management Relations Act.

1645 (3) "Medicaid data" means the Medicaid provider registry, health
1646 claims data and Medicaid recipient data maintained by the
1647 Department of Social Services.

1648 (b) (1) There is established an all-payer claims database program.
1649 The **[**Health Information Technology Officer, designated under section
1650 19a-755,**]** Office of Health Strategy shall: (A) Oversee the planning,
1651 implementation and administration of the all-payer claims database
1652 program for the purpose of collecting, assessing and reporting health
1653 care information relating to safety, quality, cost-effectiveness, access
1654 and efficiency for all levels of health care; (B) ensure that data received
1655 is securely collected, compiled and stored in accordance with state and
1656 federal law; **[**and**]** (C) conduct audits of data submitted by reporting
1657 entities in order to verify its accuracy; and (D) in consultation with the
1658 Health Information Technology Advisory Council established under
1659 section 17b-59f, as amended by this act, maintain written procedures
1660 for the administration of such all-payer claims database. Any such
1661 written procedures shall include (i) reporting requirements for
1662 reporting entities, and (ii) requirements for providing notice to a
1663 reporting entity regarding any alleged failure on the part of such
1664 reporting entity to comply with such reporting requirements.

1665 (2) The **[**Health Information Technology Officer**]** executive director
1666 of the Office of Health Strategy shall seek funding from the federal
1667 government, other public sources and other private sources to cover
1668 costs associated with the planning, implementation and administration
1669 of the all-payer claims database program.

1670 (3) (A) Upon the adoption of reporting requirements as set forth in
1671 subsection (b) of [section 19a-755] this section, a reporting entity shall
1672 report health care information for inclusion in the all-payer claims
1673 database in a form and manner prescribed by the [Health Information
1674 Technology Officer] executive director of the Office of Health Strategy.
1675 The [Health Information Technology Officer] executive director may,
1676 after notice and hearing, impose a civil penalty on any reporting entity
1677 that fails to report health care information as prescribed. Such civil
1678 penalty shall not exceed one thousand dollars per day for each day of
1679 violation and shall not be imposed as a cost for the purpose of rate
1680 determination or reimbursement by a third-party payer.

1681 (B) The [Health Information Technology Officer] executive director
1682 of the Office of Health Strategy may provide the name of any reporting
1683 entity on which such penalty has been imposed to the Insurance
1684 Commissioner. After consultation with said [officer] executive director,
1685 the commissioner may request the Attorney General to bring an action
1686 in the superior court for the judicial district of Hartford to recover any
1687 penalty imposed pursuant to subparagraph (A) of this subdivision.

1688 (4) The Commissioner of Social Services shall submit Medicaid data
1689 to the [Health Information Technology Officer] executive director of
1690 the Office of Health Strategy for inclusion in the all-payer claims
1691 database only for purposes related to administration of the State
1692 Medicaid Plan, in accordance with 42 CFR 431.301 to 42 CFR 431.306,
1693 inclusive.

1694 (5) The [Health Information Technology Officer] executive director
1695 of the Office of Health Strategy shall: (A) Utilize data in the all-payer
1696 claims database to provide health care consumers in the state with
1697 information concerning the cost and quality of health care services for
1698 the purpose of allowing such consumers to make economically sound
1699 and medically appropriate health care decisions; and (B) make data in
1700 the all-payer claims database available to any state agency, insurer,
1701 employer, health care provider, consumer of health care services or
1702 researcher for the purpose of allowing such person or entity to review

1703 such data as it relates to health care utilization, costs or quality of
1704 health care services. If health information, as defined in 45 CFR
1705 160.103, as amended from time to time, is permitted to be disclosed
1706 under the Health Insurance Portability and Accountability Act of 1996,
1707 P.L. 104-191, as amended from time to time, or regulations adopted
1708 thereunder, any disclosure thereof made pursuant to this subdivision
1709 shall have identifiers removed, as set forth in 45 CFR 164.514, as
1710 amended from time to time. Any disclosure made pursuant to this
1711 subdivision of information other than health information shall be
1712 made in a manner to protect the confidentiality of such other
1713 information as required by state and federal law. The [Health
1714 Information Technology Officer] executive director of the Office of
1715 Health Strategy may set a fee to be charged to each person or entity
1716 requesting access to data stored in the all-payer claims database.

1717 (6) The [Health Information Technology Officer] executive director
1718 of the Office of Health Strategy may (A) in consultation with the All-
1719 Payer Claims Database Advisory Group set forth in section 17b-59f, as
1720 amended by this act, enter into a contract with a person or entity to
1721 plan, implement or administer the all-payer claims database program,
1722 (B) enter into a contract or take any action that is necessary to obtain
1723 data that is the same data required to be submitted by reporting
1724 entities under Medicare Part A or Part B, (C) enter into a contract for
1725 the collection, management or analysis of data received from reporting
1726 entities, and (D) in accordance with subdivision (4) of this subsection,
1727 enter into a contract or take any action that is necessary to obtain
1728 Medicaid data. Any such contract for the collection, management or
1729 analysis of such data shall expressly prohibit the disclosure of such
1730 data for purposes other than the purposes described in this subsection.

1731 (c) Unless otherwise specified, nothing in this section and no action
1732 taken by the executive director of the Office of Health Strategy
1733 pursuant to this section or section 19a-755b, as amended by this act,
1734 shall be construed to preempt, supersede or affect the authority of the
1735 Insurance Commissioner to regulate the business of insurance in the
1736 state.

1737 Sec. 59. Section 19a-755b of the 2018 supplement to the general
1738 statutes is repealed and the following is substituted in lieu thereof
1739 (*Effective July 1, 2018*):

1740 (a) For purposes of this section and sections 19a-904a, 19a-904b and
1741 38a-477d to 38a-477f, inclusive:

1742 (1) "Allowed amount" means the maximum reimbursement dollar
1743 amount that an insured's health insurance policy allows for a specific
1744 procedure or service;

1745 (2) "Consumer health information Internet web site" means an
1746 Internet web site developed and operated by the **[**Health Information
1747 Technology Officer**]** Office of Health Strategy to assist consumers in
1748 making informed decisions concerning their health care and informed
1749 choices among health care providers;

1750 (3) "Episode of care" means all health care services related to the
1751 treatment of a condition or a service category for such treatment and,
1752 for acute conditions, includes health care services and treatment
1753 provided from the onset of the condition to its resolution or a service
1754 category for such treatment and, for chronic conditions, includes
1755 health care services and treatment provided over a given period of
1756 time or a service category for such treatment;

1757 (4) "Executive director" means the executive director of the Office of
1758 Health Strategy;

1759 **[**(4)**]** (5) "Health care provider" means any individual, corporation,
1760 facility or institution licensed by this state to provide health care
1761 services;

1762 **[**(5)**]** (6) "Health carrier" means any insurer, health care center,
1763 hospital service corporation, medical service corporation, fraternal
1764 benefit society or other entity delivering, issuing for delivery,
1765 renewing, amending or continuing any individual or group health
1766 insurance policy in this state providing coverage of the type specified
1767 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469;

1768 [(6) "Health Information Technology Officer" means the individual
1769 designated pursuant to section 19a-755;]

1770 (7) "Hospital" has the same meaning as provided in section 19a-490,
1771 as amended by this act;

1772 (8) "Out-of-pocket costs" means costs that are not reimbursed by a
1773 health insurance policy and includes deductibles, coinsurance and
1774 copayments for covered services and other costs to the consumer
1775 associated with a procedure or service;

1776 (9) "Outpatient surgical facility" has the same meaning as provided
1777 in section 19a-493b, as amended by this act; and

1778 (10) "Public or private third party" means the state, the federal
1779 government, employers, a health carrier, third-party administrator, as
1780 defined in section 38a-720, or managed care organization.

1781 (b) (1) Within available resources, the consumer health information
1782 Internet web site shall: (A) Contain information comparing the quality,
1783 price and cost of health care services, including, to the extent
1784 practicable, (i) comparative price and cost information for the health
1785 care services and procedures reported pursuant to subsection (c) of
1786 this section categorized by payer or listed by health care provider, (ii)
1787 links to Internet web sites and consumer tools where consumers may
1788 obtain comparative cost and quality information, including The Joint
1789 Commission and Medicare hospital compare tool, (iii) definitions of
1790 common health insurance and medical terms so consumers may
1791 compare health coverage and understand the terms of their coverage,
1792 and (iv) factors consumers should consider when choosing an
1793 insurance product or provider group, including provider network,
1794 premium, cost sharing, covered services and tier information; (B) be
1795 designed to assist consumers and institutional purchasers in making
1796 informed decisions regarding their health care and informed choices
1797 among health care providers and, to the extent practicable, provide
1798 reference pricing for services paid by various health carriers to health
1799 care providers; (C) present information in language and a format that

1800 is understandable to the average consumer; and (D) be publicized to
1801 the general public. All information outlined in this section shall be
1802 posted on an Internet web site established, or to be established, by the
1803 [Health Information Technology Officer] executive director of the
1804 Office of Health Strategy in a manner and time frame as may be
1805 organizationally and financially reasonable in his or her sole
1806 discretion.

1807 (2) Information collected, stored and published by the [exchange]
1808 Office of Health Strategy pursuant to this section is subject to the
1809 federal Health Insurance Portability and Accountability Act of 1996,
1810 P.L. 104-191, as amended from time to time.

1811 (3) The [Health Information Technology Officer] executive director
1812 of the Office of Health Strategy may consider adding quality measures
1813 to the consumer health information Internet web site. [as
1814 recommended by the State Innovation Model Initiative program
1815 management office.]

1816 (c) Not later than January 1, 2018, and annually thereafter, the
1817 [Health Information Technology Officer] executive director of the
1818 Office of Health Strategy shall, to the extent the information is
1819 available, make available to the public on the consumer health
1820 information Internet web site a list of: (1) The fifty most frequently
1821 occurring inpatient services or procedures in the state; (2) the fifty
1822 most frequently provided outpatient services or procedures in the
1823 state; (3) the twenty-five most frequent surgical services or procedures
1824 in the state; (4) the twenty-five most frequent imaging services or
1825 procedures in the state; and (5) the twenty-five most frequently used
1826 pharmaceutical products and medical devices in the state. Such lists
1827 may (A) be expanded to include additional admissions and
1828 procedures, (B) be based upon those services and procedures that are
1829 most commonly performed by volume or that represent the greatest
1830 percentage of related health care expenditures, or (C) be designed to
1831 include those services and procedures most likely to result in out-of-
1832 pocket costs to consumers or include bundled episodes of care.

1833 (d) Not later than January 1, 2018, and annually thereafter, to the
1834 extent practicable, the **[**Health Information Technology Officer**]**
1835 <u>executive director of the Office of Health Strategy</u> shall issue a report,
1836 in a manner to be decided by the **[**officer**]** <u>executive director</u>, that
1837 includes the (1) billed and allowed amounts paid to health care
1838 providers in each health carrier's network for each service and
1839 procedure service included pursuant to subsection (c) of this section,
1840 and (2) out-of-pocket costs for each such service and procedure.

1841 (e) (1) On and after January 1, 2018, each hospital shall, at the time
1842 of scheduling a service or procedure for nonemergency care that is
1843 included in the report prepared by the **[**Health Information
1844 Technology Officer**]** <u>executive director of the Office of Health Strategy</u>
1845 pursuant to subsection (c) of this section, regardless of the location or
1846 setting where such services are delivered, notify the patient of the
1847 patient's right to make a request for cost and quality information.
1848 Upon the request of a patient for a diagnosis or procedure included in
1849 such report, the hospital shall, not later than three business days after
1850 scheduling such service or procedure, provide written notice,
1851 electronically or by mail, to the patient who is the subject of the service
1852 or procedure concerning: (A) If the patient is uninsured, the amount to
1853 be charged for the service or procedure if all charges are paid in full
1854 without a public or private third party paying any portion of the
1855 charges, including the amount of any facility fee, or, if the hospital is
1856 not able to provide a specific amount due to an inability to predict the
1857 specific treatment or diagnostic code, the estimated maximum allowed
1858 amount or charge for the service or procedure, including the amount
1859 of any facility fee; (B) the corresponding Medicare reimbursement
1860 amount or, if there is no corresponding Medicare reimbursement
1861 amount for such diagnosis or procedure, (i) the approximate amount
1862 Medicare would have paid the hospital for the services on the billing
1863 statement, or (ii) the percentage of the hospital's charges that Medicare
1864 would have paid the hospital for the services; (C) if the patient is
1865 insured, the allowed amount, the toll-free telephone number and the
1866 Internet web site address of the patient's health carrier where the
1867 patient can obtain information concerning charges and out-of-pocket

1868 costs; (D) The Joint Commission's composite accountability rating and
1869 the Medicare hospital compare star rating for the hospital, as
1870 applicable; and (E) the Internet web site addresses for The Joint
1871 Commission and the Medicare hospital compare tool where the patient
1872 may obtain information concerning the hospital.

1873 (2) If the patient is insured and the hospital is out-of-network under
1874 the patient's health insurance policy, such written notice shall include
1875 a statement that the service or procedure will likely be deemed out-of-
1876 network and that any out-of-network applicable rates under such
1877 policy may apply.

1878 Sec. 60. Subsection (a) of section 38a-477e of the 2018 supplement to
1879 the general statutes is repealed and the following is substituted in lieu
1880 thereof (*Effective July 1, 2018*):

1881 (a) On and after January 1, 2017, each health carrier, as defined in
1882 section 19a-755b, as amended by this act, shall maintain an Internet
1883 web site and toll-free telephone number that enables consumers to
1884 request and obtain: (1) Information on in-network costs for inpatient
1885 admissions, health care procedures and services, including (A) the
1886 allowed amount for, at a minimum, admissions and procedures
1887 reported to the [exchange] executive director of the Office of Health
1888 Strategy pursuant to section 19a-755b, as amended by this act, for each
1889 health care provider in the state; (B) the estimated out-of-pocket costs
1890 that a consumer would be responsible for paying for any such
1891 admission or procedure that is medically necessary, including any
1892 facility fee, coinsurance, copayment, deductible or other out-of-pocket
1893 expense; and (C) data or other information concerning (i) quality
1894 measures for the health care provider, (ii) patient satisfaction, to the
1895 extent such information is available, (iii) a directory of participating
1896 providers, as defined in section 38a-472f, in accordance with the
1897 provisions of section 38a-477h; and (2) information on out-of-network
1898 costs for inpatient admissions, health care procedures and services.

1899 Sec. 61. Section 17b-59a of the general statutes is repealed and the
1900 following is substituted in lieu thereof (*Effective July 1, 2018*):

1901 (a) As used in this section:

1902 (1) "Electronic health information system" means an information
1903 processing system, involving both computer hardware and software
1904 that deals with the storage, retrieval, sharing and use of health care
1905 information, data and knowledge for communication and decision
1906 making, and includes: (A) An electronic health record that provides
1907 access in real time to a patient's complete medical record; (B) a
1908 personal health record through which an individual, and anyone
1909 authorized by such individual, can maintain and manage such
1910 individual's health information; (C) computerized order entry
1911 technology that permits a health care provider to order diagnostic and
1912 treatment services, including prescription drugs electronically; (D)
1913 electronic alerts and reminders to health care providers to improve
1914 compliance with best practices, promote regular screenings and other
1915 preventive practices, and facilitate diagnoses and treatments; (E) error
1916 notification procedures that generate a warning if an order is entered
1917 that is likely to lead to a significant adverse outcome for a patient; and
1918 (F) tools to allow for the collection, analysis and reporting of data on
1919 adverse events, near misses, the quality and efficiency of care, patient
1920 satisfaction and other healthcare-related performance measures.

1921 (2) "Interoperability" means the ability of two or more systems or
1922 components to exchange information and to use the information that
1923 has been exchanged and includes: (A) The capacity to physically
1924 connect to a network for the purpose of exchanging data with other
1925 users; and (B) the capacity of a connected user to access, transmit,
1926 receive and exchange usable information with other users.

1927 (3) "Standard electronic format" means a format using open
1928 electronic standards that: (A) Enable health information technology to
1929 be used for the collection of clinically specific data; (B) promote the
1930 interoperability of health care information across health care settings,
1931 including reporting to local, state and federal agencies; and (C)
1932 facilitate clinical decision support.

1933 (b) The Commissioner of Social Services, in consultation with the

1934 [Health Information Technology Officer] executive director of the
1935 Office of Health Strategy, established under section 19a-754a, as
1936 amended by this act, shall (1) develop, throughout the Departments of
1937 Developmental Services, Public Health, Correction, Children and
1938 Families, Veterans Affairs and Mental Health and Addiction Services,
1939 uniform management information, uniform statistical information,
1940 uniform terminology for similar facilities, uniform electronic health
1941 information technology standards and uniform regulations for the
1942 licensing of human services facilities, (2) plan for increased
1943 participation of the private sector in the delivery of human services, (3)
1944 provide direction and coordination to federally funded programs in
1945 the human services agencies and recommend uniform system
1946 improvements and reallocation of physical resources and designation
1947 of a single responsibility across human services agencies lines to
1948 facilitate shared services and eliminate duplication.

1949 (c) The [Health Information Technology Officer, designated in
1950 accordance with section 19a-755,] executive director of the Office of
1951 Health Strategy shall, in consultation with the Commissioner of Social
1952 Services and the Health Information Technology Advisory Council,
1953 established pursuant to section 17b-59f, as amended by this act,
1954 implement and periodically revise the state-wide health information
1955 technology plan established pursuant to this section and shall establish
1956 electronic data standards to facilitate the development of integrated
1957 electronic health information systems for use by health care providers
1958 and institutions that receive state funding. Such electronic data
1959 standards shall: (1) Include provisions relating to security, privacy,
1960 data content, structures and format, vocabulary and transmission
1961 protocols; (2) limit the use and dissemination of an individual's Social
1962 Security number and require the encryption of any Social Security
1963 number provided by an individual; (3) require privacy standards no
1964 less stringent than the "Standards for Privacy of Individually
1965 Identifiable Health Information" established under the Health
1966 Insurance Portability and Accountability Act of 1996, P.L. 104-191, as
1967 amended from time to time, and contained in 45 CFR 160, 164; (4)
1968 require that individually identifiable health information be secure and

1969 that access to such information be traceable by an electronic audit trail;
1970 (5) be compatible with any national data standards in order to allow
1971 for interstate interoperability; (6) permit the collection of health
1972 information in a standard electronic format; and (7) be compatible with
1973 the requirements for an electronic health information system.

1974 (d) The **[**Health Information Technology Officer**]** executive director
1975 of the Office of Health Strategy shall, within existing resources and in
1976 consultation with the State Health Information Technology Advisory
1977 Council: (1) Oversee the development and implementation of the State-
1978 wide Health Information Exchange in conformance with section 17b-
1979 59d, as amended by this act; (2) coordinate the state's health
1980 information technology and health information exchange efforts to
1981 ensure consistent and collaborative cross-agency planning and
1982 implementation; and (3) serve as the state liaison to, and work
1983 collaboratively with, the State-wide Health Information Exchange
1984 established pursuant to section 17b-59d, as amended by this act, to
1985 ensure consistency between the state-wide health information
1986 technology plan and the State-wide Health Information Exchange and
1987 to support the state's health information technology and exchange
1988 goals.

1989 (e) The state-wide health information technology plan, implemented
1990 and periodically revised pursuant to subsection (c) of this section, shall
1991 enhance interoperability to support optimal health outcomes and
1992 include, but not be limited to (1) general standards and protocols for
1993 health information exchange, and (2) national data standards to
1994 support secure data exchange data standards to facilitate the
1995 development of a state-wide, integrated electronic health information
1996 system for use by health care providers and institutions that are
1997 licensed by the state. Such electronic data standards shall (A) include
1998 provisions relating to security, privacy, data content, structures and
1999 format, vocabulary and transmission protocols, (B) be compatible with
2000 any national data standards in order to allow for interstate
2001 interoperability, (C) permit the collection of health information in a
2002 standard electronic format, and (D) be compatible with the

2003 requirements for an electronic health information system.

2004 (f) Not later than February 1, 2017, and annually thereafter, the
2005 [Health Information Technology Officer] executive director of the
2006 Office of Health Strategy, in consultation with the State Health
2007 Information Technology Advisory Council, shall report in accordance
2008 with the provisions of section 11-4a to the joint standing committees of
2009 the General Assembly having cognizance of matters relating to human
2010 services and public health concerning: (1) The development and
2011 implementation of the state-wide health information technology plan
2012 and data standards, established and implemented by the [Health
2013 Information Technology Officer] executive director of the Office of
2014 Health Strategy pursuant to this section; (2) the establishment of the
2015 State-wide Health Information Exchange; and (3) recommendations for
2016 policy, regulatory and legislative changes and other initiatives to
2017 promote the state's health information technology and exchange goals.

2018 Sec. 62. Section 17b-59c of the general statutes is repealed and the
2019 following is substituted in lieu thereof (*Effective July 1, 2018*):

2020 (a) Matters of policy related to subsection (b) of section 17b-59a, as
2021 amended by this act, involving more than one of the agencies
2022 designated in [section 17b-59a] said subsection shall be presented to
2023 the Commissioner of Social Services for his or her approval prior to
2024 implementation.

2025 (b) Matters of program development related to subsection (b) of
2026 section 17b-59a, as amended by this act, involving more than one of the
2027 agencies designated in [section 17b-59a] said subsection, as amended
2028 by this act, shall be presented to the commissioner for his or her
2029 approval prior to implementation.

2030 (c) Any plan of any agency designated in subsection (b) of section
2031 17b-59a, as amended by this act, for the future use or development of
2032 property or other resources for the purposes of said subsection, as
2033 amended by this act, shall be submitted to the commissioner for his or
2034 her approval prior to implementation.

2035 [(d) Any plan of any agency designated in section 17b-59a for
2036 revision of the health information technology plan shall be submitted
2037 to the commissioner for his or her approval prior to implementation. If
2038 such approval requires funding, after the commissioner has granted
2039 approval, the commissioner shall submit such revisions to the
2040 Secretary of the Office of Policy and Management.

2041 (e) On or before January 1, 2015, and annually thereafter, the
2042 commissioner shall submit, in accordance with the provisions of
2043 section 11-4a, the state-wide health information technology plan, as
2044 revised in accordance with section 17b-59a, to the joint standing
2045 committees of the General Assembly having cognizance of matters
2046 relating to human services, public health and appropriations and the
2047 budgets of state agencies.]

2048 Sec. 63. Subdivision (1) of subsection (d) of section 17b-59d of the
2049 2018 supplement to the general statutes is repealed and the following
2050 is substituted in lieu thereof (*Effective July 1, 2018*):

2051 (d) (1) The [Health Information Technology Officer, designated in
2052 accordance with section 19a-755] executive director of the Office of
2053 Health Strategy, in consultation with the Secretary of the Office of
2054 Policy and Management and the State Health Information Technology
2055 Advisory Council, established pursuant to section 17b-59f, as amended
2056 by this act, shall, upon the approval by the State Bond Commission of
2057 bond funds authorized by the General Assembly for the purposes of
2058 establishing a State-wide Health Information Exchange, develop and
2059 issue a request for proposals for the development, management and
2060 operation of the State-wide Health Information Exchange. Such
2061 request shall promote the reuse of any and all enterprise health
2062 information technology assets, such as the existing Provider Directory,
2063 Enterprise Master Person Index, Direct Secure Messaging Health
2064 Information Service provider infrastructure, analytic capabilities and
2065 tools that exist in the state or are in the process of being deployed. Any
2066 enterprise health information exchange technology assets purchased
2067 after June 2, 2016, and prior to the implementation of the State-wide

2068 Health Information Exchange shall be capable of interoperability with
2069 a State-wide Health Information Exchange.

2070 Sec. 64. Subsection (f) of section 17b-59d of the 2018 supplement to
2071 the general statutes is repealed and the following is substituted in lieu
2072 thereof (*Effective July 1, 2018*):

2073 (f) The **[**Health Information Technology Officer**]** <u>executive director</u>
2074 <u>of the Office of Health Strategy</u> shall have administrative authority
2075 over the State-wide Health Information Exchange. The **[**Health
2076 Information Technology Officer**]** <u>executive director</u> shall be
2077 responsible for designating, and posting on its Internet web site, the
2078 list of systems, technologies, entities and programs that shall constitute
2079 the State-wide Health Information Exchange. Systems, technologies,
2080 entities, and programs that have not been so designated shall not be
2081 considered part of said exchange.

2082 Sec. 65. Section 17b-59f of the 2018 supplement to the general
2083 statutes is repealed and the following is substituted in lieu thereof
2084 (*Effective July 1, 2018*):

2085 (a) There shall be a State Health Information Technology Advisory
2086 Council to advise the **[**Health Information Technology Officer**]**
2087 <u>executive director of the Office of Health Strategy and the health</u>
2088 <u>information technology officer</u>, designated in accordance with section
2089 **[**19a-755**]** <u>19a-754a, as amended by this act</u>, in developing priorities
2090 and policy recommendations for advancing the state's health
2091 information technology and health information exchange efforts and
2092 goals and to advise the **[**Health Information Technology Officer**]**
2093 <u>executive director and officer</u> in the development and implementation
2094 of the state-wide health information technology plan and standards
2095 and the State-wide Health Information Exchange, established pursuant
2096 to section 17b-59d<u>, as amended by this act</u>. The advisory council shall
2097 also advise the **[**Health Information Technology Officer**]** <u>executive</u>
2098 <u>director and officer</u> regarding the development of appropriate
2099 governance, oversight and accountability measures to ensure success
2100 in achieving the state's health information technology and exchange

2101 goals.

2102 (b) The council shall consist of the following members:

2103 (1) [The Health Information Technology Officer, appointed in
2104 accordance with section 19a-755, or the Health Information
2105 Technology Officer's designee] One member appointed by the
2106 executive director of the Office of Health Strategy, who shall be an
2107 expert in state health care reform initiatives;

2108 (2) The health information technology officer, designated in
2109 accordance with section 19a-754a, as amended by this act, or the health
2110 information technology officer's designee;

2111 [(2)] (3) The Commissioners of Social Services, Mental Health and
2112 Addiction Services, Children and Families, Correction, Public Health
2113 and Developmental Services, or the commissioners' designees;

2114 [(3)] (4) The Chief Information Officer of the state, or the Chief
2115 Information Officer's designee;

2116 [(4)] (5) The chief executive officer of the Connecticut Health
2117 Insurance Exchange, or the chief executive officer's designee;

2118 [(5) The director of the state innovation model initiative program
2119 management office, or the director's designee;]

2120 (6) The chief information officer of The University of Connecticut
2121 Health Center, or [said] the chief information officer's designee;

2122 (7) The Healthcare Advocate, or the Healthcare Advocate's
2123 designee;

2124 (8) The Comptroller, or the Comptroller's designee;

2125 (9) Five members appointed by the Governor, one each [of whom]
2126 who shall be (A) a representative of a health system that includes more
2127 than one hospital, (B) a representative of the health insurance industry,
2128 (C) an expert in health information technology, (D) a health care

2129 consumer or consumer advocate, and (E) a current or former employee
2130 or trustee of a plan established pursuant to subdivision (5) of
2131 subsection (c) of 29 USC 186;

2132 (10) Three members appointed by the president pro tempore of the
2133 Senate, one each who shall be (A) a representative of a federally
2134 qualified health center, (B) a provider of behavioral health services,
2135 and (C) a **[**representative of the Connecticut State Medical Society**]**
2136 physician licensed under chapter 370;

2137 (11) Three members appointed by the speaker of the House of
2138 Representatives, one each who shall be (A) a technology expert who
2139 represents a hospital system, as defined in section 19a-486i, as
2140 amended by this act, (B) a provider of home health care services, and
2141 (C) a health care consumer or a health care consumer advocate;

2142 (12) One member appointed by the majority leader of the Senate,
2143 who shall be a representative of an independent community hospital;

2144 (13) One member appointed by the majority leader of the House of
2145 Representatives, who shall be a physician who provides services in a
2146 multispecialty group and who is not employed by a hospital;

2147 (14) One member appointed by the minority leader of the Senate,
2148 who shall be a primary care physician who provides services in a small
2149 independent practice;

2150 (15) One member appointed by the minority leader of the House of
2151 Representatives, who shall be an expert in health care analytics and
2152 quality analysis;

2153 (16) The president pro tempore of the Senate, or the president's
2154 designee;

2155 (17) The speaker of the House of Representatives, or the speaker's
2156 designee;

2157 (18) The minority leader of the Senate, or the minority leader's

2158 designee; and

2159 (19) The minority leader of the House of Representatives, or the
2160 minority leader's designee.

2161 (c) Any member appointed or designated under subdivisions (10) to
2162 (19), inclusive, of subsection (b) of this section may be a member of the
2163 General Assembly.

2164 (d) (1) The **[**Health Information Technology Officer, appointed in
2165 accordance with section 19a-755**]** <u>health information technology officer,</u>
2166 <u>designated in accordance with section 19a-754a, as amended by this</u>
2167 <u>act</u>, shall serve as a chairperson of the council. The council shall elect a
2168 second chairperson from among its members, who shall not be a state
2169 official. The chairpersons of the council may establish subcommittees
2170 and working groups and may appoint individuals other than members
2171 of the council to serve as members of the subcommittees or working
2172 groups. The terms of the members shall be coterminous with the terms
2173 of the appointing authority for each member and subject to the
2174 provisions of section 4-1a. If any vacancy occurs on the council, the
2175 appointing authority having the power to make the appointment
2176 under the provisions of this section shall appoint a person in
2177 accordance with the provisions of this section. A majority of the
2178 members of the council shall constitute a quorum. Members of the
2179 council shall serve without compensation, but shall be reimbursed for
2180 all reasonable expenses incurred in the performance of their duties.

2181 (2) The chairpersons of the council may appoint up to four
2182 additional members to the council, who shall serve at the pleasure of
2183 the chairpersons.

2184 (e) (1) The council shall establish a working group to be known as
2185 the All-Payer Claims Database Advisory Group. Said group shall
2186 include, but need not be limited to, (A) the Secretary of the Office of
2187 Policy and Management, the Comptroller, the Commissioners of
2188 Public Health, Social Services and Mental Health and Addiction
2189 Services, the Insurance Commissioner, the Healthcare Advocate and

the Chief Information Officer, or their designees; (B) a representative of the Connecticut State Medical Society; and (C) representatives of health insurance companies, health insurance purchasers, hospitals, consumer advocates and health care providers. The **[**Health Information Technology Officer**]** health information technology officer may appoint additional members to said group.

(2) The All-Payer Claims Database Advisory Group shall develop a plan to implement a state-wide multipayer data initiative to enhance the state's use of heath care data from multiple sources to increase efficiency, enhance outcomes and improve the understanding of health care expenditures in the public and private sectors.

(f) Prior to submitting any application, proposal, planning document or other request seeking federal grants, matching funds or other federal support for health information technology or health information exchange, the **[**Health Information Technology Officer**]** executive director of the Office of Health Strategy or the Commissioner of Social Services shall present such application, proposal, document or other request to the council for review and comment.

Sec. 66. Section 17b-59g of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) The state, acting by and through the Secretary of the Office of Policy and Management, in collaboration with the **[**Health Information Technology Officer designated under section 19a-755, and the Lieutenant Governor**]** executive director of the Office of Health Strategy, shall establish a program to expedite the development of the State-wide Health Information Exchange, established under section 17b-59d, as amended by this act, to assist the state, health care providers, insurance carriers, physicians and all stakeholders in empowering consumers to make effective health care decisions, promote patient-centered care, improve the quality, safety and value of health care, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure and

2223 make progress toward the state's public health goals. The purposes of
2224 the program shall be to (1) assist the State-wide Health Information
2225 Exchange in establishing and maintaining itself as a neutral and
2226 trusted entity that serves the public good for the benefit of all
2227 Connecticut residents, including, but not limited to, Connecticut health
2228 care consumers and Connecticut health care providers and carriers, (2)
2229 perform, on behalf of the state, the role of intermediary between public
2230 and private stakeholders and customers of the State-wide Health
2231 Information Exchange, and (3) fulfill the responsibilities of the Office
2232 of Health Strategy, as described in section 19a-754a, as amended by
2233 this act.

2234 (b) The [Health Information Technology Officer] executive director
2235 of the Office of Health Strategy, in consultation with the health
2236 information technology officer, designated in accordance with section
2237 19a-754, as amended by this act, shall design, and the Secretary of the
2238 Office of Policy and Management, in collaboration with said [officer]
2239 executive director, may establish or incorporate an entity to implement
2240 the program established under subsection (a) of this section. Such
2241 entity shall, without limitation, be owned and governed, in whole or in
2242 part, by a party or parties other than the state and may be organized as
2243 a nonprofit entity.

2244 (c) Any entity established or incorporated pursuant to subsection (b)
2245 of this section shall have its powers vested in and exercised by a board
2246 of directors. The board of directors shall be comprised of the following
2247 members who shall each serve for a term of two years:

2248 (1) One member who shall have expertise as an advocate for
2249 consumers of health care, appointed by the Governor;

2250 (2) One member who shall have expertise as a clinical medical
2251 doctor, appointed by the president pro tempore of the Senate;

2252 (3) One member who shall have expertise in the area of hospital
2253 administration, appointed by the speaker of the House of
2254 Representatives;

2255 (4) One member who shall have expertise in the area of corporate
2256 law or finance, appointed by the minority leader of the Senate;

2257 (5) One member who shall have expertise in group health insurance
2258 coverage, appointed by the minority leader of the House of
2259 Representatives;

2260 (6) The Chief Information Officer [,] and the Secretary of the Office
2261 of Policy and Management, [and the Health Information Technology
2262 Officer,] or their designees, who shall serve as ex-officio, voting
2263 members of the board; and

2264 (7) The [Health Information Technology Officer, or his or her
2265 designee] health information technology officer, designated in
2266 accordance with section 19a-754a, as amended by this act, who shall
2267 serve as chairperson of the board.

2268 (d) [All initial appointments shall be made not later than February 1,
2269 2018.] Any vacancy shall be filled by the appointing authority for the
2270 balance of the unexpired term. If an appointing authority fails to make
2271 an initial appointment on or before sixty days after the establishment
2272 of such entity, or to fill a vacancy in an appointment on or before sixty
2273 days after the date of such vacancy, the Governor shall make such
2274 appointment or fill such vacancy.

2275 (e) [The] Any entity established or incorporated under subsection
2276 [(c)] (b) of this section may (1) employ a staff and fix their duties,
2277 qualifications and compensation; (2) solicit, receive and accept aid or
2278 contributions, including money, property, labor and other things of
2279 value from any source; (3) receive, and manage on behalf of the state,
2280 funding from the federal government, other public sources or private
2281 sources to cover costs associated with the planning, implementation
2282 and administration of the State-wide Health Information Exchange; (4)
2283 collect and remit fees set by the Health Information Technology Officer
2284 charged to persons or entities for access to or interaction with said
2285 exchange; (5) retain outside consultants and technical experts; (6)
2286 maintain an office in the state at such place or places as such entity

2287 may designate; (7) procure insurance against loss in connection with
2288 such entity's property and other assets in such amounts and from such
2289 insurers as such entity deems desirable; (8) sue and be sued and plead
2290 and be impleaded; (9) borrow money for the purpose of obtaining
2291 working capital; and (10) subject to the powers, purposes and
2292 restrictions of sections 17b-59a, as amended by this act, 17b-59d, as
2293 amended by this act, 17b-59f, as amended by this act, [and 19a-755,] do
2294 all acts and things necessary and convenient to carry out the purposes
2295 of this section and section 19a-754a, as amended by this act.

2296 Sec. 67. Subsection (b) of section 2-124a of the 2018 supplement to
2297 the general statutes is repealed and the following is substituted in lieu
2298 thereof (*Effective July 1, 2018*):

2299 (b) Appointments to the working group pursuant to subsection (a)
2300 of this section shall include, but need not be limited to, the [Health
2301 Information Technology Officer, designated in accordance with section
2302 19a-755] executive director of the Office of Health Strategy, or such
2303 executive director's designee, and representatives from the insurance
2304 industry, the health care industry, the Connecticut Education Network,
2305 broadband Internet service providers, the Connecticut Technology
2306 Council, the bioscience industry and public or private universities and
2307 research institutions. The working group shall also include the
2308 Consumer Counsel, or the Consumer Counsel's designee. All
2309 appointments to the working group shall be made not later than thirty
2310 days after June 30, 2017. Any member of the working group
2311 established pursuant to this section may be a member of the working
2312 group established pursuant to special act 16-20 or a member of the
2313 General Assembly or the Commission on Economic Competitiveness.

2314 Sec. 68. Section 19a-612 of the general statutes is repealed and the
2315 following is substituted in lieu thereof (*Effective July 1, 2018*):

2316 (a) There is established, within the [Department of Public Health, a
2317 division] Office of Health Strategy, established under section 19a-754a,
2318 as amended by this act, a unit to be known as the [Office of Health
2319 Care Access] Health Systems Planning Unit. The [division] unit, under

2320 the direction of the [Commissioner of Public Health] executive director
2321 of the Office of Health Strategy, shall constitute a successor to the
2322 former Office of Health Care Access, in accordance with the provisions
2323 of sections 4-38d and 4-39.

2324 (b) Any order, decision, agreed settlement [,] or regulation of the
2325 former Office of Health Care Access which is in force on [October 6,
2326 2009] July 1, 2018, shall continue in force and effect as an order or
2327 regulation of the [Department of Public Health] Office of Health
2328 Strategy until amended, repealed or superseded pursuant to law.

2329 (c) If the words "Office of Health Care Access" are used or referred
2330 to in any public or special act of 2009 or in any section of the general
2331 statutes which is amended in 2009, such words shall be deemed to
2332 mean or refer to the Office of Health Care Access division within the
2333 Department of Public Health. If the words "Office of Health Care
2334 Access" are used or referred to in any public or special act of 2018 or in
2335 any section of the general statutes which is amended in 2018, such
2336 words shall be deemed to mean or refer to the Health Systems
2337 Planning Unit within the Office of Health Strategy.

2338 Sec. 69. Section 19a-612d of the general statutes is repealed and the
2339 following is substituted in lieu thereof (*Effective July 1, 2018*):

2340 [Notwithstanding any provision of the general statutes, there shall
2341 be a Deputy Commissioner of Public Health who] (a) The executive
2342 director of the Office of Health Strategy shall oversee the [Office of
2343 Health Care Access division of the Department of Public Health]
2344 Health Systems Planning Unit and [who] shall exercise independent
2345 decision-making authority over all certificate of need decisions.

2346 (b) Nothwithstanding the provisions of subsection (a) of this section,
2347 the Deputy Commissioner of Public Health shall retain independent
2348 decision-making authority over only the certificate of need
2349 applications that are pending before the Office of Health Care Access
2350 and have been deemed completed by said office on or before July 1,
2351 2018. Following the issuance by the deputy commissioner of a final

2352 decision on any such certificate of need application, the executive
2353 director of the Office of Health Strategy shall exercise independent
2354 authority on any further action required on a certificate of need issued
2355 pursuant to such application.

2356 Sec. 70. Section 19a-613 of the general statutes is repealed and the
2357 following is substituted in lieu thereof (*Effective July 1, 2018*):

2358 (a) The [Office of Health Care Access] Health Systems Planning Unit
2359 may employ the most effective and practical means necessary to fulfill
2360 the purposes of this chapter, which may include, but need not be
2361 limited to:

2362 (1) Collecting patient-level outpatient data from health care facilities
2363 or institutions, as defined in section 19a-630, as amended by this act;

2364 (2) Establishing a cooperative data collection effort, across public
2365 and private sectors, to assure that adequate health care personnel
2366 demographics are readily available; and

2367 (3) Performing the duties and functions as enumerated in subsection
2368 (b) of this section.

2369 (b) The [office] unit shall: (1) Authorize and oversee the collection of
2370 data required to carry out the provisions of this chapter; (2) oversee
2371 and coordinate health system planning for the state; (3) monitor health
2372 care costs; and (4) implement and oversee health care reform as
2373 enacted by the General Assembly.

2374 (c) The [Commissioner of Public Health] executive director of the
2375 Office of Health Strategy, or any person the [commissioner] executive
2376 director designates, may conduct a hearing and render a final decision
2377 in any case when a hearing is required or authorized under the
2378 provisions of any statute dealing with the [Office of Health Care
2379 Access] Health Systems Planning Unit.

2380 Sec. 71. Section 19a-614 of the general statutes is repealed and the
2381 following is substituted in lieu thereof (*Effective July 1, 2018*):

2382 [(a)] The [Commissioner of Public Health] executive director of the
2383 Office of Health Strategy may employ and pay professional and
2384 support staff subject to the provisions of chapter 67 and contract with
2385 and engage consultants and other independent professionals as may
2386 be necessary or desirable to carry out the functions of the [office]
2387 Health Systems Planning Unit.

2388 [(b) The commissioner may establish a consumer education unit
2389 within the office to provide information to residents of the state
2390 concerning the availability of public and private health care coverage.]

2391 Sec. 72. Section 19a-630 of the general statutes is repealed and the
2392 following is substituted in lieu thereof (*Effective July 1, 2018*):

2393 As used in this chapter, unless the context otherwise requires:

2394 (1) "Affiliate" means a person, entity or organization controlling,
2395 controlled by or under common control with another person, entity or
2396 organization. Affiliate does not include a medical foundation
2397 organized under chapter 594b.

2398 (2) "Applicant" means any person or health care facility that applies
2399 for a certificate of need pursuant to section 19a-639a, as amended by
2400 this act.

2401 (3) "Bed capacity" means the total number of inpatient beds in a
2402 facility licensed by the Department of Public Health under sections
2403 19a-490 to 19a-503, inclusive, as amended by this act.

2404 (4) "Capital expenditure" means an expenditure that under
2405 generally accepted accounting principles consistently applied is not
2406 properly chargeable as an expense of operation or maintenance and
2407 includes acquisition by purchase, transfer, lease or comparable
2408 arrangement, or through donation, if the expenditure would have been
2409 considered a capital expenditure had the acquisition been by purchase.

2410 (5) "Certificate of need" means a certificate issued by the [office]
2411 unit.

2412 (6) "Days" means calendar days.

2413 [(7) "Deputy commissioner" means the deputy commissioner of
2414 Public Health who oversees the Office of Health Care Access division
2415 of the Department of Public Health.

2416 (8) "Commissioner" means the Commissioner of Public Health.]

2417 (7) "Executive director" means the executive director of the Office of
2418 Health Strategy.

2419 [(9)] (8) "Free clinic" means a private, nonprofit community-based
2420 organization that provides medical, dental, pharmaceutical or mental
2421 health services at reduced cost or no cost to low-income, uninsured
2422 and underinsured individuals.

2423 [(10)] (9) "Large group practice" means eight or more full-time
2424 equivalent physicians, legally organized in a partnership, professional
2425 corporation, limited liability company formed to render professional
2426 services, medical foundation, not-for-profit corporation, faculty
2427 practice plan or other similar entity (A) in which each physician who is
2428 a member of the group provides substantially the full range of services
2429 that the physician routinely provides, including, but not limited to,
2430 medical care, consultation, diagnosis or treatment, through the joint
2431 use of shared office space, facilities, equipment or personnel; (B) for
2432 which substantially all of the services of the physicians who are
2433 members of the group are provided through the group and are billed
2434 in the name of the group practice and amounts so received are treated
2435 as receipts of the group; or (C) in which the overhead expenses of, and
2436 the income from, the group are distributed in accordance with
2437 methods previously determined by members of the group. An entity
2438 that otherwise meets the definition of group practice under this section
2439 shall be considered a group practice although its shareholders,
2440 partners or owners of the group practice include single-physician
2441 professional corporations, limited liability companies formed to render
2442 professional services or other entities in which beneficial owners are
2443 individual physicians.

2444 [(11)] (10) "Health care facility" means (A) hospitals licensed by the
2445 Department of Public Health under chapter 368v; (B) specialty
2446 hospitals; (C) freestanding emergency departments; (D) outpatient
2447 surgical facilities, as defined in section 19a-493b, as amended by this
2448 act, and licensed under chapter 368v; (E) a hospital or other facility or
2449 institution operated by the state that provides services that are eligible
2450 for reimbursement under Title XVIII or XIX of the federal Social
2451 Security Act, 42 USC 301, as amended; (F) a central service facility; (G)
2452 mental health facilities; (H) substance abuse treatment facilities; and (I)
2453 any other facility requiring certificate of need review pursuant to
2454 subsection (a) of section 19a-638, as amended by this act. "Health care
2455 facility" includes any parent company, subsidiary, affiliate or joint
2456 venture, or any combination thereof, of any such facility.

2457 [(12)] (11) "Nonhospital based" means located at a site other than the
2458 main campus of the hospital.

2459 [(13)] (12) "Office" means the Office of Health [Care Access division
2460 within the Department of Public Health] Strategy.

2461 [(14)] (13) "Person" means any individual, partnership, corporation,
2462 limited liability company, association, governmental subdivision,
2463 agency or public or private organization of any character, but does not
2464 include the agency conducting the proceeding.

2465 [(15)] (14) "Physician" has the same meaning as provided in section
2466 20-13a.

2467 [(16)] (15) "Transfer of ownership" means a transfer that impacts or
2468 changes the governance or controlling body of a health care facility,
2469 institution or large group practice, including, but not limited to, all
2470 affiliations, mergers or any sale or transfer of net assets of a health care
2471 facility.

2472 (16) "Unit" means the Health Systems Planning Unit.

2473 Sec. 73. Subsection (b) of section 19a-631 of the general statutes is
2474 repealed and the following is substituted in lieu thereof (*Effective July*

2475 *1, 2018*):

2476 (b) Each hospital shall annually pay to the **[**Commissioner of Public
2477 Health**]** executive director of the Office of Health Strategy, for deposit
2478 in the General Fund, an amount equal to its share of the actual
2479 expenditures made by the **[**office**]** unit during each fiscal year
2480 including the cost of fringe benefits for **[**office**]** unit personnel as
2481 estimated by the Comptroller, the amount of expenses for central state
2482 services attributable to the **[**office**]** unit for the fiscal year as estimated
2483 by the Comptroller, plus the expenditures made on behalf of the
2484 **[**office**]** unit from the Capital Equipment Purchase Fund pursuant to
2485 section 4a-9 for such year. Payments shall be made by assessment of all
2486 hospitals of the costs calculated and collected in accordance with the
2487 provisions of this section and section 19a-632, as amended by this act.
2488 If for any reason a hospital ceases operation, any unpaid assessment
2489 for the operations of the **[**office**]** unit shall be reapportioned among the
2490 remaining hospitals to be paid in addition to any other assessment.

2491 Sec. 74. Section 19a-632 of the general statutes is repealed and the
2492 following is substituted in lieu thereof (*Effective July 1, 2018*):

2493 (a) On or before September first, annually, the **[**Office of Health Care
2494 Access**]** Health Systems Planning Unit shall determine (1) the total net
2495 revenue of each hospital for the most recently completed hospital fiscal
2496 year beginning October first; and (2) the proposed assessment on the
2497 hospital for the state fiscal year. The assessment on each hospital shall
2498 be calculated by multiplying the hospital's percentage share of the total
2499 net revenue specified in subdivision (1) of this subsection times the
2500 costs of the **[**office**]** unit, as determined in subsection (b) of this section.

2501 (b) The costs of the **[**office**]** unit shall be the total of (1) the amount
2502 appropriated for expenses for the operation of the **[**office**]** unit for the
2503 fiscal year, as estimated by the Comptroller, (2) the cost of fringe
2504 benefits for **[**office**]** unit personnel for such year, as estimated by the
2505 Comptroller, (3) the amount of expenses for central state services
2506 attributable to the **[**office**]** unit for the fiscal year as estimated by the
2507 Comptroller, and (4) the estimated expenditures on behalf of the

2508 [office] unit from the Capital Equipment Purchase Fund pursuant to
2509 section 4a-9 for such year, provided for purposes of this calculation the
2510 amount of expenses for the operation of the [office] unit for the fiscal
2511 year as estimated by the Comptroller, plus the cost of fringe benefits
2512 for personnel, the amount of expenses for said central state services for
2513 the fiscal year as estimated by the Comptroller, and said estimated
2514 expenditures from the Capital Equipment Purchase Fund pursuant to
2515 section 4a-9 shall be deemed to be the actual expenditures of the
2516 [office] unit.

2517 (c) On or before December thirty-first, annually, for each fiscal year,
2518 each hospital shall pay the [office] unit twenty-five per cent of its
2519 proposed assessment, adjusted to reflect any credit or amount due
2520 under the recalculated assessment for the preceding state fiscal year as
2521 determined pursuant to subsection (d) of this section or any
2522 reapportioned assessment pursuant to subsection (b) of section 19a-
2523 631, as amended by this act. The hospital shall pay the remaining
2524 seventy-five per cent of its assessment to the [office] unit in three equal
2525 installments on or before the following March thirty-first, June thirtieth
2526 and September thirtieth, annually.

2527 (d) Immediately following the close of each state fiscal year the
2528 [commissioner] executive director shall recalculate the proposed
2529 assessment for each hospital based on the costs of the [office] unit in
2530 accordance with subsection (b) of this section using the actual
2531 expenditures made by the [office] unit during that fiscal year and the
2532 actual expenditures made on behalf of the [office] unit from the Capital
2533 Equipment Purchase Fund pursuant to section 4a-9. On or before
2534 August thirty-first, annually, the [office] unit shall render to each
2535 hospital a statement showing the difference between the respective
2536 recalculated assessment and the amount previously paid. On or before
2537 September thirtieth, the [commissioner] executive director, after
2538 receiving any objections to such statements, shall make such
2539 adjustments which in said [commissioner's] executive director's
2540 opinion may be indicated and shall render an adjusted assessment, if
2541 any, to the affected hospitals. Adjustments to reflect any credit or

2542 amount due under the recalculated assessment for the previous state
2543 fiscal year shall be made to the proposed assessment due on or before
2544 December thirty-first of the following state fiscal year.

2545 (e) If any assessment is not paid when due, the [commissioner]
2546 executive director shall impose a fee equal to (1) two per cent of the
2547 assessment if such failure to pay is for not more than five days, (2) five
2548 per cent of the assessment if such failure to pay is for more than five
2549 days but not more than fifteen days, or (3) ten per cent of the
2550 assessment if such failure to pay is for more than fifteen days. If a
2551 hospital fails to pay any assessment for more than thirty days after the
2552 date when due, the [commissioner] executive director may, in addition
2553 to the fees imposed pursuant to this subsection, impose a civil penalty
2554 of up to one thousand dollars per day for each day past the initial
2555 thirty days that the assessment is not paid. Any civil penalty
2556 authorized by this subsection shall be imposed by the [commissioner]
2557 executive director in accordance with subsections (b) to (e), inclusive,
2558 of section 19a-653, as amended by this act.

2559 (f) The [office] unit shall deposit all payments received pursuant to
2560 this section with the State Treasurer. The moneys so deposited shall be
2561 credited to the General Fund and shall be accounted for as expenses
2562 recovered from hospitals.

2563 Sec. 75. Subsection (b) of section 19a-632a of the general statutes is
2564 repealed and the following is substituted in lieu thereof (*Effective July*
2565 *1, 2018*):

2566 (b) The [Department of Public Health] Office of Health Strategy may
2567 require a hospital to pay an assessment levied pursuant to section 19a-
2568 632, as amended by this act, by way of an approved method of
2569 electronic funds transfer.

2570 Sec. 76. Subsection (f) of section 19a-632a of the general statutes is
2571 repealed and the following is substituted in lieu thereof (*Effective July*
2572 *1, 2018*):

2573 (f) The [department] office shall deposit all payments received
2574 pursuant to this section with the State Treasurer. The moneys so
2575 deposited shall be credited to the General Fund and shall be accounted
2576 for as expenses recovered from hospitals.

2577 Sec. 77. Section 19a-633 of the general statutes is repealed and the
2578 following is substituted in lieu thereof (*Effective July 1, 2018*):

2579 The [commissioner] executive director, or any agent authorized by
2580 [him] such executive director to conduct any inquiry, investigation or
2581 hearing under the provisions of this chapter, shall have power to
2582 administer oaths and take testimony under oath relative to the matter
2583 of inquiry or investigation. At any hearing ordered by the office, the
2584 [commissioner] executive director or such agent having authority by
2585 law to issue such process may subpoena witnesses and require the
2586 production of records, papers and documents pertinent to such
2587 inquiry. If any person disobeys such process or, having appeared in
2588 obedience thereto, refuses to answer any pertinent question put to
2589 [him] such person by the [commissioner] executive director or [his]
2590 such executive director's authorized agent or to produce any records
2591 and papers pursuant thereto, the [commissioner] executive director or
2592 [his] such executive director's agent may apply to the superior court
2593 for the judicial district of Hartford or for the judicial district wherein
2594 the person resides or wherein the business has been conducted, or to
2595 any judge of said court if the same is not in session, setting forth such
2596 disobedience to process or refusal to answer, and said court or such
2597 judge shall cite such person to appear before said court or such judge
2598 to answer such question or to produce such records and papers.

2599 Sec. 78. Section 19a-634 of the general statutes is repealed and the
2600 following is substituted in lieu thereof (*Effective July 1, 2018*):

2601 (a) The [Office of Health Care Access] Health Systems Planning Unit
2602 shall conduct, on a biennial basis, a state-wide health care facility
2603 utilization study. Such study may include an assessment of: (1)
2604 Current availability and utilization of acute hospital care, hospital
2605 emergency care, specialty hospital care, outpatient surgical care,

2606 primary care and clinic care; (2) geographic areas and subpopulations
2607 that may be underserved or have reduced access to specific types of
2608 health care services; and (3) other factors that the [office] unit deems
2609 pertinent to health care facility utilization. Not later than June thirtieth
2610 of the year in which the biennial study is conducted, the
2611 [Commissioner of Public Health] executive director of the Office of
2612 Health Strategy shall report, in accordance with section 11-4a, to the
2613 Governor and the joint standing committees of the General Assembly
2614 having cognizance of matters relating to public health and human
2615 services on the findings of the study. Such report may also include the
2616 [office's] unit's recommendations for addressing identified gaps in the
2617 provision of health care services and recommendations concerning a
2618 lack of access to health care services.

2619 (b) The [office] unit, in consultation with such other state agencies as
2620 the [Commissioner of Public Health] executive director deems
2621 appropriate, shall establish and maintain a state-wide health care
2622 facilities and services plan. Such plan may include, but not be limited
2623 to: (1) An assessment of the availability of acute hospital care, hospital
2624 emergency care, specialty hospital care, outpatient surgical care,
2625 primary care and clinic care; (2) an evaluation of the unmet needs of
2626 persons at risk and vulnerable populations as determined by the
2627 [commissioner] executive director; (3) a projection of future demand
2628 for health care services and the impact that technology may have on
2629 the demand, capacity or need for such services; and (4)
2630 recommendations for the expansion, reduction or modification of
2631 health care facilities or services. In the development of the plan, the
2632 [office] unit shall consider the recommendations of any advisory
2633 bodies which may be established by the [commissioner] executive
2634 director. The [commissioner] executive director may also incorporate
2635 the recommendations of authoritative organizations whose mission is
2636 to promote policies based on best practices or evidence-based research.
2637 The [commissioner] executive director, in consultation with hospital
2638 representatives, shall develop a process that encourages hospitals to
2639 incorporate the state-wide health care facilities and services plan into
2640 hospital long-range planning and shall facilitate communication

2641 between appropriate state agencies concerning innovations or changes
2642 that may affect future health planning. The **[**office**]** unit shall update
2643 the state-wide health care facilities and services plan not less than once
2644 every two years.

2645 (c) For purposes of conducting the state-wide health care facility
2646 utilization study and preparing the state-wide health care facilities and
2647 services plan, the **[**office**]** unit shall establish and maintain an
2648 inventory of all health care facilities, the equipment identified in
2649 subdivisions (9) and (10) of subsection (a) of section 19a-638, as
2650 amended by this act, and services in the state, including health care
2651 facilities that are exempt from certificate of need requirements under
2652 subsection (b) of section 19a-638, as amended by this act. The **[**office**]**
2653 unit shall develop an inventory questionnaire to obtain the following
2654 information: (1) The name and location of the facility; (2) the type of
2655 facility; (3) the hours of operation; (4) the type of services provided at
2656 that location; and (5) the total number of clients, treatments, patient
2657 visits, procedures performed or scans performed in a calendar year.
2658 The inventory shall be completed biennially by health care facilities
2659 and providers and such health care facilities and providers shall not be
2660 required to provide patient specific or financial data.

2661 Sec. 79. Section 19a-638 of the general statutes is repealed and the
2662 following is substituted in lieu thereof (*Effective July 1, 2018*):

2663 (a) A certificate of need issued by the **[**office**]** unit shall be required
2664 for:

2665 (1) The establishment of a new health care facility;

2666 (2) A transfer of ownership of a health care facility;

2667 (3) A transfer of ownership of a large group practice to any entity
2668 other than a (A) physician, or (B) group of two or more physicians,
2669 legally organized in a partnership, professional corporation or limited
2670 liability company formed to render professional services and not
2671 employed by or an affiliate of any hospital, medical foundation,

2672 insurance company or other similar entity;

2673 (4) The establishment of a freestanding emergency department;

2674 (5) The termination of inpatient or outpatient services offered by a
2675 hospital, including, but not limited to, the termination by a short-term
2676 acute care general hospital or children's hospital of inpatient and
2677 outpatient mental health and substance abuse services;

2678 (6) The establishment of an outpatient surgical facility, as defined in
2679 section 19a-493b, as amended by this act, or as established by a short-
2680 term acute care general hospital;

2681 (7) The termination of surgical services by an outpatient surgical
2682 facility, as defined in section 19a-493b, as amended by this act, or a
2683 facility that provides outpatient surgical services as part of the
2684 outpatient surgery department of a short-term acute care general
2685 hospital, provided termination of outpatient surgical services due to
2686 (A) insufficient patient volume, or (B) the termination of any
2687 subspecialty surgical service, shall not require certificate of need
2688 approval;

2689 (8) The termination of an emergency department by a short-term
2690 acute care general hospital;

2691 (9) The establishment of cardiac services, including inpatient and
2692 outpatient cardiac catheterization, interventional cardiology and
2693 cardiovascular surgery;

2694 (10) The acquisition of computed tomography scanners, magnetic
2695 resonance imaging scanners, positron emission tomography scanners
2696 or positron emission tomography-computed tomography scanners, by
2697 any person, physician, provider, short-term acute care general hospital
2698 or children's hospital, except (A) as provided for in subdivision (22) of
2699 subsection (b) of this section, and (B) a certificate of need issued by the
2700 **[**office**]** unit shall not be required where such scanner is a replacement
2701 for a scanner that was previously acquired through certificate of need
2702 approval or a certificate of need determination;

2703 (11) The acquisition of nonhospital based linear accelerators;

2704 (12) An increase in the licensed bed capacity of a health care facility;

2705 (13) The acquisition of equipment utilizing technology that has not
2706 previously been utilized in the state;

2707 (14) An increase of two or more operating rooms within any three-
2708 year period, commencing on and after October 1, 2010, by an
2709 outpatient surgical facility, as defined in section 19a-493b, as amended
2710 by this act, or by a short-term acute care general hospital; and

2711 (15) The termination of inpatient or outpatient services offered by a
2712 hospital or other facility or institution operated by the state that
2713 provides services that are eligible for reimbursement under Title XVIII
2714 or XIX of the federal Social Security Act, 42 USC 301, as amended.

2715 (b) A certificate of need shall not be required for:

2716 (1) Health care facilities owned and operated by the federal
2717 government;

2718 (2) The establishment of offices by a licensed private practitioner,
2719 whether for individual or group practice, except when a certificate of
2720 need is required in accordance with the requirements of section 19a-
2721 493b, as amended by this act, or subdivision (3), (10) or (11) of
2722 subsection (a) of this section;

2723 (3) A health care facility operated by a religious group that
2724 exclusively relies upon spiritual means through prayer for healing;

2725 (4) Residential care homes, nursing homes and rest homes, as
2726 defined in subsection (c) of section 19a-490;

2727 (5) An assisted living services agency, as defined in section 19a-490,
2728 as amended by this act;

2729 (6) Home health agencies, as defined in section 19a-490, as amended
2730 by this act;

2731 (7) Hospice services, as described in section 19a-122b;

2732 (8) Outpatient rehabilitation facilities;

2733 (9) Outpatient chronic dialysis services;

2734 (10) Transplant services;

2735 (11) Free clinics, as defined in section 19a-630, as amended by this
2736 act;

2737 (12) School-based health centers and expanded school health sites,
2738 as such terms are defined in section 19a-6r, community health centers,
2739 as defined in section 19a-490a, not-for-profit outpatient clinics licensed
2740 in accordance with the provisions of chapter 368v and federally
2741 qualified health centers;

2742 (13) A program licensed or funded by the Department of Children
2743 and Families, provided such program is not a psychiatric residential
2744 treatment facility;

2745 (14) Any nonprofit facility, institution or provider that has a contract
2746 with, or is certified or licensed to provide a service for, a state agency
2747 or department for a service that would otherwise require a certificate
2748 of need. The provisions of this subdivision shall not apply to a short-
2749 term acute care general hospital or children's hospital, or a hospital or
2750 other facility or institution operated by the state that provides services
2751 that are eligible for reimbursement under Title XVIII or XIX of the
2752 federal Social Security Act, 42 USC 301, as amended;

2753 (15) A health care facility operated by a nonprofit educational
2754 institution exclusively for students, faculty and staff of such institution
2755 and their dependents;

2756 (16) An outpatient clinic or program operated exclusively by or
2757 contracted to be operated exclusively by a municipality, municipal
2758 agency, municipal board of education or a health district, as described
2759 in section 19a-241;

2760 (17) A residential facility for persons with intellectual disability
2761 licensed pursuant to section 17a-227 and certified to participate in the
2762 Title XIX Medicaid program as an intermediate care facility for
2763 individuals with intellectual disabilities;

2764 (18) Replacement of existing imaging equipment if such equipment
2765 was acquired through certificate of need approval or a certificate of
2766 need determination, provided a health care facility, provider,
2767 physician or person notifies the [office] unit of the date on which the
2768 equipment is replaced and the disposition of the replaced equipment;

2769 (19) Acquisition of cone-beam dental imaging equipment that is to
2770 be used exclusively by a dentist licensed pursuant to chapter 379;

2771 (20) The partial or total elimination of services provided by an
2772 outpatient surgical facility, as defined in section 19a-493b, as amended
2773 by this act, except as provided in subdivision (6) of subsection (a) of
2774 this section and section 19a-639e, as amended by this act;

2775 (21) The termination of services for which the Department of Public
2776 Health has requested the facility to relinquish its license; or

2777 (22) Acquisition of any equipment by any person that is to be used
2778 exclusively for scientific research that is not conducted on humans.

2779 (c) (1) Any person, health care facility or institution that is unsure
2780 whether a certificate of need is required under this section, or (2) any
2781 health care facility that proposes to relocate pursuant to section 19a-
2782 639c, as amended by this act, shall send a letter to the [office] unit that
2783 describes the project and requests that the [office] unit make a
2784 determination as to whether a certificate of need is required. In the
2785 case of a relocation of a health care facility, the letter shall include
2786 information described in section 19a-639c, as amended by this act. A
2787 person, health care facility or institution making such request shall
2788 provide the [office] unit with any information the [office] unit requests
2789 as part of its determination process.

2790 (d) The [Commissioner of Public Health] executive director of the

2791 Office of Health Strategy may implement policies and procedures
2792 necessary to administer the provisions of this section while in the
2793 process of adopting such policies and procedures as regulation,
2794 provided the [commissioner] executive director holds a public hearing
2795 prior to implementing the policies and procedures and [prints] posts
2796 notice of intent to adopt regulations [in the Connecticut Law Journal]
2797 on the office's Internet website and the eRegulations System not later
2798 than twenty days after the date of implementation. Policies and
2799 procedures implemented pursuant to this section shall be valid until
2800 the time final regulations are adopted. [Final regulations shall be
2801 adopted by December 31, 2011.]

2802 Sec. 80. Section 19a-639 of the general statutes is repealed and the
2803 following is substituted in lieu thereof (*Effective July 1, 2018*):

2804 (a) In any deliberations involving a certificate of need application
2805 filed pursuant to section 19a-638, as amended by this act, the [office]
2806 unit shall take into consideration and make written findings
2807 concerning each of the following guidelines and principles:

2808 (1) Whether the proposed project is consistent with any applicable
2809 policies and standards adopted in regulations by the [Department of
2810 Public Health] Office of Health Strategy;

2811 (2) The relationship of the proposed project to the state-wide health
2812 care facilities and services plan;

2813 (3) Whether there is a clear public need for the health care facility or
2814 services proposed by the applicant;

2815 (4) Whether the applicant has satisfactorily demonstrated how the
2816 proposal will impact the financial strength of the health care system in
2817 the state or that the proposal is financially feasible for the applicant;

2818 (5) Whether the applicant has satisfactorily demonstrated how the
2819 proposal will improve quality, accessibility and cost effectiveness of
2820 health care delivery in the region, including, but not limited to,
2821 provision of or any change in the access to services for Medicaid

2822 recipients and indigent persons;

2823 (6) The applicant's past and proposed provision of health care
2824 services to relevant patient populations and payer mix, including, but
2825 not limited to, access to services by Medicaid recipients and indigent
2826 persons;

2827 (7) Whether the applicant has satisfactorily identified the population
2828 to be served by the proposed project and satisfactorily demonstrated
2829 that the identified population has a need for the proposed services;

2830 (8) The utilization of existing health care facilities and health care
2831 services in the service area of the applicant;

2832 (9) Whether the applicant has satisfactorily demonstrated that the
2833 proposed project shall not result in an unnecessary duplication of
2834 existing or approved health care services or facilities;

2835 (10) Whether an applicant, who has failed to provide or reduced
2836 access to services by Medicaid recipients or indigent persons, has
2837 demonstrated good cause for doing so, which shall not be
2838 demonstrated solely on the basis of differences in reimbursement rates
2839 between Medicaid and other health care payers;

2840 (11) Whether the applicant has satisfactorily demonstrated that the
2841 proposal will not negatively impact the diversity of health care
2842 providers and patient choice in the geographic region; and

2843 (12) Whether the applicant has satisfactorily demonstrated that any
2844 consolidation resulting from the proposal will not adversely affect
2845 health care costs or accessibility to care.

2846 (b) In deliberations as described in subsection (a) of this section,
2847 there shall be a presumption in favor of approving the certificate of
2848 need application for a transfer of ownership of a large group practice,
2849 as described in subdivision (3) of subsection (a) of section 19a-638, as
2850 amended by this act, when an offer was made in response to a request
2851 for proposal or similar voluntary offer for sale.

2852 (c) The [office] unit, as it deems necessary, may revise or
2853 supplement the guidelines and principles, [through regulation
2854 prescribed in subsection (a) of this section] set forth in subsection (a) of
2855 this section, through regulation.

2856 (d) (1) For purposes of this subsection and subsection (e) of this
2857 section:

2858 (A) "Affected community" means a municipality where a hospital is
2859 physically located or a municipality whose inhabitants are regularly
2860 served by a hospital;

2861 (B) "Hospital" has the same meaning as provided in section 19a-490,
2862 as amended by this act;

2863 (C) "New hospital" means a hospital as it exists after the approval of
2864 an agreement pursuant to section 19a-486b, as amended by this act, or
2865 a certificate of need application for a transfer of ownership of a
2866 hospital;

2867 (D) "Purchaser" means a person who is acquiring, or has acquired,
2868 any assets of a hospital through a transfer of ownership of a hospital;

2869 (E) "Transacting party" means a purchaser and any person who is a
2870 party to a proposed agreement for transfer of ownership of a hospital;

2871 (F) "Transfer" means to sell, transfer, lease, exchange, option,
2872 convey, give or otherwise dispose of or transfer control over,
2873 including, but not limited to, transfer by way of merger or joint
2874 venture not in the ordinary course of business; and

2875 (G) "Transfer of ownership of a hospital" means a transfer that
2876 impacts or changes the governance or controlling body of a hospital,
2877 including, but not limited to, all affiliations, mergers or any sale or
2878 transfer of net assets of a hospital and for which a certificate of need
2879 application or a certificate of need determination letter is filed on or
2880 after December 1, 2015.

2881 (2) In any deliberations involving a certificate of need application
2882 filed pursuant to section 19a-638, as amended by this act, that involves
2883 the transfer of ownership of a hospital, the [office] unit shall, in
2884 addition to the guidelines and principles set forth in subsection (a) of
2885 this section and those prescribed through regulation pursuant to
2886 subsection (c) of this section, take into consideration and make written
2887 findings concerning each of the following guidelines and principles:

2888 (A) Whether the applicant fairly considered alternative proposals or
2889 offers in light of the purpose of maintaining health care provider
2890 diversity and consumer choice in the health care market and access to
2891 affordable quality health care for the affected community; and

2892 (B) Whether the plan submitted pursuant to section 19a-639a, as
2893 amended by this act, demonstrates, in a manner consistent with this
2894 chapter, how health care services will be provided by the new hospital
2895 for the first three years following the transfer of ownership of the
2896 hospital, including any consolidation, reduction, elimination or
2897 expansion of existing services or introduction of new services.

2898 (3) The [office] unit shall deny any certificate of need application
2899 involving a transfer of ownership of a hospital unless the
2900 [commissioner] executive director finds that the affected community
2901 will be assured of continued access to high quality and affordable
2902 health care after accounting for any proposed change impacting
2903 hospital staffing.

2904 (4) The [office] unit may deny any certificate of need application
2905 involving a transfer of ownership of a hospital subject to a cost and
2906 market impact review pursuant to section 19a-639f, as amended by this
2907 act, if the [commissioner] executive director finds that (A) the affected
2908 community will not be assured of continued access to high quality and
2909 affordable health care after accounting for any consolidation in the
2910 hospital and health care market that may lessen health care provider
2911 diversity, consumer choice and access to care, and (B) any likely
2912 increases in the prices for health care services or total health care
2913 spending in the state may negatively impact the affordability of care.

2914 (5) The [office] unit may place any conditions on the approval of a
2915 certificate of need application involving a transfer of ownership of a
2916 hospital consistent with the provisions of this chapter. Before placing
2917 any such conditions, the [office] unit shall weigh the value of such
2918 conditions in promoting the purposes of this chapter against the
2919 individual and cumulative burden of such conditions on the
2920 transacting parties and the new hospital. For each condition imposed,
2921 the [office] unit shall include a concise statement of the legal and
2922 factual basis for such condition and the provision or provisions of this
2923 chapter that it is intended to promote. Each condition shall be
2924 reasonably tailored in time and scope. The transacting parties or the
2925 new hospital shall have the right to make a request to the [office] unit
2926 for an amendment to, or relief from, any condition based on changed
2927 circumstances, hardship or for other good cause.

2928 (e) (1) If the certificate of need application (A) involves the transfer
2929 of ownership of a hospital, (B) the purchaser is a hospital, as defined in
2930 section 19a-490, as amended by this act, whether located within or
2931 outside the state, that had net patient revenue for fiscal year 2013 in an
2932 amount greater than one billion five hundred million dollars or a
2933 hospital system, as defined in section 19a-486i, as amended by this act,
2934 whether located within or outside the state, that had net patient
2935 revenue for fiscal year 2013 in an amount greater than one billion five
2936 hundred million dollars, or any person that is organized or operated
2937 for profit, and (C) such application is approved, the [office] unit shall
2938 hire an independent consultant to serve as a post-transfer compliance
2939 reporter for a period of three years after completion of the transfer of
2940 ownership of the hospital. Such reporter shall, at a minimum: (i) Meet
2941 with representatives of the purchaser, the new hospital and members
2942 of the affected community served by the new hospital not less than
2943 quarterly; and (ii) report to the [office] unit not less than quarterly
2944 concerning (I) efforts the purchaser and representatives of the new
2945 hospital have taken to comply with any conditions the [office] unit
2946 placed on the approval of the certificate of need application and plans
2947 for future compliance, and (II) community benefits and
2948 uncompensated care provided by the new hospital. The purchaser

2949 shall give the reporter access to its records and facilities for the
2950 purposes of carrying out the reporter's duties. The purchaser shall hold
2951 a public hearing in the municipality in which the new hospital is
2952 located not less than annually during the reporting period to provide
2953 for public review and comment on the reporter's reports and findings.

2954 (2) If the reporter finds that the purchaser has breached a condition
2955 of the approval of the certificate of need application, the **[**office**]** unit
2956 may, in consultation with the purchaser, the reporter and any other
2957 interested parties it deems appropriate, implement a performance
2958 improvement plan designed to remedy the conditions identified by the
2959 reporter and continue the reporting period for up to one year
2960 following a determination by the **[**office**]** unit that such conditions
2961 have been resolved.

2962 (3) The purchaser shall provide funds, in an amount determined by
2963 the **[**office**]** unit not to exceed two hundred thousand dollars annually,
2964 for the hiring of the post-transfer compliance reporter.

2965 (f) Nothing in subsection (d) or (e) of this section shall apply to a
2966 transfer of ownership of a hospital in which either a certificate of need
2967 application is filed on or before December 1, 2015, or where a
2968 certificate of need determination letter is filed on or before December 1,
2969 2015.

2970 Sec. 81. Section 19a-639a of the general statutes is repealed and the
2971 following is substituted in lieu thereof (*Effective July 1, 2018*):

2972 (a) An application for a certificate of need shall be filed with the
2973 **[**office**]** unit in accordance with the provisions of this section and any
2974 regulations adopted by the **[**Department of Public Health**]** Office of
2975 Health Strategy. The application shall address the guidelines and
2976 principles set forth in (1) subsection (a) of section 19a-639, as amended
2977 by this act, and (2) regulations adopted by the department. The
2978 applicant shall include with the application a nonrefundable
2979 application fee of five hundred dollars.

2980 (b) Prior to the filing of a certificate of need application, the
2981 applicant shall publish notice that an application is to be submitted to
2982 the [office] unit in a newspaper having a substantial circulation in the
2983 area where the project is to be located. Such notice shall (1) be
2984 published (A) not later than twenty days prior to the date of filing of
2985 the certificate of need application, and (B) for not less than three
2986 consecutive days, and (2) contain a brief description of the nature of
2987 the project and the street address where the project is to be located. An
2988 applicant shall file the certificate of need application with the [office]
2989 unit not later than ninety days after publishing notice of the
2990 application in accordance with the provisions of this subsection. The
2991 [office] unit shall not accept the applicant's certificate of need
2992 application for filing unless the application is accompanied by the
2993 application fee prescribed in subsection (a) of this section and proof of
2994 compliance with the publication requirements prescribed in this
2995 subsection.

2996 (c) (1) Not later than five business days after receipt of a properly
2997 filed certificate of need application, the [office] unit shall publish notice
2998 of the application on its Internet web site. Not later than thirty days
2999 after the date of filing of the application, the office may request such
3000 additional information as the [office] unit determines necessary to
3001 complete the application. In addition to any information requested by
3002 the [office] unit, if the application involves the transfer of ownership of
3003 a hospital, as defined in section 19a-639, as amended by this act, the
3004 applicant shall submit to the [office] unit (A) a plan demonstrating
3005 how health care services will be provided by the new hospital for the
3006 first three years following the transfer of ownership of the hospital,
3007 including any consolidation, reduction, elimination or expansion of
3008 existing services or introduction of new services, and (B) the names of
3009 persons currently holding a position with the hospital to be purchased
3010 or the purchaser, as defined in section 19a-639, as amended by this act,
3011 as an officer, director, board member or senior manager, whether or
3012 not such person is expected to hold a position with the hospital after
3013 completion of the transfer of ownership of the hospital and any salary,
3014 severance, stock offering or any financial gain, current or deferred,

3015 such person is expected to receive as a result of, or in relation to, the
3016 transfer of ownership of the hospital.

3017 (2) The applicant shall, not later than sixty days after the date of the
3018 [office's] unit's request, submit any requested information and any
3019 information required under this subsection to the [office] unit. If an
3020 applicant fails to submit such information to the [office] unit within the
3021 sixty-day period, the [office] unit shall consider the application to have
3022 been withdrawn.

3023 (d) Upon determining that an application is complete, the [office]
3024 unit shall provide notice of this determination to the applicant and to
3025 the public in accordance with regulations adopted by the department.
3026 In addition, the [office] unit shall post such notice on its Internet web
3027 site. The date on which the [office] unit posts such notice on its Internet
3028 web site shall begin the review period. Except as provided in this
3029 subsection, (1) the review period for a completed application shall be
3030 ninety days from the date on which the [office] unit posts such notice
3031 on its Internet web site; and (2) the [office] unit shall issue a decision
3032 on a completed application prior to the expiration of the ninety-day
3033 review period. The review period for a completed application that
3034 involves a transfer of a large group practice, as described in
3035 subdivision (3) of subsection (a) of section 19a-638, as amended by this
3036 act, when the offer was made in response to a request for proposal or
3037 similar voluntary offer for sale, shall be sixty days from the date on
3038 which the [office] unit posts notice on its Internet web site. Upon
3039 request or for good cause shown, the [office] unit may extend the
3040 review period for a period of time not to exceed sixty days. If the
3041 review period is extended, the [office] unit shall issue a decision on the
3042 completed application prior to the expiration of the extended review
3043 period. If the [office] unit holds a public hearing concerning a
3044 completed application in accordance with subsection (e) or (f) of this
3045 section, the [office] unit shall issue a decision on the completed
3046 application not later than sixty days after the date the [office] unit
3047 closes the public hearing record.

3048 (e) Except as provided in this subsection, the [office] unit shall hold
3049 a public hearing on a properly filed and completed certificate of need
3050 application if three or more individuals or an individual representing
3051 an entity with five or more people submits a request, in writing, that a
3052 public hearing be held on the application. For a properly filed and
3053 completed certificate of need application involving a transfer of
3054 ownership of a large group practice, as described in subdivision (3) of
3055 subsection (a) of section 19a-638, as amended by this act, when an offer
3056 was made in response to a request for proposal or similar voluntary
3057 offer for sale, a public hearing shall be held if twenty-five or more
3058 individuals or an individual representing twenty-five or more people
3059 submits a request, in writing, that a public hearing be held on the
3060 application. Any request for a public hearing shall be made to the
3061 [office] unit not later than thirty days after the date the [office] unit
3062 determines the application to be complete.

3063 (f) (1) The [office] unit shall hold a public hearing with respect to
3064 each certificate of need application filed pursuant to section 19a-638, as
3065 amended by this act, after December 1, 2015, that concerns any transfer
3066 of ownership involving a hospital. Such hearing shall be held in the
3067 municipality in which the hospital that is the subject of the application
3068 is located.

3069 (2) The [office] unit may hold a public hearing with respect to any
3070 certificate of need application submitted under this chapter. The
3071 [office] unit shall provide not less than two weeks' advance notice to
3072 the applicant, in writing, and to the public by publication in a
3073 newspaper having a substantial circulation in the area served by the
3074 health care facility or provider. In conducting its activities under this
3075 chapter, the [office] unit may hold hearing on applications of a similar
3076 nature at the same time.

3077 (g) The [Commissioner of Public Health] executive director of the
3078 Office of Health Strategy may implement policies and procedures
3079 necessary to administer the provisions of this section while in the
3080 process of adopting such policies and procedures as regulation,

3081 provided the [commissioner] executive director holds a public hearing
3082 prior to implementing the policies and procedures and [prints] posts
3083 notice of intent to adopt regulations on the [department's] office's
3084 Internet web site and the eRegulations System not later than twenty
3085 days after the date of implementation. Policies and procedures
3086 implemented pursuant to this section shall be valid until the time final
3087 regulations are adopted.

3088 Sec. 82. Section 19a-639b of the general statutes is repealed and the
3089 following is substituted in lieu thereof (*Effective July 1, 2018*):

3090 (a) A certificate of need shall be valid only for the project described
3091 in the application. A certificate of need shall be valid for two years
3092 from the date of issuance by the [office] unit. During the period of time
3093 that such certificate is valid and the thirty-day period following the
3094 expiration of the certificate, the holder of the certificate shall provide
3095 the [office] unit with such information as the [office] unit may request
3096 on the development of the project covered by the certificate.

3097 (b) Upon request from a certificate holder, the [office] unit may
3098 extend the duration of a certificate of need for such additional period
3099 of time as the [office] unit determines is reasonably necessary to
3100 expeditiously complete the project. Not later than five business days
3101 after receiving a request to extend the duration of a certificate of need,
3102 the [office] unit shall post such request on its web site. Any person
3103 who wishes to comment on extending the duration of the certificate of
3104 need shall provide written comments to the [office] unit on the
3105 requested extension not later than thirty days after the date the [office]
3106 unit posts notice of the request for an extension of time on its web site.
3107 The [office] unit shall hold a public hearing on any request to extend
3108 the duration of a certificate of need if three or more individuals or an
3109 individual representing an entity with five or more people submits a
3110 request, in writing, that a public hearing be held on the request to
3111 extend the duration of a certificate of need.

3112 (c) In the event that the [office] unit determines that: (1)
3113 Commencement, construction or other preparation has not been

3114 substantially undertaken during a valid certificate of need period; or
3115 (2) the certificate holder has not made a good-faith effort to complete
3116 the project as approved, the [office] unit may withdraw, revoke or
3117 rescind the certificate of need.

3118 (d) A certificate of need shall not be transferable or assignable nor
3119 shall a project be transferred from a certificate holder to another
3120 person.

3121 (e) The [Commissioner of Public Health] executive director of the
3122 Office of Health Strategy may implement policies and procedures
3123 necessary to administer the provisions of this section while in the
3124 process of adopting such policies and procedures as regulation,
3125 provided the [commissioner] executive director holds a public hearing
3126 prior to implementing the policies and procedures and [prints] posts
3127 notice of intent to adopt regulations [in the Connecticut Law Journal]
3128 on the office's Internet web site and the eRegulations System not later
3129 than twenty days after the date of implementation. Policies and
3130 procedures implemented pursuant to this section shall be valid until
3131 the time final regulations are adopted. Final regulations shall be
3132 adopted by December 31, 2011.

3133 Sec. 83. Section 19a-639c of the general statutes is repealed and the
3134 following is substituted in lieu thereof (*Effective July 1, 2018*):

3135 (a) Any health care facility that proposes to relocate a facility shall
3136 submit a letter to the [office] unit, as described in subsection (c) of
3137 section 19a-638, as amended by this act. In addition to the
3138 requirements prescribed in said subsection (c), in such letter the health
3139 care facility shall demonstrate to the satisfaction of the [office] unit that
3140 the population served by the health care facility and the payer mix will
3141 not substantially change as a result of the facility's proposed relocation.
3142 If the facility is unable to demonstrate to the satisfaction of the [office]
3143 unit that the population served and the payer mix will not
3144 substantially change as a result of the proposed relocation, the health
3145 care facility shall apply for certificate of need approval pursuant to
3146 subdivision (1) of subsection (a) of section 19a-638, as amended by this

3147 act, in order to effectuate the proposed relocation.

3148 (b) The [Commissioner of Public Health] executive director of the
3149 Office of Health Strategy may implement policies and procedures
3150 necessary to administer the provisions of this section while in the
3151 process of adopting such policies and procedures as regulation,
3152 provided the [commissioner] executive director holds a public hearing
3153 prior to implementing the policies and procedures and [prints] posts
3154 notice of intent to adopt regulations [in the Connecticut Law Journal]
3155 on the office's Internet web site and the eRegulations System not later
3156 than twenty days after the date of implementation. Policies and
3157 procedures implemented pursuant to this section shall be valid until
3158 the time final regulations are adopted. [Final regulations shall be
3159 adopted by December 31, 2011.]

3160 Sec. 84. Section 19a-639e of the general statutes is repealed and the
3161 following is substituted in lieu thereof (*Effective July 1, 2018*):

3162 (a) Unless otherwise required to file a certificate of need application
3163 pursuant to the provisions of subsection (a) of section 19a-638, as
3164 amended by this act, any health care facility that proposes to terminate
3165 a service that was authorized pursuant to a certificate of need issued
3166 under this chapter shall file a modification request with the [office]
3167 unit not later than sixty days prior to the proposed date of the
3168 termination of the service. The [office] unit may request additional
3169 information from the health care facility as necessary to process the
3170 modification request. In addition, the [office] unit shall hold a public
3171 hearing on any request from a health care facility to terminate a service
3172 pursuant to this section if three or more individuals or an individual
3173 representing an entity with five or more people submits a request, in
3174 writing, that a public hearing be held on the health care facility's
3175 proposal to terminate a service.

3176 (b) Unless otherwise required to file a certificate of need application
3177 pursuant to the provisions of subsection (a) of section 19a-638, as
3178 amended by this act, any health care facility that proposes to terminate
3179 all services offered by such facility, that were authorized pursuant to

3180 one or more certificates of need issued under this chapter, shall
3181 provide notification to the [office] unit not later than sixty days prior to
3182 the termination of services and such facility shall surrender its
3183 certificate of need not later than thirty days prior to the termination of
3184 services.

3185 (c) Unless otherwise required to file a certificate of need application
3186 pursuant to the provisions of subsection (a) of section 19a-638, as
3187 amended by this act, any health care facility that proposes to terminate
3188 the operation of a facility or service for which a certificate of need was
3189 not obtained shall notify the [office] unit not later than sixty days prior
3190 to terminating the operation of the facility or service.

3191 (d) The [Commissioner of Public Health] executive director of the
3192 Office of Health Strategy may implement policies and procedures
3193 necessary to administer the provisions of this section while in the
3194 process of adopting such policies and procedures as regulation,
3195 provided the [commissioner] executive director holds a public hearing
3196 prior to implementing the policies and procedures and [prints] posts
3197 notice of intent to adopt regulations [in the Connecticut Law Journal]
3198 on the office's Internet web site and the eRegulations System not later
3199 than twenty days after the date of implementation. Policies and
3200 procedures implemented pursuant to this section shall be valid until
3201 the time final regulations are adopted. Final regulations shall be
3202 adopted by December 31, 2015.

3203 Sec. 85. Section 19a-639f of the general statutes is repealed and the
3204 following is substituted in lieu thereof (*Effective July 1, 2018*):

3205 (a) The [Office of Healthcare Access division within the Department
3206 of Public Health] Health Systems Planning Unit of the Office of Health
3207 Strategy shall conduct a cost and market impact review in each case
3208 where (1) an application for a certificate of need filed pursuant to
3209 section 19a-638, as amended by this act, involves the transfer of
3210 ownership of a hospital, as defined in section 19a-639, as amended by
3211 this act, and (2) the purchaser is a hospital, as defined in section 19a-
3212 490, as amended by this act, whether located within or outside the

3213 state, that had net patient revenue for fiscal year 2013 in an amount
3214 greater than one billion five hundred million dollars, or a hospital
3215 system, as defined in section 19a-486i, as amended by this act, whether
3216 located within or outside the state, that had net patient revenue for
3217 fiscal year 2013 in an amount greater than one billion five hundred
3218 million dollars or any person that is organized or operated for profit.

3219 (b) Not later than twenty-one days after receipt of a properly filed
3220 certificate of need application involving the transfer of ownership of a
3221 hospital filed on or after December 1, 2015, as described in subsection
3222 (a) of this section, the [office] unit shall initiate such cost and market
3223 impact review by sending the transacting parties a written notice that
3224 shall contain a description of the basis for the cost and market impact
3225 review as well as a request for information and documents. Not later
3226 than thirty days after receipt of such notice, the transacting parties
3227 shall submit to the [office] unit a written response. Such response shall
3228 include, but need not be limited to, any information or documents
3229 requested by the [office] unit concerning the transfer of ownership of
3230 the hospital. The [office] unit shall have the powers with respect to the
3231 cost and market impact review as provided in section 19a-633, as
3232 amended by this act.

3233 (c) The [office] unit shall keep confidential all nonpublic information
3234 and documents obtained pursuant to this section and shall not disclose
3235 the information or documents to any person without the consent of the
3236 person that produced the information or documents, except in a
3237 preliminary report or final report issued in accordance with this
3238 section if the [office] unit believes that such disclosure should be made
3239 in the public interest after taking into account any privacy, trade secret
3240 or anti-competitive considerations. Such information and documents
3241 shall not be deemed a public record, under section 1-210, as amended
3242 by this act, and shall be exempt from disclosure.

3243 (d) The cost and market impact review conducted pursuant to this
3244 section shall examine factors relating to the businesses and relative
3245 market positions of the transacting parties as defined in subsection (d)

3246 of section 19a-639, as amended by this act, and may include, but need
3247 not be limited to: (1) The transacting parties' size and market share
3248 within its primary service area, by major service category and within
3249 its dispersed service areas; (2) the transacting parties' prices for
3250 services, including the transacting parties' relative prices compared to
3251 other health care providers for the same services in the same market;
3252 (3) the transacting parties' health status adjusted total medical expense,
3253 including the transacting parties' health status adjusted total medical
3254 expense compared to that of similar health care providers; (4) the
3255 quality of the services provided by the transacting parties, including
3256 patient experience; (5) the transacting parties' cost and cost trends in
3257 comparison to total health care expenditures state wide; (6) the
3258 availability and accessibility of services similar to those provided by
3259 each transacting party, or proposed to be provided as a result of the
3260 transfer of ownership of a hospital within each transacting party's
3261 primary service areas and dispersed service areas; (7) the impact of the
3262 proposed transfer of ownership of the hospital on competing options
3263 for the delivery of health care services within each transacting party's
3264 primary service area and dispersed service area including the impact
3265 on existing service providers; (8) the methods used by the transacting
3266 parties to attract patient volume and to recruit or acquire health care
3267 professionals or facilities; (9) the role of each transacting party in
3268 serving at-risk, underserved and government payer patient
3269 populations, including those with behavioral, substance use disorder
3270 and mental health conditions, within each transacting party's primary
3271 service area and dispersed service area; (10) the role of each transacting
3272 party in providing low margin or negative margin services within each
3273 transacting party's primary service area and dispersed service area;
3274 (11) consumer concerns, including, but not limited to, complaints or
3275 other allegations that a transacting party has engaged in any unfair
3276 method of competition or any unfair or deceptive act or practice; and
3277 (12) any other factors that the **[**office**]** unit determines to be in the
3278 public interest.

3279 (e) Not later than ninety days after the **[**office**]** unit determines that
3280 there is substantial compliance with any request for documents or

3281 information issued by the [office] unit in accordance with this section,
3282 or a later date set by mutual agreement of the [office] unit and the
3283 transacting parties, the [office] unit shall make factual findings and
3284 issue a preliminary report on the cost and market impact review. Such
3285 preliminary report shall include, but shall not be limited to, an
3286 indication as to whether a transacting party meets the following
3287 criteria: (1) Currently has or, following the proposed transfer of
3288 operations of the hospital, is likely to have a dominant market share
3289 for the services the transacting party provides; and (2) (A) currently
3290 charges or, following the proposed transfer of operations of the
3291 hospital, is likely to charge prices for services that are materially higher
3292 than the median prices charged by all other health care providers for
3293 the same services in the same market, or (B) currently has or, following
3294 the proposed transfer of operations of a hospital, is likely to have a
3295 health status adjusted total medical expense that is materially higher
3296 than the median total medical expense for all other health care
3297 providers for the same service in the same market.

3298 (f) The transacting parties that are the subject of the cost and market
3299 impact review may respond in writing to the findings in the
3300 preliminary report issued in accordance with subsection (e) of this
3301 section not later than thirty days after the issuance of the preliminary
3302 report. Not later than sixty days after the issuance of the preliminary
3303 report, the [office] unit shall issue a final report of the cost and market
3304 impact review. The [office] unit shall refer to the Attorney General any
3305 final report on any proposed transfer of ownership that meets the
3306 criteria described in subsection (e) of this section.

3307 (g) Nothing in this section shall prohibit a transfer of ownership of a
3308 hospital, provided any such proposed transfer shall not be completed
3309 (1) less than thirty days after the [office] unit has issued a final report
3310 on a cost and market impact review, if such review is required, or (2)
3311 while any action brought by the Attorney General pursuant to
3312 subsection (h) of this section is pending and before a final judgment on
3313 such action is issued by a court of competent jurisdiction.

3314 (h) After the [office] unit refers a final report on a transfer of
3315 ownership of a hospital to the Attorney General under subsection (f) of
3316 this section, the Attorney General may: (1) Conduct an investigation to
3317 determine whether the transacting parties engaged, or, as a result of
3318 completing the transfer of ownership of the hospital, are expected to
3319 engage in unfair methods of competition, anti-competitive behavior or
3320 other conduct in violation of chapter 624 or 735a or any other state or
3321 federal law; and (2) if appropriate, take action under chapter 624 or
3322 735a or any other state law to protect consumers in the health care
3323 market. The [office's] unit's final report may be evidence in any such
3324 action.

3325 (i) For the purposes of this section, the provisions of chapter 735a
3326 may be directly enforced by the Attorney General. Nothing in this
3327 section shall be construed to modify, impair or supersede the
3328 operation of any state antitrust law or otherwise limit the authority of
3329 the Attorney General to (1) take any action against a transacting party
3330 as authorized by any law, or (2) protect consumers in the health care
3331 market under any law. Notwithstanding subdivision (1) of subsection
3332 (a) of section 42-110c, the transacting parties shall be subject to chapter
3333 735a.

3334 (j) The [office] unit shall retain an independent consultant with
3335 expertise on the economic analysis of the health care market and health
3336 care costs and prices to conduct each cost and market impact review,
3337 as described in this section. The [office] unit shall submit bills for such
3338 services to the purchaser, as defined in subsection (d) of section 19a-
3339 639, as amended by this act. Such purchaser shall pay such bills not
3340 later than thirty days after receipt. Such bills shall not exceed two
3341 hundred thousand dollars per application. The provisions of chapter
3342 57, sections 4-212 to 4-219, inclusive, and section 4e-19 shall not apply
3343 to any agreement executed pursuant to this subsection.

3344 (k) Any employee of the [office] unit who directly oversees or assists
3345 in conducting a cost and market impact review shall not take part in
3346 factual deliberations or the issuance of a preliminary or final decision

3347 on the certificate of need application concerning the transfer of
3348 ownership of a hospital that is the subject of such cost and market
3349 impact review.

3350 (l) The [Commissioner of Public Health] executive director of the
3351 Office of Health Strategy shall adopt regulations, in accordance with
3352 the provisions of chapter 54, concerning cost and market impact
3353 reviews and to administer the provisions of this section. Such
3354 regulations shall include definitions of the following terms: "Dispersed
3355 service area", "health status adjusted total medical expense", "major
3356 service category", "relative prices", "total health care spending" and
3357 "health care services". The [commissioner] executive director may
3358 implement policies and procedures necessary to administer the
3359 provisions of this section while in the process of adopting such policies
3360 and procedures in regulation form, provided the [commissioner]
3361 executive director publishes notice of intention to adopt the
3362 regulations on the [Department of Public Health's] office's Internet
3363 web site and the eRegulations System not later than twenty days after
3364 implementing such policies and procedures. Policies and procedures
3365 implemented pursuant to this subsection shall be valid until the time
3366 such regulations are effective.

3367 Sec. 86. Section 19a-641 of the general statutes is repealed and the
3368 following is substituted in lieu thereof (*Effective July 1, 2018*):

3369 Any health care facility or institution and any state health care
3370 facility or institution aggrieved by any final decision of said [office]
3371 unit under the provisions of sections 19a-630 to 19a-639e, inclusive, as
3372 amended by this act, may appeal from such decision in accordance
3373 with the provisions of section 4-183, except venue shall be in the
3374 judicial district in which it is located. Such appeal shall have
3375 precedence in respect to order of trial over all other cases except writs
3376 of habeas corpus, actions brought by or on behalf of the state,
3377 including [informations] information on the relation of private
3378 individuals, and appeals from awards or decisions of workers'
3379 compensation commissioners.

3380 Sec. 87. Section 19a-642 of the general statutes is repealed and the
3381 following is substituted in lieu thereof (*Effective July 1, 2018*):

3382 The Superior Court on application of the [office] unit or the
3383 Attorney General, may enforce, by appropriate decree or process, any
3384 provision of this chapter or any act or any order of the [office] unit
3385 rendered in pursuance of any statutory provision.

3386 Sec. 88. Section 19a-643 of the general statutes is repealed and the
3387 following is substituted in lieu thereof (*Effective July 1, 2018*):

3388 (a) The [Department of Public Health] Office of Health Strategy
3389 shall adopt regulations, in accordance with the provisions of chapter
3390 54, to carry out the provisions of sections 19a-630 to 19a-639e,
3391 inclusive, as amended by this act, and sections 19a-644 and 19a-645, as
3392 amended by this act, concerning the submission of data by health care
3393 facilities and institutions, including data on dealings between health
3394 care facilities and institutions and their affiliates, and, with regard to
3395 requests or proposals pursuant to sections 19a-638 to 19a-639e,
3396 inclusive, as amended by this act, by state health care facilities and
3397 institutions, the ongoing inspections by the [office] unit of operating
3398 budgets that have been approved by the health care facilities and
3399 institutions, standard reporting forms and standard accounting
3400 procedures to be utilized by health care facilities and institutions and
3401 the transferability of line items in the approved operating budgets of
3402 the health care facilities and institutions, except that any health care
3403 facility or institution may transfer any amounts among items in its
3404 operating budget. All such transfers shall be reported to the [office]
3405 unit [within] not later than thirty days [of] after the transfer or
3406 transfers.

3407 (b) The [Department of Public Health] Office of Health Strategy may
3408 adopt such regulations, in accordance with the provisions of chapter
3409 54, as are necessary to implement this chapter.

3410 Sec. 89. Section 19a-644 of the general statutes is repealed and the
3411 following is substituted in lieu thereof (*Effective July 1, 2018*):

3412 (a) On or before February twenty-eighth annually, for the fiscal year
3413 ending on September thirtieth of the immediately preceding year, each
3414 short-term acute care general or children's hospital shall report to the
3415 **[**office**]** unit with respect to its operations in such fiscal year, in such
3416 form as the **[**office**]** unit may by regulation require. Such report shall
3417 include: (1) Salaries and fringe benefits for the ten highest paid
3418 hospital and health system employees; (2) the name of each joint
3419 venture, partnership, subsidiary and corporation related to the
3420 hospital; and (3) the salaries paid to hospital and health system
3421 employees by each such joint venture, partnership, subsidiary and
3422 related corporation and by the hospital to the employees of related
3423 corporations. For purposes of this subsection, "health system" has the
3424 same meaning as provided in section 33-182aa.

3425 (b) The **[**Department of Public Health**]** Office of Health Strategy
3426 shall adopt regulations in accordance with chapter 54 to provide for
3427 the collection of data and information in addition to the annual report
3428 required in subsection (a) of this section. Such regulations shall
3429 provide for the submission of information about the operations of the
3430 following entities: Persons or parent corporations that own or control
3431 the health care facility, institution or provider; corporations, including
3432 limited liability corporations, in which the health care facility,
3433 institution, provider, its parent, any type of affiliate or any
3434 combination thereof, owns more than an aggregate of fifty per cent of
3435 the stock or, in the case of nonstock corporations, is the sole member;
3436 and any partnerships in which the person, health care facility,
3437 institution, provider, its parent or an affiliate or any combination
3438 thereof, or any combination of health care providers or related persons,
3439 owns a greater than fifty per cent interest. For purposes of this
3440 **[**section**]** subsection, "affiliate" means any person that directly or
3441 indirectly through one or more intermediaries, controls or is controlled
3442 by or is under common control with any health care facility,
3443 institution, provider or person that is regulated in any way under this
3444 chapter. A person is deemed controlled by another person if the other
3445 person, or one of that other person's affiliates, officers, agents or
3446 management employees, acts as a general partner or manager of the

3447 person in question.

3448 (c) Each nonprofit short-term acute care general or children's
3449 hospital shall include in the annual report required pursuant to
3450 subsection (a) of this section a report of all transfers of assets, transfers
3451 of operations or changes of control involving its clinical or nonclinical
3452 services or functions from such hospital to a person or entity organized
3453 or operated for profit.

3454 (d) Each hospital that is a party to a transfer of ownership involving
3455 a hospital for which a certificate of need application was filed and
3456 approved pursuant to this chapter shall, during the fiscal year ending
3457 on September thirtieth of the immediately preceding year, include in
3458 the annual report required pursuant to subsection (a) of this section
3459 any salary, severance payment, stock offering or other financial gain
3460 realized by each officer, director, board member or senior manager of
3461 the hospital as a result of such transaction.

3462 (e) The [office] unit shall require each hospital licensed by the
3463 Department of Public Health, that is not subject to the provisions of
3464 subsection (a) of this section, to report to said [office] unit on its
3465 operations in the preceding fiscal year by filing copies of the hospital's
3466 audited financial statements, except a health system, as defined in
3467 section 19a-508c, as amended by this act, may submit to the [office]
3468 unit one such report that includes the audited financial statements for
3469 each of its hospitals. Such report shall be due at the [office] unit on or
3470 before the close of business on the last business day of the fifth month
3471 following the month in which a hospital's fiscal year ends.

3472 Sec. 90. Section 19a-645 of the general statutes is repealed and the
3473 following is substituted in lieu thereof (*Effective July 1, 2018*):

3474 A nonprofit hospital, licensed by the Department of Public Health,
3475 which provides lodging, care and treatment to members of the public,
3476 and which wishes to enlarge its public facilities by adding contiguous
3477 land and buildings thereon, if any, the title to which it cannot
3478 otherwise acquire, may prefer a complaint for the right to take such

3479 land to the superior court for the judicial district in which such land is
3480 located, provided such hospital shall have received the approval of the
3481 **[**Office of Health Care Access division**]** Health Systems Planning Unit
3482 of the **[**Department of Public Health**]** Office of Health Strategy in
3483 accordance with the provisions of this chapter. Said court shall appoint
3484 a committee of three disinterested persons, who, after examining the
3485 premises and hearing the parties, shall report to the court as to the
3486 necessity and propriety of such enlargement and as to the quantity,
3487 boundaries and value of the land and buildings thereon, if any, which
3488 they deem proper to be taken for such purpose and the damages
3489 resulting from such taking. If such committee reports that such
3490 enlargement is necessary and proper and the court accepts such report,
3491 the decision of said court thereon shall have the effect of a judgment
3492 and execution may be issued thereon accordingly, in favor of the
3493 person to whom damages may be assessed, for the amount thereof;
3494 and, on payment thereof, the title to the land and buildings thereon, if
3495 any, for such purpose shall be vested in the complainant, but such land
3496 and buildings thereon, if any, shall not be taken until such damages
3497 are paid to such owner or deposited with said court, for such owner's
3498 use, within thirty days after such report is accepted. If such application
3499 is denied, the owner of the land shall recover costs of the applicant, to
3500 be taxed by said court, which may issue execution therefor. Land so
3501 taken shall be held by such hospital and used only for the public
3502 purpose stated in its complaint to the superior court. No land
3503 dedicated or otherwise reserved as open space or park land or for
3504 other recreational purposes and no land belonging to any town, city or
3505 borough shall be taken under the provisions of this section.

3506 Sec. 91. Section 19a-646 of the general statutes is repealed and the
3507 following is substituted in lieu thereof (*Effective July 1, 2018*):

3508 (a) As used in this section:

3509 **[**(1) "Office" means the Office of Health Care Access division of the
3510 Department of Public Health;**]**

3511 (1) "Unit" means the Health Systems Planning Unit within the Office

3512 of Health Strategy, established under section 19a-612, as amended by
3513 this act;

3514 (2) "Fiscal year" means the hospital fiscal year, as used for purposes
3515 of this chapter, consisting of a twelve-month period commencing on
3516 October first and ending the following September thirtieth;

3517 (3) "Hospital" means any short-term acute care general or children's
3518 hospital licensed by the Department of Public Health, including the
3519 John Dempsey Hospital of The University of Connecticut Health
3520 Center;

3521 (4) "Payer" means any person, legal entity, governmental body or
3522 eligible organization that meets the definition of an eligible
3523 organization under 42 USC Section 1395mm (b) of the Social Security
3524 Act, or any combination thereof, except for Medicare and Medicaid
3525 which is or may become legally responsible, in whole or in part for the
3526 payment of services rendered to or on behalf of a patient by a hospital.
3527 Payer also includes any legal entity whose membership includes one
3528 or more payers and any third-party payer; and

3529 (5) "Prompt payment" means payment made for services to a
3530 hospital by mail or other means on or before the tenth business day
3531 after receipt of the bill by the payer.

3532 (b) No hospital shall provide a discount or different rate or method
3533 of reimbursement from the filed rates or charges to any payer except as
3534 provided in this section.

3535 (c) (1) Any payer may directly negotiate with a hospital for a
3536 different rate or method of reimbursement, or both, provided the
3537 charges and payments for the payer are on file at the hospital business
3538 office in accordance with this subsection. No discount agreement or
3539 agreement for a different rate or method of reimbursement, or both,
3540 shall be effective until a complete written agreement between the
3541 hospital and the payer is on file at the hospital. Each such agreement
3542 shall be available to the **[**office**]** unit for inspection or submission to the

3543 [office] unit upon request, for at least three years after the close of the
3544 applicable fiscal year.

3545 (2) The charges and payments for each payer receiving a discount
3546 shall be accumulated by the hospital for each payer and reported as
3547 required by the [office] unit.

3548 (3) A full written copy of each agreement executed pursuant to this
3549 subsection shall be on file in the hospital business office within twenty-
3550 four hours of execution.

3551 (d) A payer may negotiate with a hospital to obtain a discount on
3552 rates or charges for prompt payment.

3553 (e) A payer may also negotiate for and may receive a discount for
3554 the provision of the following administrative services: (1) A system
3555 which permits the hospital to bill the payer through either a computer-
3556 processed or machine-readable or similar billing procedure; (2) a
3557 system which enables the hospital to verify coverage of a patient by
3558 the payer at the time the service is provided; and (3) a guarantee of
3559 payment within the scope of the agreement between the patient and
3560 the third-party payer for service to the patient prior to the provision of
3561 that service.

3562 (f) No hospital may require a payer to negotiate for another element
3563 or any combination of the above elements of a discount, as established
3564 in subsections (d) and (e) of this section, in order to negotiate for or
3565 obtain a discount for any single element. No hospital may require a
3566 payer to negotiate a discount for all patients covered by such payer in
3567 order to negotiate a discount for any patient or group of patients
3568 covered by such payer.

3569 (g) Any hospital which agrees to provide a discount to a payer
3570 under subsection (d) or (e) of this section shall file a copy of the
3571 agreement in the hospital's business office and shall provide the same
3572 discount to any other payer who agrees to make prompt payment or
3573 provide administrative services similar to that contained in the

3574 agreement. Each agreement filed shall specify on its face that it was
3575 executed and filed pursuant to this subsection.

3576 (h) (1) Nothing in this section shall be construed to require payment
3577 by any payer or purchaser, under any program or contract for
3578 payment or reimbursement of expenses for health care services, for:
3579 (A) Services not covered under such program or contract; or (B) that
3580 portion of any charge for services furnished by a hospital that exceeds
3581 the amount covered by such program or contract.

3582 (2) Nothing in this section shall be construed to supersede or modify
3583 any provision of such program or contract that requires payment of a
3584 copayment, deductible or enrollment fee or that imposes any similar
3585 requirement.

3586 (i) A hospital which has established a program approved by the
3587 **[**office**]** unit with one or more banks for the purpose of reducing the
3588 hospital's bad debt load, may reduce its published charges for that
3589 portion of a patient's bill for services which a payer who is a private
3590 individual is or may become legally responsible for, after all other
3591 insurers or third-party payers have been assessed their full charges
3592 provided (1) prior to the rendering of such services, the hospital and
3593 the individual payer or parent or guardian or custodian have agreed in
3594 writing that after receipt of any insurer or third-party payment paid in
3595 accordance with the full hospital charges the remaining payment due
3596 from the private individual for such reduced charges shall be made in
3597 whole or in part from the balance on deposit in a bank account which
3598 has been established by or on behalf of such individual patient, and (2)
3599 such payment is made from such account. Nothing in this section shall
3600 relieve a patient or legally liable person from being responsible for the
3601 full amount of any underpayment of the hospital's authorized charges
3602 excluding any discount under this section, by a patient's insurer or any
3603 other third-party payer for that insurer's or third-party payer's portion
3604 of the bill. Any reduction in charges granted to an individual or parent
3605 or guardian or custodian under this subsection shall be reported to the
3606 **[**office**]** unit as a contractual allowance. For purposes of this **[**section**]**

3607 subsection "private individual" shall include a patient's parent, legal
3608 guardian or legal custodian but shall not include an insurer or third-
3609 party payer.

3610 Sec. 92. Section 19a-649 of the general statutes is repealed and the
3611 following is substituted in lieu thereof (*Effective July 1, 2018*):

3612 (a) The **[**office**]** unit shall review annually the level of
3613 uncompensated care provided by each hospital to the indigent. Each
3614 hospital shall file annually with the **[**office**]** unit its policies regarding
3615 the provision of charity care and reduced cost services to the indigent,
3616 excluding medical assistance recipients, and its debt collection
3617 practices. A hospital shall file its audited financial statements not later
3618 than February twenty-eighth of each year, except a health system, as
3619 defined in section 19a-508c, as amended by this act, may file one such
3620 statement that includes the audited financial statements for each
3621 hospital within the health system. Not later than March thirty-first of
3622 each year, the hospital shall file a verification of the hospital's net
3623 revenue for the most recently completed fiscal year in a format
3624 prescribed by the **[**office**]** unit.

3625 (b) Each hospital shall annually report, along with data submitted
3626 pursuant to subsection (a) of this section, (1) the number of applicants
3627 for charity care and reduced cost services, (2) the number of approved
3628 applicants, and (3) the total and average charges and costs of the
3629 amount of charity care and reduced cost services provided.

3630 (c) Each hospital recognized as a nonprofit organization under
3631 Section 501(c)(3) of the Internal Revenue Code of 1986, or any
3632 subsequent corresponding internal revenue code of the United States,
3633 as amended from time to time, shall, along with data submitted
3634 annually pursuant to subsection (a) of this section, submit to the
3635 **[**office**]** unit (1) a complete copy of such hospital's most-recently
3636 completed Internal Revenue Service form 990, including all parts and
3637 schedules; and (2) in the form and manner prescribed by the **[**office**]**
3638 unit, data compiled to prepare such hospital's community health needs
3639 assessment, as required pursuant to Section 501(r) of the Internal

3640 Revenue Code of 1986, or any subsequent corresponding internal
3641 revenue code of the United States, as amended from time to time,
3642 provided such copy and data submitted pursuant to this subsection
3643 shall not include: (A) Individual patient information, including, but
3644 not limited to, patient-identifiable information; (B) information that is
3645 not owned or controlled by such hospital; (C) information that such
3646 hospital is contractually required to keep confidential or that is
3647 prohibited from disclosure by a data use agreement; or (D) information
3648 concerning research on human subjects as described in section 45 CFR
3649 46.101 et seq., as amended from time to time.

3650 Sec. 93. Section 19a-653 of the general statutes is repealed and the
3651 following is substituted in lieu thereof (*Effective July 1, 2018*):

3652 (a) Any person or health care facility or institution that is required
3653 to file a certificate of need for any of the activities described in section
3654 19a-638, as amended by this act, and any person or health care facility
3655 or institution that is required to file data or information under any
3656 public or special act or under this chapter or sections 19a-486 to 19a-
3657 486h, inclusive, as amended by this act, or any regulation adopted or
3658 order issued under this chapter or said sections, which wilfully fails to
3659 seek certificate of need approval for any of the activities described in
3660 section 19a-638, as amended by this act, or to so file within prescribed
3661 time periods, shall be subject to a civil penalty of up to one thousand
3662 dollars a day for each day such person or health care facility or
3663 institution conducts any of the described activities without certificate
3664 of need approval as required by section 19a-638, as amended by this
3665 act, or for each day such information is missing, incomplete or
3666 inaccurate. Any civil penalty authorized by this section shall be
3667 imposed by the **[**Department of Public Health**]** Office of Health
3668 Strategy in accordance with subsections (b) to (e), inclusive, of this
3669 section.

3670 (b) If the **[**Department of Public Health**]** Office of Health Strategy
3671 has reason to believe that a violation has occurred for which a civil
3672 penalty is authorized by subsection (a) of this section or subsection (e)

3673 of section 19a-632, as amended by this act, it shall notify the person or
3674 health care facility or institution by first-class mail or personal service.
3675 The notice shall include: (1) A reference to the sections of the statute or
3676 regulation involved; (2) a short and plain statement of the matters
3677 asserted or charged; (3) a statement of the amount of the civil penalty
3678 or penalties to be imposed; (4) the initial date of the imposition of the
3679 penalty; and (5) a statement of the party's right to a hearing.

3680 (c) The person or health care facility or institution to whom the
3681 notice is addressed shall have fifteen business days from the date of
3682 mailing of the notice to make written application to the [office] unit to
3683 request (1) a hearing to contest the imposition of the penalty, or (2) an
3684 extension of time to file the required data. A failure to make a timely
3685 request for a hearing or an extension of time to file the required data or
3686 a denial of a request for an extension of time shall result in a final order
3687 for the imposition of the penalty. All hearings under this section shall
3688 be conducted pursuant to sections 4-176e to 4-184, inclusive. The
3689 [Department of Public Health] Office of Health Strategy may grant an
3690 extension of time for filing the required data or mitigate or waive the
3691 penalty upon such terms and conditions as, in its discretion, it deems
3692 proper or necessary upon consideration of any extenuating factors or
3693 circumstances.

3694 (d) A final order of the [Department of Public Health] Office of
3695 Health Strategy assessing a civil penalty shall be subject to appeal as
3696 set forth in section 4-183 after a hearing before the [office] unit
3697 pursuant to subsection (c) of this section, except that any such appeal
3698 shall be taken to the superior court for the judicial district of New
3699 Britain. Such final order shall not be subject to appeal under any other
3700 provision of the general statutes. No challenge to any such final order
3701 shall be allowed as to any issue which could have been raised by an
3702 appeal of an earlier order, denial or other final decision by the
3703 [Department of Public Health] office.

3704 (e) If any person or health care facility or institution fails to pay any
3705 civil penalty under this section, after the assessment of such penalty

3706 has become final the amount of such penalty may be deducted from
3707 payments to such person or health care facility or institution from the
3708 Medicaid account.

3709 Sec. 94. Section 19a-654 of the general statutes is repealed and the
3710 following is substituted in lieu thereof (*Effective July 1, 2018*):

3711 (a) As used in this section:

3712 (1) "Patient-identifiable data" means any information that identifies
3713 or may reasonably be used as a basis to identify an individual patient;
3714 and

3715 (2) "De-identified patient data" means any information that meets
3716 the requirements for de-identification of protected health information
3717 as set forth in 45 CFR 164.514.

3718 (b) Each short-term acute care general or children's hospital shall
3719 submit patient-identifiable inpatient discharge data and emergency
3720 department data to the **[**Office of Health Care Access division**]** Health
3721 Systems Planning Unit of the **[**Department of Public Health**]** Office of
3722 Health Strategy to fulfill the responsibilities of the **[**office**]** unit. Such
3723 data shall include data taken from patient medical record abstracts and
3724 bills. The **[**office**]** unit shall specify the timing and format of such
3725 submissions. Data submitted pursuant to this section may be
3726 submitted through a contractual arrangement with an intermediary
3727 and such contractual arrangement shall (1) comply with the provisions
3728 of the Health Insurance Portability and Accountability Act of 1996 P.L.
3729 104-191 (HIPAA), and (2) ensure that such submission of data is timely
3730 and accurate. The **[**office**]** unit may conduct an audit of the data
3731 submitted through such intermediary in order to verify its accuracy.

3732 (c) An outpatient surgical facility, as defined in section 19a-493b, as
3733 amended by this act, a short-term acute care general or children's
3734 hospital, or a facility that provides outpatient surgical services as part
3735 of the outpatient surgery department of a short-term acute care
3736 hospital shall submit to the **[**office**]** unit the data identified in

3737 subsection (c) of section 19a-634, as amended by this act. The [office]
3738 unit shall convene a working group consisting of representatives of
3739 outpatient surgical facilities, hospitals and other individuals necessary
3740 to develop recommendations that address current obstacles to, and
3741 proposed requirements for, patient-identifiable data reporting in the
3742 outpatient setting. On or before February 1, 2012, the working group
3743 shall report, in accordance with the provisions of section 11-4a, on its
3744 findings and recommendations to the joint standing committees of the
3745 General Assembly having cognizance of matters relating to public
3746 health and insurance and real estate. Additional reporting of
3747 outpatient data as the [office] unit deems necessary shall begin not
3748 later than July 1, 2015. On or before July 1, [2012] 2018, and annually
3749 thereafter, the Connecticut Association of Ambulatory Surgery Centers
3750 shall provide a progress report to the [Department of Public Health]
3751 Office of Health Strategy, until such time as all ambulatory surgery
3752 centers are in full compliance with the implementation of systems that
3753 allow for the reporting of outpatient data as required by the
3754 [commissioner] executive director. Until such additional reporting
3755 requirements take effect on July 1, 2015, the department may work
3756 with the Connecticut Association of Ambulatory Surgery Centers and
3757 the Connecticut Hospital Association on specific data reporting
3758 initiatives provided that no penalties shall be assessed under this
3759 chapter or any other provision of law with respect to the failure to
3760 submit such data.

3761 (d) Except as provided in this subsection, patient-identifiable data
3762 received by the [office] unit shall be kept confidential and shall not be
3763 considered public records or files subject to disclosure under the
3764 Freedom of Information Act, as defined in section 1-200. The [office]
3765 unit may release de-identified patient data or aggregate patient data to
3766 the public in a manner consistent with the provisions of 45 CFR
3767 164.514. Any de-identified patient data released by the [office] unit
3768 shall exclude provider, physician and payer organization names or
3769 codes and shall be kept confidential by the recipient. The [office] unit
3770 may release patient-identifiable data (1) for medical and scientific
3771 research as provided for in section 19a-25-3 of the regulations of

3772 Connecticut state agencies, and (2) to (A) a state agency for the
3773 purpose of improving health care service delivery, (B) a federal agency
3774 or the office of the Attorney General for the purpose of investigating
3775 hospital mergers and acquisitions, or (C) another state's health data
3776 collection agency with which the [office] unit has entered into a
3777 reciprocal data-sharing agreement for the purpose of certificate of need
3778 review or evaluation of health care services, upon receipt of a request
3779 from such agency, provided, prior to the release of such patient-
3780 identifiable data, such agency enters into a written agreement with the
3781 [office] unit pursuant to which such agency agrees to protect the
3782 confidentiality of such patient-identifiable data and not to use such
3783 patient-identifiable data as a basis for any decision concerning a
3784 patient. No individual or entity receiving patient-identifiable data may
3785 release such data in any manner that may result in an individual
3786 patient, physician, provider or payer being identified. The [office] unit
3787 shall impose a reasonable, cost-based fee for any patient data provided
3788 to a nongovernmental entity.

3789 (e) Not later than October 1, [2011] 2018, the [Office of Health Care
3790 Access] Health Systems Planning Unit shall enter into a memorandum
3791 of understanding with the Comptroller that shall permit the
3792 Comptroller to access the data set forth in subsections (b) and (c) of
3793 this section, provided the Comptroller agrees, in writing, to keep
3794 individual patient and provider data identified by proper name or
3795 personal identification code and submitted pursuant to this section
3796 confidential.

3797 (f) The [Commissioner of Public Health] executive director of the
3798 Office of Health Strategy shall adopt regulations, in accordance with
3799 the provisions of chapter 54, to carry out the provisions of this section.

3800 (g) The duties assigned to the [Department of Public Health] Office
3801 of Health Strategy under the provisions of this section shall be
3802 implemented within available appropriations.

3803 Sec. 95. Section 19a-659 of the general statutes is repealed and the
3804 following is substituted in lieu thereof (*Effective July 1, 2018*):

3805 As used in [this chapter] sections 19a-644, as amended by this act,
3806 19a-649, as amended by this act, 19a-670, as amended by this act, and
3807 19a-676, as amended by this act, unless the context otherwise requires:

3808 [(1) "Office" means the Office of Health Care Access division of the
3809 Department of Public Health;]

3810 (1) "Unit" means the Health Systems Planning Unit within the Office
3811 of Health Strategy, established under section 19a-612, as amended by
3812 this act;

3813 (2) "Hospital" means any hospital licensed as a short-term acute care
3814 general or children's hospital by the Department of Public Health,
3815 including John Dempsey Hospital of The University of Connecticut
3816 Health Center;

3817 (3) "Fiscal year" means the hospital fiscal year consisting of a twelve-
3818 month period commencing on October first and ending the following
3819 September thirtieth;

3820 (4) "Affiliate" means a person, entity or organization controlling,
3821 controlled by, or under common control with another person, entity or
3822 organization;

3823 (5) "Uncompensated care" means the total amount of charity care
3824 and bad debts determined by using the hospital's published charges
3825 and consistent with the hospital's policies regarding charity care and
3826 bad debts which are on file at the [office] unit;

3827 (6) "Medical assistance" means (A) the programs for medical
3828 assistance provided under the Medicaid program, including HUSKY
3829 A, or (B) any other state-funded medical assistance program, including
3830 HUSKY B;

3831 (7) "CHAMPUS" or "TriCare" means the federal Civilian Health and
3832 Medical Program of the Uniformed Services, as defined in 10 USC
3833 1072(4), as from time to time amended;

3834 (8) "Primary payer" means the payer responsible for the highest
3835 percentage of the charges for a patient's inpatient or outpatient
3836 hospital services;

3837 (9) "Case mix index" means the arithmetic mean of the Medicare
3838 diagnosis related group case weights assigned to each inpatient
3839 discharge for a specific hospital during a given fiscal year. The case
3840 mix index shall be calculated by dividing the hospital's total case mix
3841 adjusted discharges by the hospital's actual number of discharges for
3842 the fiscal year. The total case mix adjusted discharges shall be
3843 calculated by (A) multiplying the number of discharges in each
3844 diagnosis-related group by the Medicare weights in effect for that
3845 same diagnosis-related group and fiscal year, and (B) then totaling the
3846 resulting products for all diagnosis-related groups;

3847 (10) "Contractual allowances" means the difference between hospital
3848 published charges and payments generated by negotiated agreements
3849 for a different or discounted rate or method of payment;

3850 (11) "Medical assistance underpayment" means the amount
3851 calculated by dividing the total net revenue by the total gross revenue,
3852 and then multiplying the quotient by the total medical assistance
3853 charges, and then subtracting medical assistance payments from the
3854 product;

3855 (12) "Other allowances" means the amount of any difference
3856 between charges for employee self-insurance and related expenses
3857 determined using the hospital's overall relationship of costs to charges;

3858 (13) "Gross revenue" means the total gross patient charges for all
3859 patient services provided by a hospital; and

3860 (14) "Net revenue" means total gross revenue less contractual
3861 allowance, less the difference between government charges and
3862 government payments, less uncompensated care and other allowances.

3863 Sec. 96. Section 19a-670 of the general statutes is repealed and the
3864 following is substituted in lieu thereof (*Effective July 1, 2018*):

3865 The [office] unit shall, by September first of each year, report the
3866 results of the [office's] unit's review of the hospitals' annual and
3867 twelve-month filings under sections 19a-644, as amended by this act,
3868 19a-649, as amended by this act, and 19a-676, as amended by this act,
3869 for the previous hospital fiscal year to the joint standing committee of
3870 the General Assembly having cognizance of matters relating to public
3871 health. The report shall include information concerning the financial
3872 stability of hospitals in a competitive market.

3873 Sec. 97. Subdivision (1) of subsection (a) of section 19a-673 of the
3874 general statutes is repealed and the following is substituted in lieu
3875 thereof (*Effective July 1, 2018*):

3876 (1) "Cost of providing services" means a hospital's published
3877 charges at the time of billing, multiplied by the hospital's most recent
3878 relationship of costs to charges as taken from the hospital's most
3879 recently available annual financial filing with the [office] unit.

3880 Sec. 98. Section 19a-673a of the general statutes is repealed and the
3881 following is substituted in lieu thereof (*Effective July 1, 2018*):

3882 The [Commissioner of Public Health] executive director of the
3883 Office of Health Strategy shall adopt regulations, in accordance with
3884 chapter 54, to establish uniform debt collection standards for hospitals.

3885 Sec. 99. Section 19a-673c of the general statutes is repealed and the
3886 following is substituted in lieu thereof (*Effective July 1, 2018*):

3887 On or before March 1, 2004, and annually thereafter, each hospital
3888 shall file with the [office] unit a debt collection report that includes (1)
3889 whether the hospital uses a collection agent, as defined in section 19a-
3890 509b, as amended by this act, to assist with debt collection, (2) the
3891 name of any collection agent used, (3) the hospital's processes and
3892 policies for assigning a debt to a collection agent and for compensating
3893 such collection agent for services rendered, and (4) the recovery rate on
3894 accounts assigned to collection agents, exclusive of Medicare accounts,
3895 in the most recent hospital fiscal year.

3896 Sec. 100. Section 19a-676 of the general statutes is repealed and the
3897 following is substituted in lieu thereof (*Effective July 1, 2018*):

3898 On or before March thirty-first of each year, for the preceding fiscal
3899 year, each hospital shall submit to the **[**office**]** unit, in the form and
3900 manner prescribed by the **[**office**]** unit, the data specified in regulations
3901 adopted by the **[**commissioner**]** executive director in accordance with
3902 chapter 54, the hospital's verification of net revenue required under
3903 section 19a-649, as amended by this act, and any other data required
3904 by the **[**office**]** unit, including hospital budget system data for the
3905 hospital's twelve months' actual filing requirements.

3906 Sec. 101. Section 19a-681 of the general statutes is repealed and the
3907 following is substituted in lieu thereof (*Effective July 1, 2018*):

3908 (a) For purposes of this section: (1) "Detailed patient bill" means a
3909 patient billing statement that includes, in each line item, the hospital's
3910 current pricemaster code, a description of the charge and the billed
3911 amount; and (2) "pricemaster" means a detailed schedule of hospital
3912 charges.

3913 (b) Each hospital shall file with the **[**office**]** unit its current
3914 pricemaster which shall include each charge in its detailed schedule of
3915 charges.

3916 (c) Upon the request of the **[**Department of Public Health**]** Office of
3917 Health Strategy, established under section 19a-754a, as amended by
3918 this act, or a patient, a hospital shall provide to the **[**department**]** office
3919 or the patient a detailed patient bill. If the billing detail by line item on
3920 a detailed patient bill does not agree with the detailed schedule of
3921 charges on file with the **[**office**]** unit for the date of service specified on
3922 the bill, the hospital shall be subject to a civil penalty of five hundred
3923 dollars per occurrence payable to the state not later than fourteen days
3924 after the date of notification. The penalty shall be imposed in
3925 accordance with section 19a-653, as amended by this act. The **[**office**]**
3926 unit may issue an order requiring such hospital, not later than fourteen
3927 days after the date of notification of an overcharge to a patient, to

3928 adjust the bill to be consistent with the detailed schedule of charges on
3929 file with the [office] unit for the date of service specified on the
3930 detailed patient bill.

3931 Sec. 102. Section 19a-486 of the general statutes is repealed and the
3932 following is substituted in lieu thereof (*Effective July 1, 2018*):

3933 For purposes of sections 19a-486 to 19a-486h, inclusive, as amended
3934 by this act:

3935 (1) "Nonprofit hospital" means a nonprofit entity licensed as a
3936 hospital pursuant to this chapter and any entity affiliated with such a
3937 hospital through governance or membership, including, but not
3938 limited to, a holding company or subsidiary.

3939 (2) "Purchaser" means a person acquiring any assets of a nonprofit
3940 hospital through a transfer.

3941 (3) "Person" means any individual, firm, partnership, corporation,
3942 limited liability company, association or other entity.

3943 (4) "Transfer" means to sell, transfer, lease, exchange, option,
3944 convey, give or otherwise dispose of or transfer control over,
3945 including, but not limited to, transfer by way of merger or joint
3946 venture not in the ordinary course of business.

3947 (5) "Control" has the meaning assigned to it in section 36b-41.

3948 (6) ["Commissioner" means the Commissioner of Public Health or
3949 the commissioner's designee.] "Executive director" means the executive
3950 director of the Office of Health Strategy, established under section 19a-
3951 754a, as amended by this act, or the executive director's designee.

3952 Sec. 103. Section 19a-486a of the general statutes is repealed and the
3953 following is substituted in lieu thereof (*Effective July 1, 2018*):

3954 (a) No nonprofit hospital shall enter into an agreement to transfer a
3955 material amount of its assets or operations or a change in control of
3956 operations to a person that is organized or operated for profit without

3957 first having received approval of the agreement by the [commissioner]
3958 executive director and the Attorney General pursuant to sections 19a-
3959 486 to 19a-486h, inclusive, as amended by this act, and pursuant to the
3960 Attorney General's authority under section 3-125. Any such agreement
3961 without the approval required by sections 19a-486 to 19a-486h,
3962 inclusive, as amended by this act, shall be void.

3963 (b) Prior to any transaction described in subsection (a) of this
3964 section, the nonprofit hospital and the purchaser shall concurrently
3965 submit a certificate of need determination letter as described in
3966 subsection (c) of section 19a-638, as amended by this act, to the
3967 [commissioner] executive director and the Attorney General by serving
3968 it on them by certified mail, return receipt requested, or delivering it
3969 by hand to each office. The certificate of need determination letter shall
3970 contain: (1) The name and address of the nonprofit hospital; (2) the
3971 name and address of the purchaser; (3) a brief description of the terms
3972 of the proposed agreement; and (4) the estimated capital expenditure,
3973 cost or value associated with the proposed agreement. The certificate
3974 of need determination letter shall be subject to disclosure pursuant to
3975 section 1-210, as amended by this act.

3976 (c) Not later than thirty days after receipt of the certificate of need
3977 determination letter by the [commissioner] executive director and the
3978 Attorney General, the purchaser and the nonprofit hospital shall hold a
3979 hearing on the contents of the certificate of need determination letter in
3980 the municipality in which the new hospital is proposed to be located.
3981 The nonprofit hospital shall provide not less than two weeks' advance
3982 notice of the hearing to the public by publication in a newspaper
3983 having a substantial circulation in the affected community for not less
3984 than three consecutive days. Such notice shall contain substantially the
3985 same information as in the certificate of need determination letter. The
3986 purchaser and the nonprofit hospital shall record and transcribe the
3987 hearing and make such recording or transcription available to the
3988 [commissioner] executive director, the Attorney General or members
3989 of the public upon request. A public hearing held in accordance with
3990 the provisions of section 19a-639a, as amended by this act, shall satisfy

3991 the requirements of this subsection.

3992 (d) The [commissioner] <u>executive director</u> and the Attorney General
3993 shall review the certificate of need determination letter. The Attorney
3994 General shall determine whether the agreement requires approval
3995 pursuant to this chapter. If such approval is required, the
3996 [commissioner] <u>executive director</u> and the Attorney General shall
3997 transmit to the purchaser and the nonprofit hospital an application
3998 form for approval pursuant to this chapter, unless the [commissioner]
3999 <u>executive director</u> refuses to accept a filed or submitted certificate of
4000 need determination letter. Such application form shall require the
4001 following information: (1) The name and address of the nonprofit
4002 hospital; (2) the name and address of the purchaser; (3) a description of
4003 the terms of the proposed agreement; (4) copies of all contracts,
4004 agreements and memoranda of understanding relating to the proposed
4005 agreement; (5) a fairness evaluation by an independent person who is
4006 an expert in such agreements, that includes an analysis of each of the
4007 criteria set forth in section 19a-486c; (6) documentation that the
4008 nonprofit hospital exercised the due diligence required by subdivision
4009 (2) of subsection (a) of section 19a-486c, including disclosure of the
4010 terms of any other offers to transfer assets or operations or change
4011 control of operations received by the nonprofit hospital and the reason
4012 for rejection of such offers; and (7) such other information as the
4013 [commissioner] <u>executive director</u> or the Attorney General deem
4014 necessary to their review pursuant to the provisions of sections 19a-486
4015 to 19a-486f, inclusive, <u>as amended by this act,</u> and chapter 368z. The
4016 application shall be subject to disclosure pursuant to section 1-210<u>, as</u>
4017 <u>amended by this act</u>.

4018 (e) No later than sixty days after the date of mailing of the
4019 application form, the nonprofit hospital and the purchaser shall
4020 concurrently file an application with the [commissioner] <u>executive</u>
4021 <u>director</u> and the Attorney General containing all the required
4022 information. The [commissioner] <u>executive director</u> and the Attorney
4023 General shall review the application and determine whether the
4024 application is complete. The [commissioner] <u>executive director</u> and the

4025 Attorney General shall, no later than twenty days after the date of their
4026 receipt of the application, provide written notice to the nonprofit
4027 hospital and the purchaser of any deficiencies in the application. Such
4028 application shall not be deemed complete until such deficiencies are
4029 corrected.

4030 (f) No later than twenty-five days after the date of their receipt of
4031 the completed application under this section, the **[**commissioner**]**
4032 executive director and the Attorney General shall jointly publish a
4033 summary of such agreement in a newspaper of general circulation
4034 where the nonprofit hospital is located.

4035 (g) Any person may seek to intervene in the proceedings under
4036 section 19a-486e, as amended by this act, in the same manner as
4037 provided in section 4-177a.

4038 Sec. 104. Section 19a-486b of the general statutes is repealed and the
4039 following is substituted in lieu thereof (*Effective July 1, 2018*):

4040 (a) Not later than one hundred twenty days after the date of receipt
4041 of the completed application pursuant to subsection (e) of section 19a-
4042 486a, as amended by this act, the Attorney General and the
4043 **[**commissioner**]** executive director shall approve the application, with
4044 or without modification, or deny the application. The **[**commissioner**]**
4045 executive director shall also determine, in accordance with the
4046 provisions of chapter 368z, whether to approve, with or without
4047 modification, or deny the application for a certificate of need that is
4048 part of the completed application. Notwithstanding the provisions of
4049 section 19a-639a, as amended by this act, the **[**commissioner**]** executive
4050 director shall complete the decision on the application for a certificate
4051 of need within the same time period as the completed application.
4052 Such one-hundred-twenty-day period may be extended by (1)
4053 agreement of the Attorney General, the **[**commissioner**]** executive
4054 director, the nonprofit hospital and the purchaser, or (2) the
4055 **[**commissioner**]** executive director for an additional one hundred
4056 twenty days pending completion of a cost and market impact review
4057 conducted pursuant to section 19a-639f, as amended by this act. If the

4058 Attorney General initiates a proceeding to enforce a subpoena
4059 pursuant to section 19a-486c or 19a-486d, as amended by this act, the
4060 one-hundred-twenty-day period shall be tolled until the final court
4061 decision on the last pending enforcement proceeding, including any
4062 appeal or time for the filing of such appeal. Unless the one-hundred-
4063 twenty-day period is extended pursuant to this section, if the
4064 [commissioner] executive director and Attorney General fail to take
4065 action on an agreement prior to the one hundred twenty-first day after
4066 the date of the filing of the completed application, the application shall
4067 be deemed approved.

4068 (b) The [commissioner] executive director and the Attorney General
4069 may place any conditions on the approval of an application that relate
4070 to the purposes of sections 19a-486a to 19a-486h, inclusive, as amended
4071 by this act. In placing any such conditions the [commissioner]
4072 executive director shall follow the guidelines and criteria described in
4073 subdivision (4) of subsection (d) of section 19a-639, as amended by this
4074 act. Any such conditions may be in addition to any conditions placed
4075 by the [commissioner] executive director pursuant to subdivision (4) of
4076 subsection (d) of section 19a-639, as amended by this act.

4077 Sec. 105. Section 19a-486d of the general statutes is repealed and the
4078 following is substituted in lieu thereof (*Effective July 1, 2018*):

4079 (a) The [commissioner] executive director shall deny an application
4080 filed pursuant to subsection (d) of section 19a-486a, as amended by this
4081 act, unless the [commissioner] executive director finds that: (1) In a
4082 situation where the asset or operation to be transferred provides or has
4083 provided health care services to the uninsured or underinsured, the
4084 purchaser has made a commitment to provide health care to the
4085 uninsured and the underinsured; (2) in a situation where health care
4086 providers or insurers will be offered the opportunity to invest or own
4087 an interest in the purchaser or an entity related to the purchaser
4088 safeguard procedures are in place to avoid a conflict of interest in
4089 patient referral; and (3) certificate of need authorization is justified in
4090 accordance with chapter 368z. The [commissioner] executive director

4091 may contract with any person, including, but not limited to, financial
4092 or actuarial experts or consultants, or legal experts with the approval
4093 of the Attorney General, to assist in reviewing the completed
4094 application. The [commissioner] executive director shall submit any
4095 bills for such contracts to the purchaser. Such bills shall not exceed one
4096 hundred fifty thousand dollars. The purchaser shall pay such bills no
4097 later than thirty days after the date of receipt of such bills.

4098 (b) The [commissioner] executive director may, during the course of
4099 a review required by this section: (1) Issue in writing and cause to be
4100 served upon any person, by subpoena, a demand that such person
4101 appear before the [commissioner] executive director and give
4102 testimony or produce documents as to any matters relevant to the
4103 scope of the review; and (2) issue written interrogatories, to be
4104 answered under oath, as to any matters relevant to the scope of the
4105 review and prescribing a return date that would allow a reasonable
4106 time to respond. If any person fails to comply with the provisions of
4107 this subsection, the [commissioner] executive director, through the
4108 Attorney General, may apply to the superior court for the judicial
4109 district of Hartford seeking enforcement of such subpoena. The
4110 superior court may, upon notice to such person, issue and cause to be
4111 served an order requiring compliance. Service of subpoenas ad
4112 testificandum, subpoenas duces tecum, notices of deposition and
4113 written interrogatories as provided in this subsection may be made by
4114 personal service at the usual place of abode or by certified mail, return
4115 receipt requested, addressed to the person to be served at such
4116 person's principal place of business within or without this state or such
4117 person's residence.

4118 Sec. 106. Section 19a-486e of the general statutes is repealed and the
4119 following is substituted in lieu thereof (*Effective July 1, 2018*):

4120 Prior to making any decision to approve, with or without
4121 modification, or deny any application filed pursuant to subsection (d)
4122 of section 19a-486a, as amended by this act, the Attorney General and
4123 the [commissioner] executive director shall jointly conduct one or more

4124 public hearings, one of which shall be in the primary service area of
4125 the nonprofit hospital. At least fourteen days before conducting the
4126 public hearing, the Attorney General and the [commissioner] executive
4127 director shall provide notice of the time and place of the hearing
4128 through publication in one or more newspapers of general circulation
4129 in the affected community.

4130 Sec. 107. Section 19a-486f of the general statutes is repealed and the
4131 following is substituted in lieu thereof (*Effective July 1, 2018*):

4132 If the [commissioner] executive director or the Attorney General
4133 denies an application filed pursuant to subsection (d) of section 19a-
4134 486a, as amended by this act, or approves it with modification, the
4135 nonprofit hospital or the purchaser may appeal such decision in the
4136 same manner as provided in section 4-183, provided that nothing in
4137 sections 19a-486 to 19a-486f, inclusive, as amended by this act, shall be
4138 construed to apply the provisions of chapter 54 to the proceedings of
4139 the Attorney General.

4140 Sec. 108. Section 19a-486g of the general statutes is repealed and the
4141 following is substituted in lieu thereof (*Effective July 1, 2018*):

4142 The Commissioner of Public Health shall refuse to issue a license to,
4143 or if issued shall suspend or revoke the license of, a hospital if the
4144 commissioner finds, after a hearing and opportunity to be heard, that:

4145 (1) There was a transaction described in section 19a-486a, as
4146 amended by this act, that occurred without the approval of the
4147 [commissioner] executive director, if such approval was required by
4148 sections 19a-486 to 19a-486h, inclusive, as amended by this act;

4149 (2) There was a transaction described in section 19a-486a, as
4150 amended by this act, without the approval of the Attorney General, if
4151 such approval was required by sections 19a-486 to 19a-486h, inclusive,
4152 as amended by this act, and the Attorney General certifies to the
4153 [Commissioner of Public Health] executive director that such
4154 transaction involved a material amount of the nonprofit hospital's

4155 assets or operations or a change in control of operations; or

4156 (3) The hospital is not complying with the terms of an agreement
4157 approved by the Attorney General and [commissioner] executive
4158 director pursuant to sections 19a-486 to 19a-486h, inclusive, as
4159 amended by this act.

4160 Sec. 109. Section 19a-486h of the general statutes is repealed and the
4161 following is substituted in lieu thereof (*Effective July 1, 2018*):

4162 Nothing in sections 19a-486 to 19a-486h, inclusive, as amended by
4163 this act, shall be construed to limit: (1) The common law or statutory
4164 authority of the Attorney General; (2) the statutory authority of the
4165 Commissioner of Public Health including, but not limited to, licensing;
4166 [and] (3) the statutory authority of the executive director of the Office
4167 of Health Strategy, including, but not limited to, certificate of need
4168 authority; or [(3)] (4) the application of the doctrine of cy pres or
4169 approximation.

4170 Sec. 110. Subsections (d) to (i), inclusive, of section 19a-486i of the
4171 2018 supplement to the general statutes are repealed and the following
4172 is substituted in lieu thereof (*Effective July 1, 2018*):

4173 (d) (1) The written notice required under subsection (c) of this
4174 section shall identify each party to the transaction and describe the
4175 material change as of the date of such notice to the business or
4176 corporate structure of the group practice, including: (A) A description
4177 of the nature of the proposed relationship among the parties to the
4178 proposed transaction; (B) the names and specialties of each physician
4179 that is a member of the group practice that is the subject of the
4180 proposed transaction and who will practice medicine with the
4181 resulting group practice, hospital, hospital system, captive professional
4182 entity, medical foundation or other entity organized by, controlled by,
4183 or otherwise affiliated with such hospital or hospital system following
4184 the effective date of the transaction; (C) the names of the business
4185 entities that are to provide services following the effective date of the
4186 transaction; (D) the address for each location where such services are

4187 to be provided; (E) a description of the services to be provided at each
4188 such location; and (F) the primary service area to be served by each
4189 such location.

4190 (2) Not later than thirty days after the effective date of any
4191 transaction described in subsection (c) of this section, the parties to the
4192 transaction shall submit written notice to the **[**Commissioner of Public
4193 Health**]** executive director of the Office of Health Strategy. Such
4194 written notice shall include, but need not be limited to, the same
4195 information described in subdivision (1) of this subsection. The
4196 **[**commissioner**]** executive director shall post a link to such notice on
4197 the **[**Department of Public Health's**]** Office of Health Strategy's Internet
4198 web site.

4199 (e) Not less than thirty days prior to the effective date of any
4200 transaction that results in an affiliation between one hospital or
4201 hospital system and another hospital or hospital system, the parties to
4202 the affiliation shall submit written notice to the Attorney General of
4203 such affiliation. Such written notice shall identify each party to the
4204 affiliation and describe the affiliation as of the date of such notice,
4205 including: (1) A description of the nature of the proposed relationship
4206 among the parties to the affiliation; (2) the names of the business
4207 entities that are to provide services following the effective date of the
4208 affiliation; (3) the address for each location where such services are to
4209 be provided; (4) a description of the services to be provided at each
4210 such location; and (5) the primary service area to be served by each
4211 such location.

4212 (f) Written information submitted to the Attorney General pursuant
4213 to subsections (b) to (e), inclusive, of this section shall be maintained
4214 and used by the Attorney General in the same manner as provided in
4215 section 35-42.

4216 (g) Not later than January 15, 2018, and annually thereafter, each
4217 hospital and hospital system shall file with the Attorney General and
4218 the **[**Commissioner of Public Health**]** executive director of the Office of
4219 Health Strategy a written report describing the activities of the group

4220 practices owned or affiliated with such hospital or hospital system.
4221 Such report shall include, for each such group practice: (1) A
4222 description of the nature of the relationship between the hospital or
4223 hospital system and the group practice; (2) the names and specialties of
4224 each physician practicing medicine with the group practice; (3) the
4225 names of the business entities that provide services as part of the
4226 group practice and the address for each location where such services
4227 are provided; (4) a description of the services provided at each such
4228 location; and (5) the primary service area served by each such location.

4229 (h) Not later than January 15, 2018, and annually thereafter, each
4230 group practice comprised of thirty or more physicians that is not the
4231 subject of a report filed under subsection (g) of this section shall file
4232 with the Attorney General and the [Commissioner of Public Health]
4233 executive director of the Office of Health Strategy a written report
4234 concerning the group practice. Such report shall include, for each such
4235 group practice: (1) The names and specialties of each physician
4236 practicing medicine with the group practice; (2) the names of the
4237 business entities that provide services as part of the group practice and
4238 the address for each location where such services are provided; (3) a
4239 description of the services provided at each such location; and (4) the
4240 primary service area served by each such location.

4241 (i) Not later than January 15, 2018, and annually thereafter, each
4242 hospital and hospital system shall file with the Attorney General and
4243 the [Commissioner of Public Health] executive director of the Office of
4244 Health Strategy a written report describing each affiliation with
4245 another hospital or hospital system. Such report shall include: (1) The
4246 name and address of each party to the affiliation; (2) a description of
4247 the nature of the relationship among the parties to the affiliation; (3)
4248 the names of the business entities that provide services as part of the
4249 affiliation and the address for each location where such services are
4250 provided; (4) a description of the services provided at each such
4251 location; and (5) the primary service area served by each such location.

4252 Sec. 111. Subsections (j) to (m), inclusive, of section 19a-508c of the

4253 2018 supplement to the general statutes are repealed and the following
4254 is substituted in lieu thereof (*Effective July 1, 2018*):

4255 (j) A hospital-based facility shall, when scheduling services for
4256 which a facility fee may be charged, inform the patient (1) that the
4257 hospital-based facility is part of a hospital or health system, (2) of the
4258 name of the hospital or health system, (3) that the hospital or health
4259 system may charge a facility fee in addition to and separate from the
4260 professional fee charged by the provider, and (4) of the telephone
4261 number the patient may call for additional information regarding such
4262 patient's potential financial liability.

4263 (k) (1) On and after January 1, 2016, if any transaction, as described
4264 in subsection (c) of section 19a-486i, as amended by this act, results in
4265 the establishment of a hospital-based facility at which facility fees will
4266 likely be billed, the hospital or health system, that is the purchaser in
4267 such transaction shall, not later than thirty days after such transaction,
4268 provide written notice, by first class mail, of the transaction to each
4269 patient served within the previous three years by the health care
4270 facility that has been purchased as part of such transaction.

4271 (2) Such notice shall include the following information:

4272 (A) A statement that the health care facility is now a hospital-based
4273 facility and is part of a hospital or health system;

4274 (B) The name, business address and phone number of the hospital
4275 or health system that is the purchaser of the health care facility;

4276 (C) A statement that the hospital-based facility bills, or is likely to
4277 bill, patients a facility fee that may be in addition to, and separate
4278 from, any professional fee billed by a health care provider at the
4279 hospital-based facility;

4280 (D) (i) A statement that the patient's actual financial liability will
4281 depend on the professional medical services actually provided to the
4282 patient, and (ii) an explanation that the patient may incur financial
4283 liability that is greater than the patient would incur if the hospital-

4284 based facility were not a hospital-based facility;

4285 (E) The estimated amount or range of amounts the hospital-based
4286 facility may bill for a facility fee or an example of the average facility
4287 fee billed at such hospital-based facility for the most common services
4288 provided at such hospital-based facility; and

4289 (F) A statement that, prior to seeking services at such hospital-based
4290 facility, a patient covered by a health insurance policy should contact
4291 the patient's health insurer for additional information regarding the
4292 hospital-based facility fees, including the patient's potential financial
4293 liability, if any, for such fees.

4294 (3) A copy of the written notice provided to patients in accordance
4295 with this subsection shall be filed with the **[**Office of Health Care
4296 Access**]** Health Systems Planning Unit of the Office of Health Strategy,
4297 established under section 19a-612, as amended by this act. Said **[**office**]**
4298 unit shall post a link to such notice on its Internet web site.

4299 (4) A hospital, health system or hospital-based facility shall not
4300 collect a facility fee for services provided at a hospital-based facility
4301 that is subject to the provisions of this subsection from the date of the
4302 transaction until at least thirty days after the written notice required
4303 pursuant to this subsection is mailed to the patient or a copy of such
4304 notice is filed with the **[**Office of Health Care Access**]** Health Systems
4305 Planning Unit, whichever is later. A violation of this subsection shall
4306 be considered an unfair trade practice pursuant to section 42-110b.

4307 (l) Notwithstanding the provisions of this section, on and after
4308 January 1, 2017, no hospital, health system or hospital-based facility
4309 shall collect a facility fee for (1) outpatient health care services that use
4310 a current procedural terminology evaluation and management code
4311 and are provided at a hospital-based facility, other than a hospital
4312 emergency department, located off-site from a hospital campus, or (2)
4313 outpatient health care services, other than those provided in an
4314 emergency department located off-site from a hospital campus,
4315 received by a patient who is uninsured of more than the Medicare rate.

4316 Notwithstanding the provisions of this subsection, in circumstances
4317 when an insurance contract that is in effect on July 1, 2016, provides
4318 reimbursement for facility fees prohibited under the provisions of this
4319 section, a hospital or health system may continue to collect
4320 reimbursement from the health insurer for such facility fees until the
4321 date of expiration of such contract. A violation of this subsection shall
4322 be considered an unfair trade practice pursuant to chapter 735a.

4323 (m) (1) Each hospital and health system shall report not later than
4324 July 1, 2016, and annually thereafter to the **[**Commissioner of Public
4325 Health**]** executive director of the Office of Health Strategy concerning
4326 facility fees charged or billed during the preceding calendar year. Such
4327 report shall include (A) the name and location of each facility owned
4328 or operated by the hospital or health system that provides services for
4329 which a facility fee is charged or billed, (B) the number of patient visits
4330 at each such facility for which a facility fee was charged or billed, (C)
4331 the number, total amount and range of allowable facility fees paid at
4332 each such facility by Medicare, Medicaid or under private insurance
4333 policies, (D) for each facility, the total amount of revenue received by
4334 the hospital or health system derived from facility fees, (E) the total
4335 amount of revenue received by the hospital or health system from all
4336 facilities derived from facility fees, (F) a description of the ten
4337 procedures or services that generated the greatest amount of facility
4338 fee revenue and, for each such procedure or service, the total amount
4339 of revenue received by the hospital or health system derived from
4340 facility fees, and (G) the top ten procedures for which facility fees are
4341 charged based on patient volume. For purposes of this subsection,
4342 "facility" means a hospital-based facility that is located outside a
4343 hospital campus.

4344 (2) The **[**commissioner**]** executive director shall publish the
4345 information reported pursuant to subdivision (1) of this subsection, or
4346 post a link to such information, on the Internet web site of the Office of
4347 Health **[**Care Access**]** Strategy.

4348 Sec. 112. Subsections (c) to (f), inclusive, of section 19a-509b of the

4349 general statutes are repealed and the following is substituted in lieu
4350 thereof (*Effective July 1, 2018*):

4351 (c) Each hospital that holds or administers one or more hospital bed
4352 funds shall make available in a place and manner allowing individual
4353 members of the public to easily obtain it, a one-page summary in
4354 English and Spanish describing hospital bed funds and how to apply
4355 for them. The summary shall also describe any other policies regarding
4356 the provision of charity care and reduced cost services for the indigent
4357 as reported by the hospital to the **[**Office of Health Care Access
4358 division of the Department of Public Health**]** Health Systems Planning
4359 Unit of the Office of Health Strategy pursuant to section 19a-649, as
4360 amended by this act, and shall clearly distinguish hospital bed funds
4361 from other sources of financial assistance. The summary shall include
4362 notification that the patient is entitled to reapply upon rejection, and
4363 that additional funds may become available on an annual basis. The
4364 summary shall be available in the patient admissions office, emergency
4365 room, social services department and patient accounts or billing office,
4366 and from any collection agent. If during the admission process or
4367 during its review of the financial resources of the patient, the hospital
4368 reasonably believes the patient will have limited funds to pay for any
4369 portion of the patient's hospitalization not covered by insurance, the
4370 hospital shall provide the summary to each such patient.

4371 (d) Each hospital which holds or administers one or more hospital
4372 bed funds shall require its collection agents to include a summary as
4373 provided in subsection (c) of this section in all bills and collection
4374 notices sent by such collection agents.

4375 (e) Applicants for assistance from hospital bed funds shall be
4376 notified in writing of any award or any rejection and the reason for
4377 such rejection. Patients who cannot pay any outstanding medical bill at
4378 the hospital shall be allowed to apply or reapply for hospital bed
4379 funds.

4380 (f) Each hospital which holds or administers one or more hospital
4381 bed funds shall maintain and annually compile, at the end of the fiscal

4382 year of the hospital, the following information: (1) The number of
4383 applications for hospital bed funds; (2) the number of patients
4384 receiving hospital bed fund grants and the actual dollar amounts
4385 provided to each patient from such fund; (3) the fair market value of
4386 the principal of each individual hospital bed fund, or the principal
4387 attributable to each bed fund if held in a pooled investment; (4) the
4388 total earnings for each hospital bed fund or the earnings attributable to
4389 each hospital bed fund; (5) the dollar amount of earnings reinvested as
4390 principal if any; and (6) the dollar amount of earnings available for
4391 patient care. The information compiled pursuant to this subsection
4392 shall be permanently retained by the hospital and made available to
4393 the **[**Office of Health Care Access**]** Health Systems Planning Unit upon
4394 request.

4395 Sec. 113. Subsections (e) to (g), inclusive, of section 33-182bb of the
4396 general statutes are repealed and the following is substituted in lieu
4397 thereof (*Effective July 1, 2018*):

4398 (e) Any medical foundation organized on or after July 1, 2009, shall
4399 file a copy of its certificate of incorporation and any amendments to its
4400 certificate of incorporation with the **[**Office of Health Care Access
4401 division of the Department of Public Health**]** Health Systems Planning
4402 Unit of the Office of Health Strategy not later than ten business days
4403 after the medical foundation files such certificate of incorporation or
4404 amendment with the Secretary of the State pursuant to chapter 602.

4405 (f) Any medical group clinic corporation formed under chapter 594
4406 of the general statutes, revision of 1958, revised to 1995, which amends
4407 its certificate of incorporation pursuant to subsection (a) of section 33-
4408 182cc, shall file with the **[**Office of Health Care Access division of the
4409 Department of Public Health**]** Health Systems Planning Unit of the
4410 Office of Health Strategy a copy of its certificate of incorporation and
4411 any amendments to its certificate of incorporation, including any
4412 amendment to its certificate of incorporation that complies with the
4413 requirements of subsection (a) of section 33-182cc, not later than ten
4414 business days after the medical foundation files its certificate of

4415 incorporation or any amendments to its certificate of incorporation
4416 with the Secretary of the State.

4417 (g) Any medical foundation, regardless of when organized, shall file
4418 notice with the [Office of Health Care Access division of the
4419 Department of Public Health] Health Systems Planning Unit of the
4420 Office of Health Strategy and the Secretary of the State of its
4421 liquidation, termination, dissolution or cessation of operations not later
4422 than ten business days after a vote by its board of directors or
4423 members to take such action. A medical foundation shall, annually,
4424 provide the office with (1) a statement of its mission, (2) the name and
4425 address of the organizing members, (3) the name and specialty of each
4426 physician employed by or acting as an agent of the medical
4427 foundation, (4) the location or locations where each such physician
4428 practices, (5) a description of the services provided at each such
4429 location, (6) a description of any significant change in its services
4430 during the preceding year, (7) a copy of the medical foundation's
4431 governing documents and bylaws, (8) the name and employer of each
4432 member of the board of directors, and (9) other financial information
4433 as reported on the medical foundation's most recently filed Internal
4434 Revenue Service return of organization exempt from income tax form,
4435 or any replacement form adopted by the Internal Revenue Service, or,
4436 if such medical foundation is not required to file such form,
4437 information substantially similar to that required by such form. The
4438 [Office of Health Care Access] Health Systems Planning Unit shall
4439 make such forms and information available to members of the public
4440 and accessible on said [office's] unit's Internet web site.

4441 Sec. 114. Subsections (b) and (c) of section 19a-493b of the general
4442 statutes are repealed and the following is substituted in lieu thereof
4443 (*Effective July 1, 2018*):

4444 (b) No entity, individual, firm, partnership, corporation, limited
4445 liability company or association, other than a hospital, shall
4446 individually or jointly establish or operate an outpatient surgical
4447 facility in this state without complying with chapter 368z, except as

4448 otherwise provided by this section, and obtaining a license within the
4449 time specified in this subsection from the Department of Public Health
4450 for such facility pursuant to the provisions of this chapter, unless such
4451 entity, individual, firm, partnership, corporation, limited liability
4452 company or association: (1) Provides to the [Office of Health Care
4453 Access division of the Department of Public Health] Health Systems
4454 Planning Unit of the Office of Health Strategy satisfactory evidence
4455 that it was in operation on or before July 1, 2003, or (2) obtained, on or
4456 before July 1, 2003, from the Office of Health Care Access, a
4457 determination that a certificate of need is not required. An entity,
4458 individual, firm, partnership, corporation, limited liability company or
4459 association otherwise in compliance with this section may operate an
4460 outpatient surgical facility without a license through March 30, 2007,
4461 and shall have until March 30, 2007, to obtain a license from the
4462 Department of Public Health.

4463 (c) Notwithstanding the provisions of this section, no outpatient
4464 surgical facility shall be required to comply with section 19a-631, as
4465 amended by this act, 19a-632, as amended by this act, 19a-644, as
4466 amended by this act, 19a-645, as amended by this act, 19a-646, as
4467 amended by this act, 19a-649, as amended by this act, 19a-664 to 19a-
4468 666, inclusive, 19a-673 to 19a-676, inclusive, as amended by this act,
4469 19a-678, 19a-681, as amended by this act, or 19a-683. Each outpatient
4470 surgical facility shall continue to be subject to the obligations and
4471 requirements applicable to such facility, including, but not limited to,
4472 any applicable provision of this chapter and those provisions of
4473 chapter 368z not specified in this subsection, except that a request for
4474 permission to undertake a transfer or change of ownership or control
4475 shall not be required pursuant to subsection (a) of section 19a-638, as
4476 amended by this act, if the [Office of Health Care Access division of the
4477 Department of Public Health] Health Systems Planning Unit of the
4478 Office of Health Strategy determines that the following conditions are
4479 satisfied: (1) Prior to any such transfer or change of ownership or
4480 control, the outpatient surgical facility shall be owned and controlled
4481 exclusively by persons licensed pursuant to section 20-13 or chapter
4482 375, either directly or through a limited liability company, formed

4483 pursuant to chapter 613, a corporation, formed pursuant to chapters
4484 601 and 602, or a limited liability partnership, formed pursuant to
4485 chapter 614, that is exclusively owned by persons licensed pursuant to
4486 section 20-13 or chapter 375, or is under the interim control of an estate
4487 executor or conservator pending transfer of an ownership interest or
4488 control to a person licensed under section 20-13 or chapter 375, and (2)
4489 after any such transfer or change of ownership or control, persons
4490 licensed pursuant to section 20-13 or chapter 375, a limited liability
4491 company, formed pursuant to chapter 613, a corporation, formed
4492 pursuant to chapters 601 and 602, or a limited liability partnership,
4493 formed pursuant to chapter 614, that is exclusively owned by persons
4494 licensed pursuant to section 20-13 or chapter 375, shall own and
4495 control no less than a sixty per cent interest in the outpatient surgical
4496 facility.

4497 Sec. 115. Section 19a-6q of the general statutes is repealed and the
4498 following is substituted in lieu thereof (*Effective July 1, 2018*):

4499 (a) The Commissioner of Public Health, in consultation with the
4500 **[**Lieutenant Governor, or the Lieutenant Governor's designee,**]**
4501 <u>executive director of the Office of Health Strategy, established under</u>
4502 <u>section 19a-754a, as amended by this act,</u> and local and regional health
4503 departments, shall, within available resources, develop a plan that is
4504 consistent with the Department of Public Health's Healthy Connecticut
4505 2020 health improvement plan and the state healthcare innovation
4506 plan developed pursuant to the State Innovation Model Initiative by
4507 the Centers for Medicare and Medicaid Services Innovation Center.
4508 The commissioner shall develop and implement such plan to: (1)
4509 Reduce the incidence of chronic disease, including, but not limited to,
4510 chronic cardiovascular disease, cancer, lupus, stroke, chronic lung
4511 disease, diabetes, arthritis or another chronic metabolic disease and the
4512 effects of behavioral health disorders; (2) improve chronic disease care
4513 coordination in the state; and (3) reduce the incidence and effects of
4514 chronic disease and improve outcomes for conditions associated with
4515 chronic disease in the state.

4516 (b) The commissioner shall, on or before January 15, 2015, and
4517 biennially thereafter, submit a report, in consultation with the
4518 [Lieutenant Governor or the Lieutenant Governor's designee]
4519 executive director of the Office of Health Strategy, in accordance with
4520 the provisions of section 11-4a to the joint standing committee of the
4521 General Assembly having cognizance of matters relating to public
4522 health concerning chronic disease and implementation of the plan
4523 described in subsection (a) of this section. The commissioner shall post
4524 each report on the Department of Public Health's Internet web site not
4525 later than thirty days after submitting such report. Each report shall
4526 include, but need not be limited to: (1) A description of the chronic
4527 diseases that are most likely to cause a person's death or disability, the
4528 approximate number of persons affected by such chronic diseases and
4529 an assessment of the financial effects of each such disease on the state
4530 and on hospitals and health care facilities; (2) a description and
4531 assessment of programs and actions that have been implemented by
4532 the department and health care providers to improve chronic disease
4533 care coordination and prevent chronic disease; (3) the sources and
4534 amounts of funding received by the department to treat persons with
4535 multiple chronic diseases and to treat or reduce the most prevalent
4536 chronic diseases in the state; (4) a description of chronic disease care
4537 coordination between the department and health care providers, to
4538 prevent and treat chronic disease; and (5) recommendations
4539 concerning actions that health care providers and persons with chronic
4540 disease may take to reduce the incidence and effects of chronic disease.

4541 Sec. 116. Section 19a-725 of the 2018 supplement to the general
4542 statutes is repealed and the following is substituted in lieu thereof
4543 (*Effective July 1, 2018*):

4544 (a) There is established within the [office of the Lieutenant
4545 Governor] Office of Health Strategy, established under section 19a-
4546 754a, as amended by this act, the Health Care Cabinet for the purpose
4547 of advising the Governor on the matters set forth in subsection (c) of
4548 this section.

4549 (b) (1) The Health Care Cabinet shall consist of the following
4550 members who shall be appointed on or before August 1, 2011: (A) Five
4551 appointed by the Governor, two of whom may represent the health
4552 care industry and shall serve for terms of four years, one of whom
4553 shall represent community health centers and shall serve for a term of
4554 three years, one of whom shall represent insurance producers and
4555 shall serve for a term of three years and one of whom shall be an at-
4556 large appointment and shall serve for a term of three years; (B) one
4557 appointed by the president pro tempore of the Senate, who shall be an
4558 oral health specialist engaged in active practice and shall serve for a
4559 term of four years; (C) one appointed by the majority leader of the
4560 Senate, who shall represent labor and shall serve for a term of three
4561 years; (D) one appointed by the minority leader of the Senate, who
4562 shall be an advanced practice registered nurse engaged in active
4563 practice and shall serve for a term of two years; (E) one appointed by
4564 the speaker of the House of Representatives, who shall be a consumer
4565 advocate and shall serve for a term of four years; (F) one appointed by
4566 the majority leader of the House of Representatives, who shall be a
4567 primary care physician engaged in active practice and shall serve for a
4568 term of four years; (G) one appointed by the minority leader of the
4569 House of Representatives, who shall represent the health information
4570 technology industry and shall serve for a term of three years; (H) five
4571 appointed jointly by the chairpersons of the SustiNet Health
4572 Partnership board of directors, one of whom shall represent faith
4573 communities, one of whom shall represent small businesses, one of
4574 whom shall represent the home health care industry, one of whom
4575 shall represent hospitals, and one of whom shall be an at-large
4576 appointment, all of whom shall serve for terms of five years; (I) the
4577 [Lieutenant Governor] executive director of the Office of Health
4578 Strategy, or the executive director's designee; (J) the Secretary of the
4579 Office of Policy and Management, or the secretary's designee; the
4580 Comptroller, or the Comptroller's designee; the chief executive officer
4581 of the Connecticut Health Insurance Exchange, or said officer's
4582 designee; the Commissioners of Social Services and Public Health, or
4583 their designees; and the Healthcare Advocate, or the Healthcare

4584 Advocate's designee, all of whom shall serve as ex-officio voting
4585 members; and (K) the Commissioners of Children and Families,
4586 Developmental Services and Mental Health and Addiction Services,
4587 and the Insurance Commissioner, or their designees, and the nonprofit
4588 liaison to the Governor, or the nonprofit liaison's designee, all of whom
4589 shall serve as ex-officio nonvoting members.

4590 (2) Following the expiration of initial cabinet member terms,
4591 subsequent cabinet terms shall be for four years, commencing on
4592 August first of the year of the appointment. If an appointing authority
4593 fails to make an initial appointment to the cabinet or an appointment
4594 to fill a cabinet vacancy within ninety days of the date of such vacancy,
4595 the appointed cabinet members shall, by majority vote, make such
4596 appointment to the cabinet.

4597 (3) Upon the expiration of the initial terms of the five cabinet
4598 members appointed by SustiNet Health Partnership board of directors,
4599 five successor cabinet members shall be appointed as follows: (A) One
4600 appointed by the Governor; (B) one appointed by the president pro
4601 tempore of the Senate; (C) one appointed by the speaker of the House
4602 of Representatives; and (D) two appointed by majority vote of the
4603 appointed board members. Successor board members appointed
4604 pursuant to this subdivision shall be at-large appointments.

4605 (4) The **[**Lieutenant Governor**]** executive director of the Office of
4606 Health Strategy, or the executive director's designee, shall serve as the
4607 chairperson of the Health Care Cabinet.

4608 (c) The Health Care Cabinet shall advise the Governor regarding the
4609 development of an integrated health care system for Connecticut and
4610 shall:

4611 (1) Evaluate the means of ensuring an adequate health care
4612 workforce in the state;

4613 (2) Jointly evaluate, with the chief executive officer of the
4614 Connecticut Health Insurance Exchange, the feasibility of

4615 implementing a basic health program option as set forth in Section
4616 1331 of the Affordable Care Act;

4617 (3) Identify short and long-range opportunities, issues and gaps
4618 created by the enactment of federal health care reform;

4619 (4) Review the effectiveness of delivery system reforms and other
4620 efforts to control health care costs, including, but not limited to,
4621 reforms and efforts implemented by state agencies; and

4622 (5) Advise the Governor on matters relating to: (A) The design,
4623 implementation, actionable objectives and evaluation of state and
4624 federal health care policies, priorities and objectives relating to the
4625 state's efforts to improve access to health care, (B) the quality of such
4626 care and the affordability and sustainability of the state's health care
4627 system, and (C) total state-wide health care spending, including
4628 methods to collect, analyze and report health care spending data.

4629 (d) The Health Care Cabinet may convene working groups, which
4630 include volunteer health care experts, to make recommendations
4631 concerning the development and implementation of service delivery
4632 and health care provider payment reforms, including multipayer
4633 initiatives, medical homes, electronic health records and evidenced-
4634 based health care quality improvement.

4635 (e) The **[**office of the Lieutenant Governor and the Office of the
4636 Healthcare Advocate**]** <u>Office of Health Strategy</u> shall provide support
4637 staff to the Health Care Cabinet.

4638 Sec. 117. Section 20-195sss of the 2018 supplement to the general
4639 statutes is repealed and the following is substituted in lieu thereof
4640 (*Effective July 1, 2018*):

4641 (a) As used in this section, "community health worker" means a
4642 public health outreach professional with an in-depth understanding of
4643 the experience, language, culture and socioeconomic needs of the
4644 community who (1) serves as a liaison between individuals within the
4645 community and health care and social services providers to facilitate

4646 access to such services and health-related resources, improve the
4647 quality and cultural competence of the delivery of such services and
4648 address social determinants of health with a goal toward reducing
4649 racial, ethnic, gender and socioeconomic health disparities, and (2)
4650 increases health knowledge and self-sufficiency through a range of
4651 services including outreach, engagement, education, coaching,
4652 informal counseling, social support, advocacy, care coordination,
4653 research related to social determinants of health and basic screenings
4654 and assessments of any risks associated with social determinants of
4655 health.

4656 (b) The executive director of the [state innovation model initiative
4657 program management office] Office of Health Strategy, established
4658 under section 19a-754a, as amended by this act, shall, within available
4659 resources and in consultation with the Community Health Worker
4660 Advisory Committee established by [such] said office and the
4661 Commissioner of Public Health, study the feasibility of creating a
4662 certification program for community health workers. Such study shall
4663 examine the fiscal impact of implementing such a certification program
4664 and include recommendations for (1) requirements for certification
4665 and renewal of certification of community health workers, including
4666 any training, experience or continuing education requirements, (2)
4667 methods for administering a certification program, including a
4668 certification application, a standardized assessment of experience,
4669 knowledge and skills, and an electronic registry, and (3) requirements
4670 for recognizing training program curricula that are sufficient to satisfy
4671 the requirements of certification.

4672 (c) Not later than October 1, 2018, the executive director of the [state
4673 innovation model initiative program management office] Office of
4674 Health Strategy shall report, in accordance with the provisions of
4675 section 11-4a, on the results of such study and recommendations to the
4676 joint standing committees of the General Assembly having cognizance
4677 of matters relating to public health and human services.

4678 Sec. 118. Section 38a-47 of the 2018 supplement to the general

4679 statutes is repealed and the following is substituted in lieu thereof
4680 (*Effective July 1, 2018*):

4681 (a) All domestic insurance companies and other domestic entities
4682 subject to taxation under chapter 207 shall, in accordance with section
4683 38a-48, as amended by this act, annually pay to the Insurance
4684 Commissioner, for deposit in the Insurance Fund established under
4685 section 38a-52a, an amount equal to: **[**the**]**

4686 (1) The actual expenditures made by the Insurance Department
4687 during each fiscal year, and the actual expenditures made by the Office
4688 of the Healthcare Advocate, including the cost of fringe benefits for
4689 department and office personnel as estimated by the Comptroller; **[**,
4690 plus (1) the**]**

4691 (2) The amount appropriated to the Office of Health Strategy from
4692 the Insurance Fund for the fiscal year, including the cost of fringe
4693 benefits for office personnel as estimated by the Comptroller;

4694 (3) The expenditures made on behalf of the department and **[**the
4695 office**]** said offices from the Capital Equipment Purchase Fund
4696 pursuant to section 4a-9 for such year, **[**and (2) the**]** but excluding such
4697 estimated expenditures made on behalf of the Health Systems
4698 Planning Unit of the Office of Health Strategy; and

4699 (4) The amount appropriated to the Department of Social Services
4700 for the fall prevention program established in section 17a-303a from
4701 the Insurance Fund for the fiscal year. **[**, but excluding**]**

4702 (b) The expenditures and amounts specified in subdivisions (1) to
4703 (4), inclusive, of subsection (a) of this section shall exclude
4704 expenditures paid for by fraternal benefit societies, foreign and alien
4705 insurance companies and other foreign and alien entities under
4706 sections 38a-49 and 38a-50.

4707 (c) Payments shall be made by assessment of all such domestic
4708 insurance companies and other domestic entities calculated and
4709 collected in accordance with the provisions of section 38a-48, as

4710 amended by this act. Any such domestic insurance company or other
4711 domestic entity aggrieved because of any assessment levied under this
4712 section may appeal therefrom in accordance with the provisions of
4713 section 38a-52.

4714 Sec. 119. Section 38a-48 of the 2018 supplement to the general
4715 statutes is repealed and the following is substituted in lieu thereof
4716 (*Effective July 1, 2018*):

4717 (a) On or before June thirtieth, annually, the Commissioner of
4718 Revenue Services shall render to the Insurance Commissioner a
4719 statement certifying the amount of taxes or charges imposed on each
4720 domestic insurance company or other domestic entity under chapter
4721 207 on business done in this state during the preceding calendar year.
4722 The statement for local domestic insurance companies shall set forth
4723 the amount of taxes and charges before any tax credits allowed as
4724 provided in subsection (a) of section 12-202.

4725 (b) On or before July thirty-first, annually, the Insurance
4726 Commissioner and the Office of the Healthcare Advocate shall render
4727 to each domestic insurance company or other domestic entity liable for
4728 payment under section 38a-47, as amended by this act: (1) A statement
4729 that includes (A) the amount appropriated to the Insurance
4730 Department, **[**and**]** the Office of the Healthcare Advocate and the
4731 Office of Health Strategy from the Insurance Fund established under
4732 section 38a-52a for the fiscal year beginning July first of the same year,
4733 (B) the cost of fringe benefits for department and office personnel for
4734 such year, as estimated by the Comptroller, (C) the estimated
4735 expenditures on behalf of the department and the **[**office**]** offices from
4736 the Capital Equipment Purchase Fund pursuant to section 4a-9 for
4737 such year, not including such estimated expenditures made on behalf
4738 of the Health Systems Planning Unit of the Office of Health Strategy,
4739 and (D) the amount appropriated to the Department of Social Services
4740 for the fall prevention program established in section 17a-303a from
4741 the Insurance Fund for the fiscal year; (2) a statement of the total taxes
4742 imposed on all domestic insurance companies and domestic insurance

4743 entities under chapter 207 on business done in this state during the
4744 preceding calendar year; and (3) the proposed assessment against that
4745 company or entity, calculated in accordance with the provisions of
4746 subsection (c) of this section, provided for the purposes of this
4747 calculation the amount appropriated to the Insurance Department,
4748 [and] the Office of the Healthcare Advocate and the Office of Health
4749 Strategy from the Insurance Fund plus the cost of fringe benefits for
4750 department and office personnel and the estimated expenditures on
4751 behalf of the department and the office from the Capital Equipment
4752 Purchase Fund pursuant to section 4a-9, not including such
4753 expenditures made on behalf of the Health Systems Planning Unit of
4754 the Office of Health Strategy shall be deemed to be the actual
4755 expenditures of the department and the office, and the amount
4756 appropriated to the Department of Social Services from the Insurance
4757 Fund for the fiscal year for the fall prevention program established in
4758 section 17a-303a shall be deemed to be the actual expenditures for the
4759 program.

4760 (c) (1) The proposed assessments for each domestic insurance
4761 company or other domestic entity shall be calculated by (A) allocating
4762 twenty per cent of the amount to be paid under section 38a-47, as
4763 amended by this act, among the domestic entities organized under
4764 sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive,
4765 in proportion to their respective shares of the total taxes and charges
4766 imposed under chapter 207 on such entities on business done in this
4767 state during the preceding calendar year, and (B) allocating eighty per
4768 cent of the amount to be paid under section 38a-47, as amended by this
4769 act, among all domestic insurance companies and domestic entities
4770 other than those organized under sections 38a-199 to 38a-209,
4771 inclusive, and 38a-214 to 38a-225, inclusive, in proportion to their
4772 respective shares of the total taxes and charges imposed under chapter
4773 207 on such domestic insurance companies and domestic entities on
4774 business done in this state during the preceding calendar year,
4775 provided if there are no domestic entities organized under sections
4776 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, at the
4777 time of assessment, one hundred per cent of the amount to be paid

4778 under section 38a-47, as amended by this act, shall be allocated among
4779 such domestic insurance companies and domestic entities.

4780 (2) When the amount any such company or entity is assessed
4781 pursuant to this section exceeds twenty-five per cent of the actual
4782 expenditures of the Insurance Department, [and] the Office of the
4783 Healthcare Advocate and the Office of Health Strategy from the
4784 Insurance Fund, such excess amount shall not be paid by such
4785 company or entity but rather shall be assessed against and paid by all
4786 other such companies and entities in proportion to their respective
4787 shares of the total taxes and charges imposed under chapter 207 on
4788 business done in this state during the preceding calendar year, except
4789 that for purposes of any assessment made to fund payments to the
4790 Department of Public Health to purchase vaccines, such company or
4791 entity shall be responsible for its share of the costs, notwithstanding
4792 whether its assessment exceeds twenty-five per cent of the actual
4793 expenditures of the Insurance Department, [and] the Office of the
4794 Healthcare Advocate and the Office of Health Strategy from the
4795 Insurance Fund. The provisions of this subdivision shall not be
4796 applicable to any corporation which has converted to a domestic
4797 mutual insurance company pursuant to section 38a-155 upon the
4798 effective date of any public act which amends said section to modify or
4799 remove any restriction on the business such a company may engage in,
4800 for purposes of any assessment due from such company on and after
4801 such effective date.

4802 (d) For purposes of calculating the amount of payment under
4803 section 38a-47, as amended by this act, as well as the amount of the
4804 assessments under this section, the "total taxes imposed on all
4805 domestic insurance companies and other domestic entities under
4806 chapter 207" shall be based upon the amounts shown as payable to the
4807 state for the calendar year on the returns filed with the Commissioner
4808 of Revenue Services pursuant to chapter 207; with respect to
4809 calculating the amount of payment and assessment for local domestic
4810 insurance companies, the amount used shall be the taxes and charges
4811 imposed before any tax credits allowed as provided in subsection (a) of

4812 section 12-202.

4813 (e) On or before September thirtieth, annually, for each fiscal year
4814 ending prior to July 1, 1990, the Insurance Commissioner and the
4815 Healthcare Advocate, after receiving any objections to the proposed
4816 assessments and making such adjustments as in their opinion may be
4817 indicated, shall assess each such domestic insurance company or other
4818 domestic entity an amount equal to its proposed assessment as so
4819 adjusted. Each domestic insurance company or other domestic entity
4820 shall pay to the Insurance Commissioner on or before October thirty-
4821 first an amount equal to fifty per cent of its assessment adjusted to
4822 reflect any credit or amount due from the preceding fiscal year as
4823 determined by the commissioner under subsection (g) of this section.
4824 Each domestic insurance company or other domestic entity shall pay
4825 to the Insurance Commissioner on or before the following April
4826 thirtieth, the remaining fifty per cent of its assessment.

4827 (f) On or before September first, annually, for each fiscal year
4828 ending after July 1, 1990, the Insurance Commissioner and the
4829 Healthcare Advocate, after receiving any objections to the proposed
4830 assessments and making such adjustments as in their opinion may be
4831 indicated, shall assess each such domestic insurance company or other
4832 domestic entity an amount equal to its proposed assessment as so
4833 adjusted. Each domestic insurance company or other domestic entity
4834 shall pay to the Insurance Commissioner (1) on or before June 30, 1990,
4835 and on or before June thirtieth annually thereafter, an estimated
4836 payment against its assessment for the following year equal to twenty-
4837 five per cent of its assessment for the fiscal year ending such June
4838 thirtieth, (2) on or before September thirtieth, annually, twenty-five per
4839 cent of its assessment adjusted to reflect any credit or amount due
4840 from the preceding fiscal year as determined by the commissioner
4841 under subsection (g) of this section, and (3) on or before the following
4842 December thirty-first and March thirty-first, annually, each domestic
4843 insurance company or other domestic entity shall pay to the Insurance
4844 Commissioner the remaining fifty per cent of its proposed assessment
4845 to the department in two equal installments.

4846 (g) If the actual expenditures for the fall prevention program
4847 established in section 17a-303a are less than the amount allocated, the
4848 Commissioner of Social Services shall notify the Insurance
4849 Commissioner and the Healthcare Advocate. Immediately following
4850 the close of the fiscal year, the Insurance Commissioner and the
4851 Healthcare Advocate shall recalculate the proposed assessment for
4852 each domestic insurance company or other domestic entity in
4853 accordance with subsection (c) of this section using the actual
4854 expenditures made during the fiscal year by the Insurance
4855 Department, **[**and**]** the Office of the Healthcare Advocate **[**during that
4856 fiscal year**]** and the Office of Health Strategy from the Insurance Fund,
4857 the actual expenditures made on behalf of the department and the
4858 **[**office**]** offices from the Capital Equipment Purchase Fund pursuant to
4859 section 4a-9, not including such expenditures made on behalf of the
4860 Health Systems Planning Unit of the Office of Health Strategy, and the
4861 actual expenditures for the fall prevention program. On or before July
4862 thirty-first, the Insurance Commissioner and the Healthcare Advocate
4863 shall render to each such domestic insurance company and other
4864 domestic entity a statement showing the difference between their
4865 respective recalculated assessments and the amount they have
4866 previously paid. On or before August thirty-first, the Insurance
4867 Commissioner and the Healthcare Advocate, after receiving any
4868 objections to such statements, shall make such adjustments which in
4869 their opinion may be indicated, and shall render an adjusted
4870 assessment, if any, to the affected companies.

4871 (h) If any assessment is not paid when due, a penalty of twenty-five
4872 dollars shall be added thereto, and interest at the rate of six per cent
4873 per annum shall be paid thereafter on such assessment and penalty.

4874 (i) The commissioner shall deposit all payments made under this
4875 section with the State Treasurer. On and after June 6, 1991, the moneys
4876 so deposited shall be credited to the Insurance Fund established under
4877 section 38a-52a and shall be accounted for as expenses recovered from
4878 insurance companies.

4879 Sec. 120. Subsection (c) of section 1-84b of the general statutes is
4880 repealed and the following is substituted in lieu thereof (*Effective July*
4881 *1, 2018*):

4882 (c) The provisions of this subsection apply to present or former
4883 executive branch public officials or state employees who hold or
4884 formerly held positions which involve significant decision-making or
4885 supervisory responsibility and are designated as such by the Office of
4886 State Ethics in consultation with the agency concerned except that such
4887 provisions shall not apply to members or former members of the
4888 boards or commissions who serve ex officio, who are required by
4889 statute to represent the regulated industry or who are permitted by
4890 statute to have a past or present affiliation with the regulated industry.
4891 Designation of positions subject to the provisions of this subsection
4892 shall be by regulations adopted by the Citizen's Ethics Advisory Board
4893 in accordance with chapter 54. As used in this subsection, "agency"
4894 means the **[**Office of Health Care Access division within the
4895 Department of Public Health**]** Health Systems Planning Unit of the
4896 Office of Health Strategy, the Connecticut Siting Council, the
4897 Department of Banking, the Insurance Department, the Department of
4898 Emergency Services and Public Protection, the office within the
4899 Department of Consumer Protection that carries out the duties and
4900 responsibilities of sections 30-2 to 30-68m, inclusive, the Public Utilities
4901 Regulatory Authority, including the Office of Consumer Counsel, and
4902 the Department of Consumer Protection and the term "employment"
4903 means professional services or other services rendered as an employee
4904 or as an independent contractor.

4905 (1) No public official or state employee in an executive branch
4906 position designated by the Office of State Ethics shall negotiate for,
4907 seek or accept employment with any business subject to regulation by
4908 his agency.

4909 (2) No former public official or state employee who held such a
4910 position in the executive branch shall within one year after leaving an
4911 agency, accept employment with a business subject to regulation by

4912 that agency.

4913 (3) No business shall employ a present or former public official or
4914 state employee in violation of this subsection.

4915 Sec. 121. Section 3-123i of the general statutes is repealed and the
4916 following is substituted in lieu thereof (*Effective July 1, 2018*):

4917 For the fiscal year ending June 30, 2014, and for each fiscal year
4918 thereafter, the Comptroller shall fund the fringe benefit cost
4919 differential between the average rate for fringe benefits for employees
4920 of private hospitals in the state and the fringe benefit rate for
4921 employees of The University of Connecticut Health Center from the
4922 resources appropriated for State Comptroller-Fringe Benefits in an
4923 amount not to exceed $13,500,000. For purposes of this section, the
4924 "fringe benefit cost differential" means the difference between the state
4925 fringe benefit rate calculated on The University of Connecticut Health
4926 Center payroll and the average member fringe benefit rate of all
4927 Connecticut acute care hospitals as contained in the annual reports
4928 submitted to the **[**Office of Health Care Access**]** Health Systems
4929 Planning Unit of the Office of Health Strategy pursuant to section 19a-
4930 644.

4931 Sec. 122. Subsection (b) of section 4-101a of the general statutes is
4932 repealed and the following is substituted in lieu thereof (*Effective July*
4933 *1, 2018*):

4934 (b) Grants, technical assistance or consultation services, or any
4935 combination thereof, provided under this section may be made to
4936 assist a nongovernmental acute care general hospital to develop and
4937 implement a plan to achieve financial stability and assure the delivery
4938 of appropriate health care services in the service area of such hospital,
4939 or to assist a nongovernmental acute care general hospital in
4940 determining strategies, goals and plans to ensure its financial viability
4941 or stability. Any such hospital seeking such grants, technical assistance
4942 or consultation services shall prepare and submit to the Office of Policy
4943 and Management and the **[**Office of Health Care Access division of the

4944 Department of Public Health**]** Health Systems Planning Unit of the
4945 Office of Health Strategy a plan that includes at least the following: (1)
4946 A statement of the hospital's current projections of its finances for the
4947 current and the next three fiscal years; (2) identification of the major
4948 financial issues which effect the financial stability of the hospital; (3)
4949 the steps proposed to study or improve the financial status of the
4950 hospital and eliminate ongoing operating losses; (4) plans to study or
4951 change the mix of services provided by the hospital, which may
4952 include transition to an alternative licensure category; and (5) other
4953 related elements as determined by the Office of Policy and
4954 Management. Such plan shall clearly identify the amount, value or
4955 type of the grant, technical assistance or consultation services, or
4956 combination thereof, requested. Any grants, technical assistance or
4957 consultation services, or any combination thereof, provided under this
4958 section shall be determined by the Secretary of the Office of Policy and
4959 Management not to jeopardize the federal matching payments under
4960 the medical assistance program and the emergency assistance to
4961 families program as determined by the **[**Office of Health Care Access
4962 division of the Department of Public Health**]** Health Systems Planning
4963 Unit of the Office of Health Strategy or the Department of Social
4964 Services in consultation with the Office of Policy and Management.

4965 Sec. 123. Subsection (c) of section 17b-337 of the 2018 supplement to
4966 the general statutes is repealed and the following is substituted in lieu
4967 thereof (*Effective July 1, 2018*):

4968 (c) The Long-Term Care Planning Committee shall consist of: (1)
4969 The chairpersons and ranking members of the joint standing
4970 committees of the General Assembly having cognizance of matters
4971 relating to human services, public health, elderly services and long-
4972 term care; (2) the Commissioner of Social Services, or the
4973 commissioner's designee; (3) one member of the Office of Policy and
4974 Management appointed by the Secretary of the Office of Policy and
4975 Management; (4) **[**two members**]** one member from the Department of
4976 Public Health appointed by the Commissioner of Public Health; **[**, one
4977 of whom is from the Office of Health Care Access division of the

4978 department;] (5) one member from the Department of Housing
4979 appointed by the Commissioner of Housing; (6) one member from the
4980 Department of Developmental Services appointed by the
4981 Commissioner of Developmental Services; (7) one member from the
4982 Department of Mental Health and Addiction Services appointed by the
4983 Commissioner of Mental Health and Addiction Services; (8) one
4984 member from the Department of Transportation appointed by the
4985 Commissioner of Transportation; [and] (9) one member from the
4986 Department of Children and Families appointed by the Commissioner
4987 of Children and Families; and (10) one member from the Health
4988 Systems Planning Unit of the Office of Health Strategy appointed by
4989 the executive director of the Office of Health Strategy. The committee
4990 shall convene no later than ninety days after June 4, 1998. Any vacancy
4991 shall be filled by the appointing authority. The chairperson shall be
4992 elected from among the members of the committee. The committee
4993 shall seek the advice and participation of any person, organization or
4994 state or federal agency it deems necessary to carry out the provisions
4995 of this section.

4996 Sec. 124. Subsection (g) of section 17b-352 of the 2018 supplement to
4997 the general statutes is repealed and the following is substituted in lieu
4998 thereof (*Effective July 1, 2018*):

4999 (g) The Commissioner of Social Services shall adopt regulations, in
5000 accordance with chapter 54, to implement the provisions of this
5001 section. [The commissioner shall implement the standards and
5002 procedures of the Office of Health Care Access division of the
5003 Department of Public Health concerning certificates of need
5004 established pursuant to section 19a-643, as appropriate for the
5005 purposes of this section, until the time final regulations are adopted in
5006 accordance with said chapter 54.]

5007 Sec. 125. Subsection (e) of section 17b-353 of the 2018 supplement to
5008 the general statutes is repealed and the following is substituted in lieu
5009 thereof (*Effective July 1, 2018*):

5010 (e) The Commissioner of Social Services shall adopt regulations, in

5011 accordance with chapter 54, to implement the provisions of this
5012 section. **[**The commissioner shall implement the standards and
5013 procedures of the Office of Health Care Access division of the
5014 Department of Public Health concerning certificates of need
5015 established pursuant to section 19a-643, as appropriate for the
5016 purposes of this section, until the time final regulations are adopted in
5017 accordance with said chapter 54.**]**

5018 Sec. 126. Subsection (f) of section 17b-354 of the 2018 supplement to
5019 the general statutes is repealed and the following is substituted in lieu
5020 thereof (*Effective July 1, 2018*):

5021 (f) The Commissioner of Social Services may adopt regulations, in
5022 accordance with chapter 54, to implement the provisions of this
5023 section. **[**The commissioner shall implement the standards and
5024 procedures of the Office of Health Care Access division of the
5025 Department of Public Health concerning certificates of need
5026 established pursuant to section 19a-643, as appropriate for the
5027 purposes of this section, until the time final regulations are adopted in
5028 accordance with said chapter 54.**]**

5029 Sec. 127. Section 17b-356 of the general statutes is repealed and the
5030 following is substituted in lieu thereof (*Effective July 1, 2018*):

5031 Any health care facility or institution, as defined in subsection (a) of
5032 section 19a-490, except a nursing home, rest home, residential care
5033 home or residential facility for persons with intellectual disability
5034 licensed pursuant to section 17a-227 and certified to participate in the
5035 Title XIX Medicaid program as an intermediate care facility for
5036 individuals with intellectual disabilities, proposing to expand its
5037 services by adding nursing home beds shall obtain the approval of the
5038 Commissioner of Social Services in accordance with the procedures
5039 established pursuant to sections 17b-352, 17b-353 and 17b-354 for a
5040 facility, as defined in section 17b-352, prior to obtaining the approval
5041 of the **[**Office of Health Care Access division of the Department of
5042 Public Health**]** Health Systems Planning Unit of the Office of Health
5043 Strategy pursuant to section 19a-639, as amended by this act.

5044 Sec. 128. Subsection (b) of section 19a-7 of the general statutes is
5045 repealed and the following is substituted in lieu thereof (*Effective July*
5046 *1, 2018*):

5047 (b) For the purposes of establishing a state health plan as required
5048 by subsection (a) of this section and consistent with state and federal
5049 law on patient records, the department is entitled to access hospital
5050 discharge data, emergency room and ambulatory surgery encounter
5051 data, data on home health care agency client encounters and services,
5052 data from community health centers on client encounters and services
5053 and all data collected or compiled by the [Office of Health Care Access
5054 division of the Department of Public Health] Health Systems Planning
5055 unit of the Office of Health Strategy pursuant to section 19a-613, as
5056 amended by this act.

5057 Sec. 129. Subsection (a) of section 19a-507 of the general statutes is
5058 repealed and the following is substituted in lieu thereof (*Effective July*
5059 *1, 2018*):

5060 (a) Notwithstanding the provisions of chapter 368z, New Horizons,
5061 Inc., a nonprofit, nonsectarian organization, or a subsidiary
5062 organization controlled by New Horizons, Inc., is authorized to
5063 construct and operate an independent living facility for severely
5064 physically disabled adults, in the town of Farmington, provided such
5065 facility shall be constructed in accordance with applicable building
5066 codes. The Farmington Housing Authority, or any issuer acting on
5067 behalf of said authority, subject to the provisions of this section, may
5068 issue tax-exempt revenue bonds on a competitive or negotiated basis
5069 for the purpose of providing construction and permanent mortgage
5070 financing for the facility in accordance with Section 103 of the Internal
5071 Revenue Code. Prior to the issuance of such bonds, plans for the
5072 construction of the facility shall be submitted to and approved by the
5073 [Office of Health Care Access] Health Systems Planning Unit of the
5074 Office of Health Strategy. The [office] unit shall approve or disapprove
5075 such plans within thirty days of receipt thereof. If the plans are
5076 disapproved they may be resubmitted. Failure of the [office] unit to act

5077 on the plans within such thirty-day period shall be deemed approval
5078 thereof. The payments to residents of the facility who are eligible for
5079 assistance under the state supplement program for room and board
5080 and necessary services, shall be determined annually to be effective
5081 July first of each year. Such payments shall be determined on a basis of
5082 a reasonable payment for necessary services, which basis shall take
5083 into account as a factor the costs of providing those services and such
5084 other factors as the commissioner deems reasonable, including
5085 anticipated fluctuations in the cost of providing services. Such
5086 payments shall be calculated in accordance with the manner in which
5087 rates are calculated pursuant to subsection (h) of section 17b-340 and
5088 the cost-related reimbursement system pursuant to said section except
5089 that efficiency incentives shall not be granted. The commissioner may
5090 adjust such rates to account for the availability of personal care
5091 services for residents under the Medicaid program. The commissioner
5092 shall, upon submission of a request, allow actual debt service,
5093 comprised of principal and interest, in excess of property costs allowed
5094 pursuant to section 17-313b-5 of the regulations of Connecticut state
5095 agencies, provided such debt service terms and amounts are
5096 reasonable in relation to the useful life and the base value of the
5097 property. The cost basis for such payment shall be subject to audit, and
5098 a recomputation of the rate shall be made based upon such audit. The
5099 facility shall report on a fiscal year ending on the thirtieth day of
5100 September on forms provided by the commissioner. The required
5101 report shall be received by the commissioner no later than December
5102 thirty-first of each year. The Department of Social Services may use its
5103 existing utilization review procedures to monitor utilization of the
5104 facility. If the facility is aggrieved by any decision of the commissioner,
5105 the facility may, within ten days, after written notice thereof from the
5106 commissioner, obtain by written request to the commissioner, a
5107 hearing on all items of aggrievement. If the facility is aggrieved by the
5108 decision of the commissioner after such hearing, the facility may
5109 appeal to the Superior Court in accordance with the provisions of
5110 section 4-183.

5111 Sec. 130. Subsection (c) of section 12-263q of the 2018 supplement to

5112 the general statutes is repealed and the following is substituted in lieu
5113 thereof (*Effective July 1, 2018*):

5114 (c) Prior to January 1, 2018, and every three years thereafter, the
5115 Commissioner of Social Services shall seek approval from the Centers
5116 for Medicare and Medicaid Services to exempt financially distressed
5117 hospitals from the net revenue tax imposed on outpatient hospital
5118 services. Any such hospital for which the Centers for Medicare and
5119 Medicaid Services grants an exemption shall be exempt from the net
5120 revenue tax imposed on outpatient hospital services under subsection
5121 (a) of this section. Any hospital for which the Centers for Medicare and
5122 Medicaid Services denies an exemption shall be required to pay the net
5123 revenue tax imposed on outpatient hospital services under subsection
5124 (a) of this section. For purposes of this subsection, "financially
5125 distressed hospital" means a hospital that has experienced over a five-
5126 year period an average net loss of more than five per cent of aggregate
5127 revenue. A hospital has an average net loss of more than five per cent
5128 of aggregate revenue if such a loss is reflected in the five most recent
5129 years of financial reporting that have been made available by the
5130 **[**Office of Health Care Access**]** Health Systems Planning Unit of the
5131 Office of Health Strategy for such hospital in accordance with section
5132 19a-670 as of the effective date of the request for approval which
5133 effective date shall be July first of the year in which the request is
5134 made.

5135 Sec. 131. Subsection (b) of section 13 of public act 17-4 of the June
5136 special session is repealed and the following is substituted in lieu
5137 thereof (*Effective July 1, 2018*):

5138 (b) The commissioner may impose such conditions as the
5139 commissioner determines to be necessary in making any advance in
5140 accordance with this section, including, but not limited to, financial
5141 reporting, schedule of recoupment of advance payments and
5142 adjustments to any future payments to such hospital. For purposes of
5143 this section, "distressed hospital" means a short-term general acute care
5144 hospital licensed by the Department of Public Health that (1) the

5145 Commissioner of Social Services determines is financially distressed in
5146 accordance with financial criteria selected or developed by the
5147 commissioner, and (2) is independent and is not affiliated with any
5148 other hospital or hospital-based system that includes two or more
5149 hospitals, as documented through the certificate of need process
5150 administered by the **[**Department of Public Health, Office of Health
5151 Care Access**]** <u>Health Systems Planning Unit of the Office of Health</u>
5152 <u>Strategy</u>.

5153 Sec. 132. Subsection (b) of section 10a-109gg of the general statutes is
5154 repealed and the following is substituted in lieu thereof (*Effective July*
5155 *1, 2018*):

5156 (b) The proceeds of the sale of the bond issuance described in
5157 subsection (a) of this section shall be used by the Office of Policy and
5158 Management, in consultation with the chairperson of the Board of
5159 Trustees of the university, for the purpose of the UConn health
5160 network initiatives in the following manner: (1) Five million dollars of
5161 such proceeds shall be used by Hartford Hospital to develop a
5162 simulation and conference center on the Hartford Hospital campus to
5163 be run exclusively by Hartford Hospital, (2) five million dollars of such
5164 proceeds shall be used to fulfill the initiative for a primary care
5165 institute on the Saint Francis Hospital and Medical Center campus, (3)
5166 five million dollars of such proceeds shall be used to fulfill the
5167 initiatives for a comprehensive cancer center and The University of
5168 Connecticut-sponsored health disparities institute; (4) five million
5169 dollars of such proceeds shall be used to fulfill the initiatives for the
5170 planning, design, land acquisition, development and construction of
5171 (A) a cancer treatment center to be constructed by, or in partnership
5172 with, The Hospital of Central Connecticut, provided such cancer
5173 treatment center is located entirely within the legal boundaries of the
5174 city of New Britain, (B) renovations and upgrades to the oncology unit
5175 at The Hospital of Central Connecticut, and (C) if certificate of need
5176 approval is received<u>,</u> **[**pursuant to the provisions of subsection (b) of
5177 section 10a-109ii,**]** a Permanent Regional Phase One Clinical Trials Unit
5178 located at The Hospital of Central Connecticut in New Britain; and (5)

5179 two million dollars of such proceeds shall be used to fulfill the
5180 initiatives for patient room renovations at Bristol Hospital. In the event
5181 that the cancer treatment center authorized pursuant to subdivision (4)
5182 of this subsection is built in whole or in part outside the legal
5183 boundaries of the city of New Britain, The Hospital of Central
5184 Connecticut shall repay the entire amount of the proceeds used to
5185 fulfill the initiatives for the planning, design, development and
5186 construction of such center.

5187 Sec. 133. Subsection (d) of section 1-84 of the 2018 supplement to the
5188 general statutes is repealed and the following is substituted in lieu
5189 thereof (*Effective July 1, 2018*):

5190 (d) No public official or state employee or employee of such public
5191 official or state employee shall agree to accept, or be a member or
5192 employee of a partnership, association, professional corporation or
5193 sole proprietorship which partnership, association, professional
5194 corporation or sole proprietorship agrees to accept any employment,
5195 fee or other thing of value, or portion thereof, for appearing, agreeing
5196 to appear, or taking any other action on behalf of another person
5197 before the Department of Banking, the Office of the Claims
5198 Commissioner, the **[**Office of Health Care Access division within the
5199 Department of Public Health**]** <u>Health Systems Planning Unit of the</u>
5200 <u>Office of Health Strategy</u>, the Insurance Department, the Department
5201 of Consumer Protection, the Department of Motor Vehicles, the State
5202 Insurance and Risk Management Board, the Department of Energy and
5203 Environmental Protection, the Public Utilities Regulatory Authority,
5204 the Connecticut Siting Council or the Connecticut Real Estate
5205 Commission; provided this shall not prohibit any such person from
5206 making inquiry for information on behalf of another before any of said
5207 commissions or commissioners if no fee or reward is given or
5208 promised in consequence thereof. For the purpose of this subsection,
5209 partnerships, associations, professional corporations or sole
5210 proprietorships refer only to such partnerships, associations,
5211 professional corporations or sole proprietorships which have been
5212 formed to carry on the business or profession directly relating to the

5213 employment, appearing, agreeing to appear or taking of action
5214 provided for in this subsection. Nothing in this subsection shall
5215 prohibit any employment, appearing, agreeing to appear or taking
5216 action before any municipal board, commission or council. Nothing in
5217 this subsection shall be construed as applying (1) to the actions of any
5218 teaching or research professional employee of a public institution of
5219 higher education if such actions are not in violation of any other
5220 provision of this chapter, (2) to the actions of any other professional
5221 employee of a public institution of higher education if such actions are
5222 not compensated and are not in violation of any other provision of this
5223 chapter, (3) to any member of a board or commission who receives no
5224 compensation other than per diem payments or reimbursement for
5225 actual or necessary expenses, or both, incurred in the performance of
5226 the member's duties, or (4) to any member or director of a quasi-public
5227 agency. Notwithstanding the provisions of this subsection to the
5228 contrary, a legislator, an officer of the General Assembly or part-time
5229 legislative employee may be or become a member or employee of a
5230 firm, partnership, association or professional corporation which
5231 represents clients for compensation before agencies listed in this
5232 subsection, provided the legislator, officer of the General Assembly or
5233 part-time legislative employee shall take no part in any matter
5234 involving the agency listed in this subsection and shall not receive
5235 compensation from any such matter. Receipt of a previously
5236 established salary, not based on the current or anticipated business of
5237 the firm, partnership, association or professional corporation involving
5238 the agencies listed in this subsection, shall be permitted.

5239 Sec. 134. Section 249 of public act 17-2 of the June special session is
5240 repealed. (*Effective from passage*)

5241 Sec. 135. Sections 17a-451b, 17a-560a, 17a-576 and 20-185n of the
5242 general statutes are repealed. (*Effective from passage*)

5243 Sec. 136. Sections 10a-109ii, 17b-234, 17b-235, 19a-617b, 19a-637, 19a-
5244 755 and 38a-558 of the general statutes are repealed. (*Effective July 1,
5245 2018*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2018*	4-28f
Sec. 2	*October 1, 2018*	19a-55(a)
Sec. 3	*July 1, 2018*	New section
Sec. 4	*from passage*	19a-490(a)
Sec. 5	*from passage*	1-210(b)(18)
Sec. 6	*from passage*	1-210(c)
Sec. 7	*from passage*	5-145a
Sec. 8	*from passage*	5-173
Sec. 9	*from passage*	5-192f(d)
Sec. 10	*from passage*	17a-450(b)
Sec. 11	*from passage*	17a-450(c)(3)
Sec. 12	*from passage*	17a-450a(a)
Sec. 13	*from passage*	17a-458(c)
Sec. 14	*from passage*	17a-470
Sec. 15	*from passage*	17a-471a
Sec. 16	*from passage*	17a-472
Sec. 17	*from passage*	17a-495(b)
Sec. 18	*from passage*	17a-496
Sec. 19	*from passage*	17a-497(b)
Sec. 20	*from passage*	17a-498(g)
Sec. 21	*from passage*	17a-499
Sec. 22	*from passage*	17a-500(a)
Sec. 23	*from passage*	17a-501
Sec. 24	*from passage*	17a-504
Sec. 25	*from passage*	17a-505
Sec. 26	*from passage*	17a-517
Sec. 27	*from passage*	17a-519
Sec. 28	*from passage*	17a-521
Sec. 29	*from passage*	17a-525
Sec. 30	*from passage*	17a-528(a)
Sec. 31	*from passage*	17a-548(a)
Sec. 32	*from passage*	17a-560
Sec. 33	*from passage*	17a-561
Sec. 34	*from passage*	17a-562
Sec. 35	*from passage*	17a-564
Sec. 36	*from passage*	17a-565
Sec. 37	*from passage*	17a-566
Sec. 38	*from passage*	17a-567

Sec. 39	*from passage*	17a-568
Sec. 40	*from passage*	17a-569
Sec. 41	*from passage*	17a-570
Sec. 42	*from passage*	17a-572
Sec. 43	*from passage*	17a-573
Sec. 44	*from passage*	17a-574
Sec. 45	*from passage*	17a-575
Sec. 46	*from passage*	45a-656(d)
Sec. 47	*July 1, 2018*	45a-656(d)
Sec. 48	*from passage*	45a-677(e)
Sec. 49	*from passage*	18-101f
Sec. 50	*from passage*	46a-152(a)
Sec. 51	*from passage*	12-19a(a)
Sec. 52	*from passage*	12-18b(b)(1)(D)
Sec. 53	*October 1, 2018*	New section
Sec. 54	*October 1, 2018*	New section
Sec. 55	*July 1, 2018*	19a-754a
Sec. 56	*July 1, 2018*	4-5
Sec. 57	*July 1, 2019*	4-5
Sec. 58	*July 1, 2018*	19a-755a
Sec. 59	*July 1, 2018*	19a-755b
Sec. 60	*July 1, 2018*	38a-477e(a)
Sec. 61	*July 1, 2018*	17b-59a
Sec. 62	*July 1, 2018*	17b-59c
Sec. 63	*July 1, 2018*	17b-59d(d)(1)
Sec. 64	*July 1, 2018*	17b-59d(f)
Sec. 65	*July 1, 2018*	17b-59f
Sec. 66	*July 1, 2018*	17b-59g
Sec. 67	*July 1, 2018*	2-124a(b)
Sec. 68	*July 1, 2018*	19a-612
Sec. 69	*July 1, 2018*	19a-612d
Sec. 70	*July 1, 2018*	19a-613
Sec. 71	*July 1, 2018*	19a-614
Sec. 72	*July 1, 2018*	19a-630
Sec. 73	*July 1, 2018*	19a-631(b)
Sec. 74	*July 1, 2018*	19a-632
Sec. 75	*July 1, 2018*	19a-632a(b)
Sec. 76	*July 1, 2018*	19a-632a(f)
Sec. 77	*July 1, 2018*	19a-633
Sec. 78	*July 1, 2018*	19a-634
Sec. 79	*July 1, 2018*	19a-638

Sec. 80	*July 1, 2018*	19a-639
Sec. 81	*July 1, 2018*	19a-639a
Sec. 82	*July 1, 2018*	19a-639b
Sec. 83	*July 1, 2018*	19a-639c
Sec. 84	*July 1, 2018*	19a-639e
Sec. 85	*July 1, 2018*	19a-639f
Sec. 86	*July 1, 2018*	19a-641
Sec. 87	*July 1, 2018*	19a-642
Sec. 88	*July 1, 2018*	19a-643
Sec. 89	*July 1, 2018*	19a-644
Sec. 90	*July 1, 2018*	19a-645
Sec. 91	*July 1, 2018*	19a-646
Sec. 92	*July 1, 2018*	19a-649
Sec. 93	*July 1, 2018*	19a-653
Sec. 94	*July 1, 2018*	19a-654
Sec. 95	*July 1, 2018*	19a-659
Sec. 96	*July 1, 2018*	19a-670
Sec. 97	*July 1, 2018*	19a-673(a)(1)
Sec. 98	*July 1, 2018*	19a-673a
Sec. 99	*July 1, 2018*	19a-673c
Sec. 100	*July 1, 2018*	19a-676
Sec. 101	*July 1, 2018*	19a-681
Sec. 102	*July 1, 2018*	19a-486
Sec. 103	*July 1, 2018*	19a-486a
Sec. 104	*July 1, 2018*	19a-486b
Sec. 105	*July 1, 2018*	19a-486d
Sec. 106	*July 1, 2018*	19a-486e
Sec. 107	*July 1, 2018*	19a-486f
Sec. 108	*July 1, 2018*	19a-486g
Sec. 109	*July 1, 2018*	19a-486h
Sec. 110	*July 1, 2018*	19a-486i(d) to (i)
Sec. 111	*July 1, 2018*	19a-508c(j) to (m)
Sec. 112	*July 1, 2018*	19a-509b(c) to (f)
Sec. 113	*July 1, 2018*	33-182bb(e) to (g)
Sec. 114	*July 1, 2018*	19a-493b(b) and (c)
Sec. 115	*July 1, 2018*	19a-6q
Sec. 116	*July 1, 2018*	19a-725
Sec. 117	*July 1, 2018*	20-195sss
Sec. 118	*July 1, 2018*	38a-47
Sec. 119	*July 1, 2018*	38a-48
Sec. 120	*July 1, 2018*	1-84b(c)

Sec. 121	*July 1, 2018*	3-123i
Sec. 122	*July 1, 2018*	4-101a(b)
Sec. 123	*July 1, 2018*	17b-337(c)
Sec. 124	*July 1, 2018*	17b-352(g)
Sec. 125	*July 1, 2018*	17b-353(e)
Sec. 126	*July 1, 2018*	17b-354(f)
Sec. 127	*July 1, 2018*	17b-356
Sec. 128	*July 1, 2018*	19a-7(b)
Sec. 129	*July 1, 2018*	19a-507(a)
Sec. 130	*July 1, 2018*	12-263q(c)
Sec. 131	*July 1, 2018*	PA 17-4 of the June Sp. Sess., Sec. 13(b)
Sec. 132	*July 1, 2018*	10a-109gg(b)
Sec. 133	*July 1, 2018*	1-84(d)
Sec. 134	*from passage*	Repealer section
Sec. 135	*from passage*	Repealer section
Sec. 136	*July 1, 2018*	Repealer section