



General Assembly

Governor's Bill No. 16

February Session, 2018

LCO No. 338



Referred to Committee on PUBLIC HEALTH

Introduced by:

SEN. LOONEY, 11th Dist.

SEN. DUFF, 25th Dist.

REP. ARESIMOWICZ, 30th Dist.

REP. RITTER M., 1st Dist.

***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 Section 4-28f of the general statutes is repealed and the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, [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] following a fiscal year in
51 which the trust fund does not receive a deposit from the Tobacco
52 Settlement Fund, 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)₂ [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] Hospital 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
659 of the patient, the court, on its own motion, shall proceed in the
660 manner provided in subsections (a), (b), (c) and (f) of this section,
661 except that the examining physician shall be considered one of the
662 physicians required by subsection (c) of this section. If the patient's last
663 annual review did not result in a hearing, and in any event at least
664 every two years, the Probate Court shall, within fifteen business days,
665 proceed with a hearing in the manner provided in subsections (a), (b),
666 (c) and (f) of this section. All costs and expenses, including Probate
667 Court entry fees provided by statute, in conjunction with the annual
668 psychiatric review and the judicial review under this subsection,
669 except costs for physicians appointed pursuant to this subsection, shall
670 be established by, and paid from funds appropriated to, the Judicial
671 Department, except that if funds have not been included in the budget
672 of the Judicial Department for such costs and expenses, such payment
673 shall be made from the Probate Court Administration Fund.
674 Compensation of any physician appointed to conduct the annual
675 psychiatric review, to examine a patient for any hearing held as a
676 result of such annual review or for any other biennial hearing required
677 pursuant to sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484,
678 inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as
679 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576]
680 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618,
681 inclusive, shall be paid by the state from funds appropriated to the
682 Department of Mental Health and Addiction Services in accordance
683 with rates established by the Department of Mental Health and
684 Addiction Services.

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

687 All proceedings of the Probate Court, upon application made under
688 the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-
689 484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as
690 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576]
691 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618,
692 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, as amended
729 by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-
730 540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as
731 amended by this act, 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, as amended by this act, 17a-495 to 17a-528, inclusive, as

749 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576]
750 17a-575, inclusive, as amended by this act, 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, as amended by this act, 17a-495 to 17a-528,
871 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560
872 to [17a-576] 17a-575, inclusive, as amended by this act, 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 or her personal possessions, except a patient
887 hospitalized in the maximum security service of Whiting Forensic
888 Hospital; 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 or her 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] hospital
1126 prior to the expiration of the maximum period of the patient's
1127 sentence. Prior to such hearing, the [division] hospital 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] hospital, 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] 17a-575, inclusive, as amended
1138 by this act, 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, as
1151 amended by this act, the director of the [division] hospital may, upon
1152 the recommendation of the board, initiate proceedings under section
1153 17a-497 or 17a-520, as amended by this act, 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] Hospital 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 and served on the Commissioner of Mental Health and
1491 Addiction Services, a judge determines, after in camera inspection of
1492 relevant records and a hearing, that there is reasonable cause to believe
1493 the individual knowingly made a false report or that other interests of
1494 justice require such release; (3) if it is determined by a licensed health
1495 care provider that the access requested is reasonably likely to endanger
1496 the life or physical safety of the patient or another person; (4) if the
1497 protected health information makes reference to another person, other
1498 than a health care provider, and a licensed health care provider has
1499 determined, in the exercise of professional judgment, that the access
1500 requested is reasonably likely to cause substantial harm to such other
1501 person; or (5) the request for access is made by the patient's legal
1502 representative, and a licensed health care provider has determined, in
1503 the exercise of professional judgment, that the provision of access to
1504 such legal representative is reasonably likely to cause harm to the
1505 patient or another person.

1506 Sec. 55. Section 19a-754a of the 2018 supplement to the general
1507 statutes is repealed and the following is substituted in lieu thereof
1508 (*Effective July 1, 2018*):

1509 (a) There is established an Office of Health Strategy, which shall be
1510 within the Department of Public Health for administrative purposes
1511 only. The department head of said office shall be the executive director
1512 of the Office of Health Strategy, who shall be appointed by the
1513 Governor in accordance with the provisions of sections 4-5 to 4-8,
1514 inclusive, as amended by this act, with the powers and duties therein
1515 prescribed.

1516 (b) [On or before July 1, 2018, the] The Office of Health Strategy
1517 shall be responsible for the following:

1518 (1) Developing and implementing a comprehensive and cohesive
1519 health care vision for the state, including, but not limited to, a
1520 coordinated state health care cost containment strategy;

1521 (2) Promoting effective health planning and the provision of quality
1522 health care in the state in a manner that ensures access for all state
1523 residents to cost-effective health care services, avoids the duplication
1524 of such services and improves the availability and financial stability of
1525 such services throughout the state;

1526 ~~[(2)]~~ (3) Directing and overseeing [(A) the all-payers claims database
1527 program established pursuant to section 19a-755a, and (B)] the State
1528 Innovation Model Initiative and related successor initiatives;

1529 ~~[(3)]~~ (4) (A) Coordinating the state's health information technology
1530 initiatives, (B) seeking funding for and overseeing the planning,
1531 implementation and development of policies and procedures for the
1532 administration of the all-payer claims database program established
1533 under section 19a-775a, as amended by this act, (C) establishing and
1534 maintaining a consumer health information Internet web site under
1535 19a-755b, as amended by this act, and (D) designating an unclassified

1536 individual from the office to perform the duties of a health information
1537 technology officer as set forth in sections 17b-59f and 17b-59g, as
1538 amended by this act;

1539 ~~[(4)]~~ (5) Directing and overseeing the [Office of Health Care Access]
1540 Health Systems Planning Unit established under section 19a-612, as
1541 amended by this act, and all of its duties and responsibilities as set
1542 forth in chapter 368z; and

1543 [(5)] (6) Convening forums and meetings with state government and
1544 external stakeholders, including, but not limited to, the Connecticut
1545 Health Insurance Exchange, to discuss health care issues designed to
1546 develop effective health care cost and quality strategies.

1547 (c) The Office of Health Strategy shall constitute a successor, in
1548 accordance with the provisions of sections 4-38d, 4-38e and 4-39, to the
1549 functions, powers and duties of the following:

1550 (1) The Connecticut Health Insurance Exchange, established
1551 pursuant to section 38a-1081, relating to the administration of the all-
1552 payer claims database pursuant to section 19a-755a, as amended by
1553 this act; and

1554 (2) The Office of the Lieutenant Governor, relating to the (A)
1555 development of a chronic disease plan pursuant to section 19a-6q, as
1556 amended by this act, (B) housing, chairing and staffing of the Health
1557 Care Cabinet pursuant to section 19a-725, as amended by this act, and
1558 (C) (i) appointment of the health information technology officer,
1559 [pursuant to section 19a-755,] and (ii) oversight of the duties of such
1560 health information technology officer as set forth in sections [17b-59,
1561 17b-59a and] 17b-59f, as amended by this act, and 17b-59g, as amended
1562 by this act.

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

1566 amended, repealed or superseded pursuant to law.

1567 Sec. 56. Section 4-5 of the 2018 supplement to the general statutes is
1568 repealed and the following is substituted in lieu thereof (*Effective July*
1569 *1, 2018*):

1570 As used in sections 4-6, 4-7 and 4-8, the term "department head"
1571 means Secretary of the Office of Policy and Management,
1572 Commissioner of Administrative Services, Commissioner of Revenue
1573 Services, Banking Commissioner, Commissioner of Children and
1574 Families, Commissioner of Consumer Protection, Commissioner of
1575 Correction, Commissioner of Economic and Community Development,
1576 State Board of Education, Commissioner of Emergency Services and
1577 Public Protection, Commissioner of Energy and Environmental
1578 Protection, Commissioner of Agriculture, Commissioner of Public
1579 Health, Insurance Commissioner, Labor Commissioner, Commissioner
1580 of Mental Health and Addiction Services, Commissioner of Social
1581 Services, Commissioner of Developmental Services, Commissioner of
1582 Motor Vehicles, Commissioner of Transportation, Commissioner of
1583 Veterans Affairs, Commissioner of Housing, Commissioner of
1584 Rehabilitation Services, the Commissioner of Early Childhood, [and]
1585 the executive director of the Office of Military Affairs and the
1586 executive director of the Office of Health Strategy. As used in sections
1587 4-6 and 4-7, "department head" also means the Commissioner of
1588 Education.

1589 Sec. 57. Section 4-5 of the 2018 supplement to the general statutes, as
1590 amended by section 6 of public act 17-237 and section 279 of public act
1591 17-2 of the June special session, is repealed and the following is
1592 substituted in lieu thereof (*Effective July 1, 2019*):

1593 As used in sections 4-6, 4-7 and 4-8, the term "department head"
1594 means Secretary of the Office of Policy and Management,
1595 Commissioner of Administrative Services, Commissioner of Revenue
1596 Services, Banking Commissioner, Commissioner of Children and

1597 Families, Commissioner of Consumer Protection, Commissioner of
1598 Correction, Commissioner of Economic and Community Development,
1599 State Board of Education, Commissioner of Emergency Services and
1600 Public Protection, Commissioner of Energy and Environmental
1601 Protection, Commissioner of Agriculture, Commissioner of Public
1602 Health, Insurance Commissioner, Labor Commissioner, Commissioner
1603 of Mental Health and Addiction Services, Commissioner of Social
1604 Services, Commissioner of Developmental Services, Commissioner of
1605 Motor Vehicles, Commissioner of Transportation, Commissioner of
1606 Veterans Affairs, Commissioner of Housing, Commissioner of
1607 Rehabilitation Services, the Commissioner of Early Childhood, the
1608 executive director of the Office of Military Affairs, [and] the executive
1609 director of the Technical Education and Career System and the
1610 executive director of the Office of Health Strategy. As used in sections
1611 4-6 and 4-7, "department head" also means the Commissioner of
1612 Education.

1613 Sec. 58. Section 19a-755a of the 2018 supplement to the general
1614 statutes is repealed and the following is substituted in lieu thereof
1615 (*Effective July 1, 2018*):

1616 (a) As used in this section:

1617 (1) "All-payer claims database" means a database that receives and
1618 stores data from a reporting entity relating to medical insurance
1619 claims, dental insurance claims, pharmacy claims and other insurance
1620 claims information from enrollment and eligibility files.

1621 (2) (A) "Reporting entity" means:

1622 (i) An insurer, as described in section 38a-1, licensed to do health
1623 insurance business in this state;

1624 (ii) A health care center, as defined in section 38a-175;

1625 (iii) An insurer or health care center that provides coverage under

1626 Part C or Part D of Title XVIII of the Social Security Act, as amended
1627 from time to time, to residents of this state;

1628 (iv) A third-party administrator, as defined in section 38a-720;

1629 (v) A pharmacy benefits manager, as defined in section 38a-479aaa;

1630 (vi) A hospital service corporation, as defined in section 38a-199;

1631 (vii) A nonprofit medical service corporation, as defined in section
1632 38a-214;

1633 (viii) A fraternal benefit society, as described in section 38a-595, that
1634 transacts health insurance business in this state;

1635 (ix) A dental plan organization, as defined in section 38a-577;

1636 (x) A preferred provider network, as defined in section 38a-479aa;
1637 and

1638 (xi) Any other person that administers health care claims and
1639 payments pursuant to a contract or agreement or is required by statute
1640 to administer such claims and payments.

1641 (B) "Reporting entity" does not include an employee welfare benefit
1642 plan, as defined in the federal Employee Retirement Income Security
1643 Act of 1974, as amended from time to time, that is also a trust
1644 established pursuant to collective bargaining subject to the federal
1645 Labor Management Relations Act.

1646 (3) "Medicaid data" means the Medicaid provider registry, health
1647 claims data and Medicaid recipient data maintained by the
1648 Department of Social Services.

1649 (b) (1) There is established an all-payer claims database program.
1650 The [Health Information Technology Officer, designated under section
1651 19a-755,] Office of Health Strategy shall: (A) Oversee the planning,
1652 implementation and administration of the all-payer claims database

1653 program for the purpose of collecting, assessing and reporting health
1654 care information relating to safety, quality, cost-effectiveness, access
1655 and efficiency for all levels of health care; (B) ensure that data received
1656 is securely collected, compiled and stored in accordance with state and
1657 federal law; [and] (C) conduct audits of data submitted by reporting
1658 entities in order to verify its accuracy; and (D) in consultation with the
1659 Health Information Technology Advisory Council established under
1660 section 17b-59f, as amended by this act, maintain written procedures
1661 for the administration of such all-payer claims database. Any such
1662 written procedures shall include (i) reporting requirements for
1663 reporting entities, and (ii) requirements for providing notice to a
1664 reporting entity regarding any alleged failure on the part of such
1665 reporting entity to comply with such reporting requirements.

1666 (2) The [Health Information Technology Officer] executive director
1667 of the Office of Health Strategy shall seek funding from the federal
1668 government, other public sources and other private sources to cover
1669 costs associated with the planning, implementation and administration
1670 of the all-payer claims database program.

1671 (3) (A) Upon the adoption of reporting requirements as set forth in
1672 subsection (b) of [section 19a-755] this section, a reporting entity shall
1673 report health care information for inclusion in the all-payer claims
1674 database in a form and manner prescribed by the [Health Information
1675 Technology Officer] executive director of the Office of Health Strategy.
1676 The [Health Information Technology Officer] executive director may,
1677 after notice and hearing, impose a civil penalty on any reporting entity
1678 that fails to report health care information as prescribed. Such civil
1679 penalty shall not exceed one thousand dollars per day for each day of
1680 violation and shall not be imposed as a cost for the purpose of rate
1681 determination or reimbursement by a third-party payer.

1682 (B) The [Health Information Technology Officer] executive director
1683 of the Office of Health Strategy may provide the name of any reporting
1684 entity on which such penalty has been imposed to the Insurance

1685 Commissioner. After consultation with said [officer] executive director,
1686 the commissioner may request the Attorney General to bring an action
1687 in the superior court for the judicial district of Hartford to recover any
1688 penalty imposed pursuant to subparagraph (A) of this subdivision.

1689 (4) The Commissioner of Social Services shall submit Medicaid data
1690 to the [Health Information Technology Officer] executive director of
1691 the Office of Health Strategy for inclusion in the all-payer claims
1692 database only for purposes related to administration of the State
1693 Medicaid Plan, in accordance with 42 CFR 431.301 to 42 CFR 431.306,
1694 inclusive.

1695 (5) The [Health Information Technology Officer] executive director
1696 of the Office of Health Strategy shall: (A) Utilize data in the all-payer
1697 claims database to provide health care consumers in the state with
1698 information concerning the cost and quality of health care services for
1699 the purpose of allowing such consumers to make economically sound
1700 and medically appropriate health care decisions; and (B) make data in
1701 the all-payer claims database available to any state agency, insurer,
1702 employer, health care provider, consumer of health care services or
1703 researcher for the purpose of allowing such person or entity to review
1704 such data as it relates to health care utilization, costs or quality of
1705 health care services. If health information, as defined in 45 CFR
1706 160.103, as amended from time to time, is permitted to be disclosed
1707 under the Health Insurance Portability and Accountability Act of 1996,
1708 P.L. 104-191, as amended from time to time, or regulations adopted
1709 thereunder, any disclosure thereof made pursuant to this subdivision
1710 shall have identifiers removed, as set forth in 45 CFR 164.514, as
1711 amended from time to time. Any disclosure made pursuant to this
1712 subdivision of information other than health information shall be
1713 made in a manner to protect the confidentiality of such other
1714 information as required by state and federal law. The [Health
1715 Information Technology Officer] executive director of the Office of
1716 Health Strategy may set a fee to be charged to each person or entity
1717 requesting access to data stored in the all-payer claims database.

1718 (6) The [Health Information Technology Officer] executive director
1719 of the Office of Health Strategy may (A) in consultation with the All-
1720 Payer Claims Database Advisory Group set forth in section 17b-59f, as
1721 amended by this act, enter into a contract with a person or entity to
1722 plan, implement or administer the all-payer claims database program,
1723 (B) enter into a contract or take any action that is necessary to obtain
1724 data that is the same data required to be submitted by reporting
1725 entities under Medicare Part A or Part B, (C) enter into a contract for
1726 the collection, management or analysis of data received from reporting
1727 entities, and (D) in accordance with subdivision (4) of this subsection,
1728 enter into a contract or take any action that is necessary to obtain
1729 Medicaid data. Any such contract for the collection, management or
1730 analysis of such data shall expressly prohibit the disclosure of such
1731 data for purposes other than the purposes described in this subsection.

1732 (c) Unless otherwise specified, nothing in this section and no action
1733 taken by the executive director of the Office of Health Strategy
1734 pursuant to this section or section 19a-755b, as amended by this act,
1735 shall be construed to preempt, supersede or affect the authority of the
1736 Insurance Commissioner to regulate the business of insurance in the
1737 state.

1738 Sec. 59. Section 19a-755b of the 2018 supplement to the general
1739 statutes is repealed and the following is substituted in lieu thereof
1740 (*Effective July 1, 2018*):

1741 (a) For purposes of this section and sections 19a-904a, 19a-904b and
1742 38a-477d to 38a-477f, inclusive:

1743 (1) "Allowed amount" means the maximum reimbursement dollar
1744 amount that an insured's health insurance policy allows for a specific
1745 procedure or service;

1746 (2) "Consumer health information Internet web site" means an
1747 Internet web site developed and operated by the [Health Information
1748 Technology Officer] Office of Health Strategy to assist consumers in

1749 making informed decisions concerning their health care and informed
1750 choices among health care providers;

1751 (3) "Episode of care" means all health care services related to the
1752 treatment of a condition or a service category for such treatment and,
1753 for acute conditions, includes health care services and treatment
1754 provided from the onset of the condition to its resolution or a service
1755 category for such treatment and, for chronic conditions, includes
1756 health care services and treatment provided over a given period of
1757 time or a service category for such treatment;

1758 (4) "Executive director" means the executive director of the Office of
1759 Health Strategy;

1760 [(4)] (5) "Health care provider" means any individual, corporation,
1761 facility or institution licensed by this state to provide health care
1762 services;

1763 [(5)] (6) "Health carrier" means any insurer, health care center,
1764 hospital service corporation, medical service corporation, fraternal
1765 benefit society or other entity delivering, issuing for delivery,
1766 renewing, amending or continuing any individual or group health
1767 insurance policy in this state providing coverage of the type specified
1768 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469;

1769 [(6) "Health Information Technology Officer" means the individual
1770 designated pursuant to section 19a-755;]

1771 (7) "Hospital" has the same meaning as provided in section 19a-490,
1772 as amended by this act;

1773 (8) "Out-of-pocket costs" means costs that are not reimbursed by a
1774 health insurance policy and includes deductibles, coinsurance and
1775 copayments for covered services and other costs to the consumer
1776 associated with a procedure or service;

1777 (9) "Outpatient surgical facility" has the same meaning as provided

1778 in section 19a-493b, as amended by this act; and

1779 (10) "Public or private third party" means the state, the federal
1780 government, employers, a health carrier, third-party administrator, as
1781 defined in section 38a-720, or managed care organization.

1782 (b) (1) Within available resources, the consumer health information
1783 Internet web site shall: (A) Contain information comparing the quality,
1784 price and cost of health care services, including, to the extent
1785 practicable, (i) comparative price and cost information for the health
1786 care services and procedures reported pursuant to subsection (c) of
1787 this section categorized by payer or listed by health care provider, (ii)
1788 links to Internet web sites and consumer tools where consumers may
1789 obtain comparative cost and quality information, including The Joint
1790 Commission and Medicare hospital compare tool, (iii) definitions of
1791 common health insurance and medical terms so consumers may
1792 compare health coverage and understand the terms of their coverage,
1793 and (iv) factors consumers should consider when choosing an
1794 insurance product or provider group, including provider network,
1795 premium, cost sharing, covered services and tier information; (B) be
1796 designed to assist consumers and institutional purchasers in making
1797 informed decisions regarding their health care and informed choices
1798 among health care providers and, to the extent practicable, provide
1799 reference pricing for services paid by various health carriers to health
1800 care providers; (C) present information in language and a format that
1801 is understandable to the average consumer; and (D) be publicized to
1802 the general public. All information outlined in this section shall be
1803 posted on an Internet web site established, or to be established, by the
1804 [Health Information Technology Officer] executive director of the
1805 Office of Health Strategy in a manner and time frame as may be
1806 organizationally and financially reasonable in his or her sole
1807 discretion.

1808 (2) Information collected, stored and published by the exchange
1809 pursuant to this section is subject to the federal Health Insurance

1810 Portability and Accountability Act of 1996, P.L. 104-191, as amended
1811 from time to time.

1812 (3) The [Health Information Technology Officer] executive director
1813 of the Office of Health Strategy may consider adding quality measures
1814 to the consumer health information Internet web site. [as
1815 recommended by the State Innovation Model Initiative program
1816 management office.]

1817 (c) Not later than January 1, 2018, and annually thereafter, the
1818 [Health Information Technology Officer] executive director of the
1819 Office of Health Strategy shall, to the extent the information is
1820 available, make available to the public on the consumer health
1821 information Internet web site a list of: (1) The fifty most frequently
1822 occurring inpatient services or procedures in the state; (2) the fifty
1823 most frequently provided outpatient services or procedures in the
1824 state; (3) the twenty-five most frequent surgical services or procedures
1825 in the state; (4) the twenty-five most frequent imaging services or
1826 procedures in the state; and (5) the twenty-five most frequently used
1827 pharmaceutical products and medical devices in the state. Such lists
1828 may (A) be expanded to include additional admissions and
1829 procedures, (B) be based upon those services and procedures that are
1830 most commonly performed by volume or that represent the greatest
1831 percentage of related health care expenditures, or (C) be designed to
1832 include those services and procedures most likely to result in out-of-
1833 pocket costs to consumers or include bundled episodes of care.

1834 (d) Not later than January 1, 2018, and annually thereafter, to the
1835 extent practicable, the [Health Information Technology Officer]
1836 executive director of the Office of Health Strategy shall issue a report,
1837 in a manner to be decided by the [officer] executive director, that
1838 includes the (1) billed and allowed amounts paid to health care
1839 providers in each health carrier's network for each service and
1840 procedure service included pursuant to subsection (c) of this section,
1841 and (2) out-of-pocket costs for each such service and procedure.

1842 (e) (1) On and after January 1, 2018, each hospital shall, at the time
1843 of scheduling a service or procedure for nonemergency care that is
1844 included in the report prepared by the [Health Information
1845 Technology Officer] executive director of the Office of Health Strategy
1846 pursuant to subsection (c) of this section, regardless of the location or
1847 setting where such services are delivered, notify the patient of the
1848 patient's right to make a request for cost and quality information.
1849 Upon the request of a patient for a diagnosis or procedure included in
1850 such report, the hospital shall, not later than three business days after
1851 scheduling such service or procedure, provide written notice,
1852 electronically or by mail, to the patient who is the subject of the service
1853 or procedure concerning: (A) If the patient is uninsured, the amount to
1854 be charged for the service or procedure if all charges are paid in full
1855 without a public or private third party paying any portion of the
1856 charges, including the amount of any facility fee, or, if the hospital is
1857 not able to provide a specific amount due to an inability to predict the
1858 specific treatment or diagnostic code, the estimated maximum allowed
1859 amount or charge for the service or procedure, including the amount
1860 of any facility fee; (B) the corresponding Medicare reimbursement
1861 amount or, if there is no corresponding Medicare reimbursement
1862 amount for such diagnosis or procedure, (i) the approximate amount
1863 Medicare would have paid the hospital for the services on the billing
1864 statement, or (ii) the percentage of the hospital's charges that Medicare
1865 would have paid the hospital for the services; (C) if the patient is
1866 insured, the allowed amount, the toll-free telephone number and the
1867 Internet web site address of the patient's health carrier where the
1868 patient can obtain information concerning charges and out-of-pocket
1869 costs; (D) The Joint Commission's composite accountability rating and
1870 the Medicare hospital compare star rating for the hospital, as
1871 applicable; and (E) the Internet web site addresses for The Joint
1872 Commission and the Medicare hospital compare tool where the patient
1873 may obtain information concerning the hospital.

1874 (2) If the patient is insured and the hospital is out-of-network under

1875 the patient's health insurance policy, such written notice shall include
1876 a statement that the service or procedure will likely be deemed out-of-
1877 network and that any out-of-network applicable rates under such
1878 policy may apply.

1879 Sec. 60. Subsection (a) of section 38a-477e of the 2018 supplement to
1880 the general statutes is repealed and the following is substituted in lieu
1881 thereof (*Effective July 1, 2018*):

1882 (a) On and after January 1, 2017, each health carrier, as defined in
1883 section 19a-755b, as amended by this act, shall maintain an Internet
1884 web site and toll-free telephone number that enables consumers to
1885 request and obtain: (1) Information on in-network costs for inpatient
1886 admissions, health care procedures and services, including (A) the
1887 allowed amount for, at a minimum, admissions and procedures
1888 reported to the [exchange] executive director of the Office of Health
1889 Strategy pursuant to section 19a-755b, as amended by this act, for each
1890 health care provider in the state; (B) the estimated out-of-pocket costs
1891 that a consumer would be responsible for paying for any such
1892 admission or procedure that is medically necessary, including any
1893 facility fee, coinsurance, copayment, deductible or other out-of-pocket
1894 expense; and (C) data or other information concerning (i) quality
1895 measures for the health care provider, (ii) patient satisfaction, to the
1896 extent such information is available, (iii) a directory of participating
1897 providers, as defined in section 38a-472f, in accordance with the
1898 provisions of section 38a-477h; and (2) information on out-of-network
1899 costs for inpatient admissions, health care procedures and services.

1900 Sec. 61. Section 17b-59a of the general statutes is repealed and the
1901 following is substituted in lieu thereof (*Effective July 1, 2018*):

1902 (a) As used in this section:

1903 (1) "Electronic health information system" means an information
1904 processing system, involving both computer hardware and software
1905 that deals with the storage, retrieval, sharing and use of health care

1906 information, data and knowledge for communication and decision
1907 making, and includes: (A) An electronic health record that provides
1908 access in real time to a patient's complete medical record; (B) a
1909 personal health record through which an individual, and anyone
1910 authorized by such individual, can maintain and manage such
1911 individual's health information; (C) computerized order entry
1912 technology that permits a health care provider to order diagnostic and
1913 treatment services, including prescription drugs electronically; (D)
1914 electronic alerts and reminders to health care providers to improve
1915 compliance with best practices, promote regular screenings and other
1916 preventive practices, and facilitate diagnoses and treatments; (E) error
1917 notification procedures that generate a warning if an order is entered
1918 that is likely to lead to a significant adverse outcome for a patient; and
1919 (F) tools to allow for the collection, analysis and reporting of data on
1920 adverse events, near misses, the quality and efficiency of care, patient
1921 satisfaction and other healthcare-related performance measures.

1922 (2) "Interoperability" means the ability of two or more systems or
1923 components to exchange information and to use the information that
1924 has been exchanged and includes: (A) The capacity to physically
1925 connect to a network for the purpose of exchanging data with other
1926 users; and (B) the capacity of a connected user to access, transmit,
1927 receive and exchange usable information with other users.

1928 (3) "Standard electronic format" means a format using open
1929 electronic standards that: (A) Enable health information technology to
1930 be used for the collection of clinically specific data; (B) promote the
1931 interoperability of health care information across health care settings,
1932 including reporting to local, state and federal agencies; and (C)
1933 facilitate clinical decision support.

1934 (b) The Commissioner of Social Services, in consultation with the
1935 [Health Information Technology Officer] executive director of the
1936 Office of Health Strategy, established under section 19a-754a, as
1937 amended by this act, shall (1) develop, throughout the Departments of

1938 Developmental Services, Public Health, Correction, Children and
1939 Families, Veterans Affairs and Mental Health and Addiction Services,
1940 uniform management information, uniform statistical information,
1941 uniform terminology for similar facilities, uniform electronic health
1942 information technology standards and uniform regulations for the
1943 licensing of human services facilities, (2) plan for increased
1944 participation of the private sector in the delivery of human services, (3)
1945 provide direction and coordination to federally funded programs in
1946 the human services agencies and recommend uniform system
1947 improvements and reallocation of physical resources and designation
1948 of a single responsibility across human services agencies lines to
1949 facilitate shared services and eliminate duplication.

1950 (c) The [Health Information Technology Officer, designated in
1951 accordance with section 19a-755,] executive director of the Office of
1952 Health Strategy shall, in consultation with the Commissioner of Social
1953 Services and the Health Information Technology Advisory Council,
1954 established pursuant to section 17b-59f, as amended by this act,
1955 implement and periodically revise the state-wide health information
1956 technology plan established pursuant to this section and shall establish
1957 electronic data standards to facilitate the development of integrated
1958 electronic health information systems for use by health care providers
1959 and institutions that receive state funding. Such electronic data
1960 standards shall: (1) Include provisions relating to security, privacy,
1961 data content, structures and format, vocabulary and transmission
1962 protocols; (2) limit the use and dissemination of an individual's Social
1963 Security number and require the encryption of any Social Security
1964 number provided by an individual; (3) require privacy standards no
1965 less stringent than the "Standards for Privacy of Individually
1966 Identifiable Health Information" established under the Health
1967 Insurance Portability and Accountability Act of 1996, P.L. 104-191, as
1968 amended from time to time, and contained in 45 CFR 160, 164; (4)
1969 require that individually identifiable health information be secure and
1970 that access to such information be traceable by an electronic audit trail;

1971 (5) be compatible with any national data standards in order to allow
1972 for interstate interoperability; (6) permit the collection of health
1973 information in a standard electronic format; and (7) be compatible with
1974 the requirements for an electronic health information system.

1975 (d) The [Health Information Technology Officer] executive director
1976 of the Office of Health Strategy shall, within existing resources and in
1977 consultation with the State Health Information Technology Advisory
1978 Council: (1) Oversee the development and implementation of the State-
1979 wide Health Information Exchange in conformance with section 17b-
1980 59d, as amended by this act; (2) coordinate the state's health
1981 information technology and health information exchange efforts to
1982 ensure consistent and collaborative cross-agency planning and
1983 implementation; and (3) serve as the state liaison to, and work
1984 collaboratively with, the State-wide Health Information Exchange
1985 established pursuant to section 17b-59d, as amended by this act, to
1986 ensure consistency between the state-wide health information
1987 technology plan and the State-wide Health Information Exchange and
1988 to support the state's health information technology and exchange
1989 goals.

1990 (e) The state-wide health information technology plan, implemented
1991 and periodically revised pursuant to subsection (c) of this section, shall
1992 enhance interoperability to support optimal health outcomes and
1993 include, but not be limited to (1) general standards and protocols for
1994 health information exchange, and (2) national data standards to
1995 support secure data exchange data standards to facilitate the
1996 development of a state-wide, integrated electronic health information
1997 system for use by health care providers and institutions that are
1998 licensed by the state. Such electronic data standards shall (A) include
1999 provisions relating to security, privacy, data content, structures and
2000 format, vocabulary and transmission protocols, (B) be compatible with
2001 any national data standards in order to allow for interstate
2002 interoperability, (C) permit the collection of health information in a
2003 standard electronic format, and (D) be compatible with the

2004 requirements for an electronic health information system.

2005 (f) Not later than February 1, 2017, and annually thereafter, the
2006 [Health Information Technology Officer] executive director of the
2007 Office of Health Strategy, in consultation with the State Health
2008 Information Technology Advisory Council, shall report in accordance
2009 with the provisions of section 11-4a to the joint standing committees of
2010 the General Assembly having cognizance of matters relating to human
2011 services and public health concerning: (1) The development and
2012 implementation of the state-wide health information technology plan
2013 and data standards, established and implemented by the [Health
2014 Information Technology Officer] executive director of the Office of
2015 Health Strategy pursuant to this section; (2) the establishment of the
2016 State-wide Health Information Exchange; and (3) recommendations for
2017 policy, regulatory and legislative changes and other initiatives to
2018 promote the state's health information technology and exchange goals.

2019 Sec. 62. Section 17b-59c of the general statutes is repealed and the
2020 following is substituted in lieu thereof (*Effective July 1, 2018*):

2021 (a) Matters of policy related to subsection (b) of section 17b-59a, as
2022 amended by this act, involving more than one of the agencies
2023 designated in [section 17b-59a] said subsection shall be presented to
2024 the Commissioner of Social Services for his or her approval prior to
2025 implementation.

2026 (b) Matters of program development related to subsection (b) of
2027 section 17b-59a, as amended by this act, involving more than one of the
2028 agencies designated in [section 17b-59a] said subsection, as amended
2029 by this act, shall be presented to the commissioner for his or her
2030 approval prior to implementation.

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

2035 her approval prior to implementation.

2036 [(d) Any plan of any agency designated in section 17b-59a for
2037 revision of the health information technology plan shall be submitted
2038 to the commissioner for his or her approval prior to implementation. If
2039 such approval requires funding, after the commissioner has granted
2040 approval, the commissioner shall submit such revisions to the
2041 Secretary of the Office of Policy and Management.

2042 (e) On or before January 1, 2015, and annually thereafter, the
2043 commissioner shall submit, in accordance with the provisions of
2044 section 11-4a, the state-wide health information technology plan, as
2045 revised in accordance with section 17b-59a, to the joint standing
2046 committees of the General Assembly having cognizance of matters
2047 relating to human services, public health and appropriations and the
2048 budgets of state agencies.]

2049 Sec. 63. Subdivision (1) of subsection (d) of section 17b-59d of the
2050 2018 supplement to the general statutes is repealed and the following
2051 is substituted in lieu thereof (*Effective July 1, 2018*):

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

2066 tools that exist in the state or are in the process of being deployed. Any
2067 enterprise health information exchange technology assets purchased
2068 after June 2, 2016, and prior to the implementation of the State-wide
2069 Health Information Exchange shall be capable of interoperability with
2070 a State-wide Health Information Exchange.

2071 Sec. 64. Subsection (f) of section 17b-59d of the 2018 supplement to
2072 the general statutes is repealed and the following is substituted in lieu
2073 thereof (*Effective July 1, 2018*):

2074 (f) The [Health Information Technology Officer] executive director
2075 of the Office of Health Strategy shall have administrative authority
2076 over the State-wide Health Information Exchange. The [Health
2077 Information Technology Officer] executive director shall be
2078 responsible for designating, and posting on its Internet web site, the
2079 list of systems, technologies, entities and programs that shall constitute
2080 the State-wide Health Information Exchange. Systems, technologies,
2081 entities, and programs that have not been so designated shall not be
2082 considered part of said exchange.

2083 Sec. 65. Section 17b-59f of the 2018 supplement to the general
2084 statutes is repealed and the following is substituted in lieu thereof
2085 (*Effective July 1, 2018*):

2086 (a) There shall be a State Health Information Technology Advisory
2087 Council to advise the [Health Information Technology Officer]
2088 executive director of the Office of Health Strategy and the health
2089 information technology officer, designated in accordance with section
2090 [19a-755] 19a-754a, as amended by this act, in developing priorities
2091 and policy recommendations for advancing the state's health
2092 information technology and health information exchange efforts and
2093 goals and to advise the [Health Information Technology Officer]
2094 executive director and officer in the development and implementation
2095 of the state-wide health information technology plan and standards
2096 and the State-wide Health Information Exchange, established pursuant

2097 to section 17b-59d, as amended by this act. The advisory council shall
2098 also advise the [Health Information Technology Officer] executive
2099 director and officer regarding the development of appropriate
2100 governance, oversight and accountability measures to ensure success
2101 in achieving the state's health information technology and exchange
2102 goals.

2103 (b) The council shall consist of the following members:

2104 (1) [The Health Information Technology Officer, appointed in
2105 accordance with section 19a-755, or the Health Information
2106 Technology Officer's designee] One member appointed by the
2107 executive director of the Office of Health Strategy, who shall be an
2108 expert in state health care reform initiatives;

2109 (2) The health information technology officer, designated in
2110 accordance with section 19a-754a, as amended by this act, or the health
2111 information technology officer's designee;

2112 [(2)] (3) The Commissioners of Social Services, Mental Health and
2113 Addiction Services, Children and Families, Correction, Public Health
2114 and Developmental Services, or the commissioners' designees;

2115 [(3)] (4) The Chief Information Officer of the state, or the Chief
2116 Information Officer's designee;

2117 [(4)] (5) The chief executive officer of the Connecticut Health
2118 Insurance Exchange, or the chief executive officer's designee;

2119 [(5)] (5) The director of the state innovation model initiative program
2120 management office, or the director's designee;]

2121 (6) The chief information officer of The University of Connecticut
2122 Health Center, or [said] the chief information officer's designee;

2123 (7) The Healthcare Advocate, or the Healthcare Advocate's
2124 designee;

2125 (8) The Comptroller, or the Comptroller's designee;

2126 (9) Five members appointed by the Governor, one each [of whom]
2127 who shall be (A) a representative of a health system that includes more
2128 than one hospital, (B) a representative of the health insurance industry,
2129 (C) an expert in health information technology, (D) a health care
2130 consumer or consumer advocate, and (E) a current or former employee
2131 or trustee of a plan established pursuant to subdivision (5) of
2132 subsection (c) of 29 USC 186;

2133 (10) Three members appointed by the president pro tempore of the
2134 Senate, one each who shall be (A) a representative of a federally
2135 qualified health center, (B) a provider of behavioral health services,
2136 and (C) a [representative of the Connecticut State Medical Society]
2137 physician licensed under chapter 370;

2138 (11) Three members appointed by the speaker of the House of
2139 Representatives, one each who shall be (A) a technology expert who
2140 represents a hospital system, as defined in section 19a-486i, as
2141 amended by this act, (B) a provider of home health care services, and
2142 (C) a health care consumer or a health care consumer advocate;

2143 (12) One member appointed by the majority leader of the Senate,
2144 who shall be a representative of an independent community hospital;

2145 (13) One member appointed by the majority leader of the House of
2146 Representatives, who shall be a physician who provides services in a
2147 multispecialty group and who is not employed by a hospital;

2148 (14) One member appointed by the minority leader of the Senate,
2149 who shall be a primary care physician who provides services in a small
2150 independent practice;

2151 (15) One member appointed by the minority leader of the House of
2152 Representatives, who shall be an expert in health care analytics and
2153 quality analysis;

2154 (16) The president pro tempore of the Senate, or the president's
2155 designee;

2156 (17) The speaker of the House of Representatives, or the speaker's
2157 designee;

2158 (18) The minority leader of the Senate, or the minority leader's
2159 designee; and

2160 (19) The minority leader of the House of Representatives, or the
2161 minority leader's designee.

2162 (c) Any member appointed or designated under subdivisions (10) to
2163 (19), inclusive, of subsection (b) of this section may be a member of the
2164 General Assembly.

2165 (d) (1) The [Health Information Technology Officer, appointed in
2166 accordance with section 19a-755] health information technology officer,
2167 designated in accordance with section 19a-754a, as amended by this
2168 act, shall serve as a chairperson of the council. The council shall elect a
2169 second chairperson from among its members, who shall not be a state
2170 official. The chairpersons of the council may establish subcommittees
2171 and working groups and may appoint individuals other than members
2172 of the council to serve as members of the subcommittees or working
2173 groups. The terms of the members shall be coterminous with the terms
2174 of the appointing authority for each member and subject to the
2175 provisions of section 4-1a. If any vacancy occurs on the council, the
2176 appointing authority having the power to make the appointment
2177 under the provisions of this section shall appoint a person in
2178 accordance with the provisions of this section. A majority of the
2179 members of the council shall constitute a quorum. Members of the
2180 council shall serve without compensation, but shall be reimbursed for
2181 all reasonable expenses incurred in the performance of their duties.

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

2184 the chairpersons.

2185 (e) (1) The council shall establish a working group to be known as
2186 the All-Payer Claims Database Advisory Group. Said group shall
2187 include, but need not be limited to, (A) the Secretary of the Office of
2188 Policy and Management, the Comptroller, the Commissioners of
2189 Public Health, Social Services and Mental Health and Addiction
2190 Services, the Insurance Commissioner, the Healthcare Advocate and
2191 the Chief Information Officer, or their designees; (B) a representative of
2192 the Connecticut State Medical Society; and (C) representatives of
2193 health insurance companies, health insurance purchasers, hospitals,
2194 consumer advocates and health care providers. The [Health
2195 Information Technology Officer] health information technology officer
2196 may appoint additional members to said group.

2197 (2) The All-Payer Claims Database Advisory Group shall develop a
2198 plan to implement a state-wide multipayer data initiative to enhance
2199 the state's use of health care data from multiple sources to increase
2200 efficiency, enhance outcomes and improve the understanding of health
2201 care expenditures in the public and private sectors.

2202 (f) Prior to submitting any application, proposal, planning
2203 document or other request seeking federal grants, matching funds or
2204 other federal support for health information technology or health
2205 information exchange, the [Health Information Technology Officer]
2206 executive director of the Office of Health Strategy or the Commissioner
2207 of Social Services shall present such application, proposal, document
2208 or other request to the council for review and comment.

2209 Sec. 66. Section 17b-59g of the 2018 supplement to the general
2210 statutes is repealed and the following is substituted in lieu thereof
2211 (*Effective July 1, 2018*):

2212 (a) The state, acting by and through the Secretary of the Office of
2213 Policy and Management, in collaboration with the [Health Information
2214 Technology Officer designated under section 19a-755, and the

2215 Lieutenant Governor] executive director of the Office of Health
2216 Strategy, shall establish a program to expedite the development of the
2217 State-wide Health Information Exchange, established under section
2218 17b-59d, as amended by this act, to assist the state, health care
2219 providers, insurance carriers, physicians and all stakeholders in
2220 empowering consumers to make effective health care decisions,
2221 promote patient-centered care, improve the quality, safety and value of
2222 health care, reduce waste and duplication of services, support clinical
2223 decision-making, keep confidential health information secure and
2224 make progress toward the state's public health goals. The purposes of
2225 the program shall be to (1) assist the State-wide Health Information
2226 Exchange in establishing and maintaining itself as a neutral and
2227 trusted entity that serves the public good for the benefit of all
2228 Connecticut residents, including, but not limited to, Connecticut health
2229 care consumers and Connecticut health care providers and carriers, (2)
2230 perform, on behalf of the state, the role of intermediary between public
2231 and private stakeholders and customers of the State-wide Health
2232 Information Exchange, and (3) fulfill the responsibilities of the Office
2233 of Health Strategy, as described in section 19a-754a, as amended by
2234 this act.

2235 (b) The [Health Information Technology Officer] executive director
2236 of the Office of Health Strategy, in consultation with the health
2237 information technology officer, designated in accordance with section
2238 19a-754, as amended by this act, shall design, and the Secretary of the
2239 Office of Policy and Management, in collaboration with said [officer]
2240 executive director, may establish or incorporate an entity to implement
2241 the program established under subsection (a) of this section. Such
2242 entity shall, without limitation, be owned and governed, in whole or in
2243 part, by a party or parties other than the state and may be organized as
2244 a nonprofit entity.

2245 (c) Any entity established or incorporated pursuant to subsection (b)
2246 of this section shall have its powers vested in and exercised by a board
2247 of directors. The board of directors shall be comprised of the following

2248 members who shall each serve for a term of two years:

2249 (1) One member who shall have expertise as an advocate for
2250 consumers of health care, appointed by the Governor;

2251 (2) One member who shall have expertise as a clinical medical
2252 doctor, appointed by the president pro tempore of the Senate;

2253 (3) One member who shall have expertise in the area of hospital
2254 administration, appointed by the speaker of the House of
2255 Representatives;

2256 (4) One member who shall have expertise in the area of corporate
2257 law or finance, appointed by the minority leader of the Senate;

2258 (5) One member who shall have expertise in group health insurance
2259 coverage, appointed by the minority leader of the House of
2260 Representatives;

2261 (6) The Chief Information Officer [] and the Secretary of the Office
2262 of Policy and Management, [and the Health Information Technology
2263 Officer,] or their designees, who shall serve as ex-officio, voting
2264 members of the board; and

2265 (7) The [Health Information Technology Officer, or his or her
2266 designee] health information technology officer, designated in
2267 accordance with section 19a-754a, as amended by this act, who shall
2268 serve as chairperson of the board.

2269 (d) [All initial appointments shall be made not later than February 1,
2270 2018.] Any vacancy shall be filled by the appointing authority for the
2271 balance of the unexpired term. If an appointing authority fails to make
2272 an initial appointment on or before sixty days after the establishment
2273 of such entity, or to fill a vacancy in an appointment on or before sixty
2274 days after the date of such vacancy, the Governor shall make such
2275 appointment or fill such vacancy.

2276 (e) [The] Any entity established or incorporated under subsection
2277 [(c)] (b) of this section may (1) employ a staff and fix their duties,
2278 qualifications and compensation; (2) solicit, receive and accept aid or
2279 contributions, including money, property, labor and other things of
2280 value from any source; (3) receive, and manage on behalf of the state,
2281 funding from the federal government, other public sources or private
2282 sources to cover costs associated with the planning, implementation
2283 and administration of the State-wide Health Information Exchange; (4)
2284 collect and remit fees set by the Health Information Technology Officer
2285 charged to persons or entities for access to or interaction with said
2286 exchange; (5) retain outside consultants and technical experts; (6)
2287 maintain an office in the state at such place or places as such entity
2288 may designate; (7) procure insurance against loss in connection with
2289 such entity's property and other assets in such amounts and from such
2290 insurers as such entity deems desirable; (8) sue and be sued and plead
2291 and be impleaded; (9) borrow money for the purpose of obtaining
2292 working capital; and (10) subject to the powers, purposes and
2293 restrictions of sections 17b-59a, as amended by this act, 17b-59d, as
2294 amended by this act, 17b-59f, as amended by this act, [and 19a-755,] do
2295 all acts and things necessary and convenient to carry out the purposes
2296 of this section and section 19a-754a, as amended by this act.

2297 Sec. 67. Subsection (b) of section 2-124a of the 2018 supplement to
2298 the general statutes is repealed and the following is substituted in lieu
2299 thereof (*Effective July 1, 2018*):

2300 (b) Appointments to the working group pursuant to subsection (a)
2301 of this section shall include, but need not be limited to, the [Health
2302 Information Technology Officer, designated in accordance with section
2303 19a-755] executive director of the Office of Health Strategy, or such
2304 executive director's designee, and representatives from the insurance
2305 industry, the health care industry, the Connecticut Education Network,
2306 broadband Internet service providers, the Connecticut Technology
2307 Council, the bioscience industry and public or private universities and
2308 research institutions. The working group shall also include the

2309 Consumer Counsel, or the Consumer Counsel's designee. All
2310 appointments to the working group shall be made not later than thirty
2311 days after June 30, 2017. Any member of the working group
2312 established pursuant to this section may be a member of the working
2313 group established pursuant to special act 16-20 or a member of the
2314 General Assembly or the Commission on Economic Competitiveness.

2315 Sec. 68. Section 19a-612 of the general statutes is repealed and the
2316 following is substituted in lieu thereof (*Effective July 1, 2018*):

2317 (a) There is established, within the [Department of Public Health, a
2318 division] Office of Health Strategy, established under section 19a-754a,
2319 as amended by this act, a unit to be known as the [Office of Health
2320 Care Access] Health Systems Planning Unit. The [division] unit, under
2321 the direction of the [Commissioner of Public Health] executive director
2322 of the Office of Health Strategy, shall constitute a successor to the
2323 former Office of Health Care Access, in accordance with the provisions
2324 of sections 4-38d and 4-39.

2325 (b) Any order, decision, agreed settlement [,] or regulation of the
2326 former Office of Health Care Access which is in force on [October 6,
2327 2009] July 1, 2018, shall continue in force and effect as an order or
2328 regulation of the [Department of Public Health] Office of Health
2329 Strategy until amended, repealed or superseded pursuant to law.

2330 (c) If the words "Office of Health Care Access" are used or referred
2331 to in any public or special act of 2009 or in any section of the general
2332 statutes which is amended in 2009, such words shall be deemed to
2333 mean or refer to the Office of Health Care Access division within the
2334 Department of Public Health. If the words "Office of Health Care
2335 Access" are used or referred to in any public or special act of 2018 or in
2336 any section of the general statutes which is amended in 2018, such
2337 words shall be deemed to mean or refer to the Health Systems
2338 Planning Unit within the Office of Health Strategy.

2339 Sec. 69. Section 19a-612d of the general statutes is repealed and the

2340 following is substituted in lieu thereof (*Effective July 1, 2018*):

2341 [Notwithstanding any provision of the general statutes, there shall
2342 be a Deputy Commissioner of Public Health who] The executive
2343 director of the Office of Health Strategy shall oversee the [Office of
2344 Health Care Access division of the Department of Public Health]
2345 Health Systems Planning Unit and [who] shall exercise independent
2346 decision-making authority over all certificate of need decisions.

2347 Sec. 70. Section 19a-613 of the general statutes is repealed and the
2348 following is substituted in lieu thereof (*Effective July 1, 2018*):

2349 (a) The [Office of Health Care Access] Health Systems Planning Unit
2350 may employ the most effective and practical means necessary to fulfill
2351 the purposes of this chapter, which may include, but need not be
2352 limited to:

2353 (1) Collecting patient-level outpatient data from health care facilities
2354 or institutions, as defined in section 19a-630, as amended by this act;

2355 (2) Establishing a cooperative data collection effort, across public
2356 and private sectors, to assure that adequate health care personnel
2357 demographics are readily available; and

2358 (3) Performing the duties and functions as enumerated in subsection
2359 (b) of this section.

2360 (b) The [office] unit shall: (1) Authorize and oversee the collection of
2361 data required to carry out the provisions of this chapter; (2) oversee
2362 and coordinate health system planning for the state; (3) monitor health
2363 care costs; and (4) implement and oversee health care reform as
2364 enacted by the General Assembly.

2365 (c) The [Commissioner of Public Health] executive director of the
2366 Office of Health Strategy, or any person the [commissioner] executive
2367 director designates, may conduct a hearing and render a final decision
2368 in any case when a hearing is required or authorized under the

2369 provisions of any statute dealing with the [Office of Health Care
2370 Access] Health Systems Planning Unit.

2371 Sec. 71. Section 19a-614 of the general statutes is repealed and the
2372 following is substituted in lieu thereof (*Effective July 1, 2018*):

2373 [(a)] The [Commissioner of Public Health] executive director of the
2374 Office of Health Strategy may employ and pay professional and
2375 support staff subject to the provisions of chapter 67 and contract with
2376 and engage consultants and other independent professionals as may
2377 be necessary or desirable to carry out the functions of the [office]
2378 Health Systems Planning Unit.

2379 [(b)] The commissioner may establish a consumer education unit
2380 within the office to provide information to residents of the state
2381 concerning the availability of public and private health care coverage.]

2382 Sec. 72. Section 19a-630 of the general statutes is repealed and the
2383 following is substituted in lieu thereof (*Effective July 1, 2018*):

2384 As used in this chapter, unless the context otherwise requires:

2385 (1) "Affiliate" means a person, entity or organization controlling,
2386 controlled by or under common control with another person, entity or
2387 organization. Affiliate does not include a medical foundation
2388 organized under chapter 594b.

2389 (2) "Applicant" means any person or health care facility that applies
2390 for a certificate of need pursuant to section 19a-639a, as amended by
2391 this act.

2392 (3) "Bed capacity" means the total number of inpatient beds in a
2393 facility licensed by the Department of Public Health under sections
2394 19a-490 to 19a-503, inclusive, as amended by this act.

2395 (4) "Capital expenditure" means an expenditure that under
2396 generally accepted accounting principles consistently applied is not

2397 properly chargeable as an expense of operation or maintenance and
2398 includes acquisition by purchase, transfer, lease or comparable
2399 arrangement, or through donation, if the expenditure would have been
2400 considered a capital expenditure had the acquisition been by purchase.

2401 (5) "Certificate of need" means a certificate issued by the [office]
2402 unit.

2403 (6) "Days" means calendar days.

2404 [(7) "Deputy commissioner" means the deputy commissioner of
2405 Public Health who oversees the Office of Health Care Access division
2406 of the Department of Public Health.

2407 (8) "Commissioner" means the Commissioner of Public Health.]

2408 (7) "Executive director" means the executive director of the Office of
2409 Health Strategy.

2410 [(9)] (8) "Free clinic" means a private, nonprofit community-based
2411 organization that provides medical, dental, pharmaceutical or mental
2412 health services at reduced cost or no cost to low-income, uninsured
2413 and underinsured individuals.

2414 [(10)] (9) "Large group practice" means eight or more full-time
2415 equivalent physicians, legally organized in a partnership, professional
2416 corporation, limited liability company formed to render professional
2417 services, medical foundation, not-for-profit corporation, faculty
2418 practice plan or other similar entity (A) in which each physician who is
2419 a member of the group provides substantially the full range of services
2420 that the physician routinely provides, including, but not limited to,
2421 medical care, consultation, diagnosis or treatment, through the joint
2422 use of shared office space, facilities, equipment or personnel; (B) for
2423 which substantially all of the services of the physicians who are
2424 members of the group are provided through the group and are billed
2425 in the name of the group practice and amounts so received are treated

2426 as receipts of the group; or (C) in which the overhead expenses of, and
2427 the income from, the group are distributed in accordance with
2428 methods previously determined by members of the group. An entity
2429 that otherwise meets the definition of group practice under this section
2430 shall be considered a group practice although its shareholders,
2431 partners or owners of the group practice include single-physician
2432 professional corporations, limited liability companies formed to render
2433 professional services or other entities in which beneficial owners are
2434 individual physicians.

2435 [(11)] (10) "Health care facility" means (A) hospitals licensed by the
2436 Department of Public Health under chapter 368v; (B) specialty
2437 hospitals; (C) freestanding emergency departments; (D) outpatient
2438 surgical facilities, as defined in section 19a-493b, as amended by this
2439 act, and licensed under chapter 368v; (E) a hospital or other facility or
2440 institution operated by the state that provides services that are eligible
2441 for reimbursement under Title XVIII or XIX of the federal Social
2442 Security Act, 42 USC 301, as amended; (F) a central service facility; (G)
2443 mental health facilities; (H) substance abuse treatment facilities; and (I)
2444 any other facility requiring certificate of need review pursuant to
2445 subsection (a) of section 19a-638, as amended by this act. "Health care
2446 facility" includes any parent company, subsidiary, affiliate or joint
2447 venture, or any combination thereof, of any such facility.

2448 [(12)] (11) "Nonhospital based" means located at a site other than the
2449 main campus of the hospital.

2450 [(13)] (12) "Office" means the Office of Health [Care Access division
2451 within the Department of Public Health] Strategy.

2452 [(14)] (13) "Person" means any individual, partnership, corporation,
2453 limited liability company, association, governmental subdivision,
2454 agency or public or private organization of any character, but does not
2455 include the agency conducting the proceeding.

2456 [(15)] (14) "Physician" has the same meaning as provided in section

2457 20-13a.

2458 [(16)] (15) "Transfer of ownership" means a transfer that impacts or
2459 changes the governance or controlling body of a health care facility,
2460 institution or large group practice, including, but not limited to, all
2461 affiliations, mergers or any sale or transfer of net assets of a health care
2462 facility.

2463 (16) "Unit" means the Health Systems Planning Unit.

2464 Sec. 73. Subsection (b) of section 19a-631 of the general statutes is
2465 repealed and the following is substituted in lieu thereof (*Effective July*
2466 *1, 2018*):

2467 (b) Each hospital shall annually pay to the [Commissioner of Public
2468 Health] executive director of the Office of Health Strategy, for deposit
2469 in the General Fund, an amount equal to its share of the actual
2470 expenditures made by the [office] unit during each fiscal year
2471 including the cost of fringe benefits for [office] unit personnel as
2472 estimated by the Comptroller, the amount of expenses for central state
2473 services attributable to the [office] unit for the fiscal year as estimated
2474 by the Comptroller, plus the expenditures made on behalf of the
2475 [office] unit from the Capital Equipment Purchase Fund pursuant to
2476 section 4a-9 for such year. Payments shall be made by assessment of all
2477 hospitals of the costs calculated and collected in accordance with the
2478 provisions of this section and section 19a-632, as amended by this act.
2479 If for any reason a hospital ceases operation, any unpaid assessment
2480 for the operations of the [office] unit shall be reapportioned among the
2481 remaining hospitals to be paid in addition to any other assessment.

2482 Sec. 74. Section 19a-632 of the general statutes is repealed and the
2483 following is substituted in lieu thereof (*Effective July 1, 2018*):

2484 (a) On or before September first, annually, the [Office of Health Care
2485 Access] Health Systems Planning Unit shall determine (1) the total net
2486 revenue of each hospital for the most recently completed hospital fiscal

2487 year beginning October first; and (2) the proposed assessment on the
2488 hospital for the state fiscal year. The assessment on each hospital shall
2489 be calculated by multiplying the hospital's percentage share of the total
2490 net revenue specified in subdivision (1) of this subsection times the
2491 costs of the [office] unit, as determined in subsection (b) of this section.

2492 (b) The costs of the [office] unit shall be the total of (1) the amount
2493 appropriated for expenses for the operation of the [office] unit for the
2494 fiscal year, as estimated by the Comptroller, (2) the cost of fringe
2495 benefits for [office] unit personnel for such year, as estimated by the
2496 Comptroller, (3) the amount of expenses for central state services
2497 attributable to the [office] unit for the fiscal year as estimated by the
2498 Comptroller, and (4) the estimated expenditures on behalf of the
2499 [office] unit from the Capital Equipment Purchase Fund pursuant to
2500 section 4a-9 for such year, provided for purposes of this calculation the
2501 amount of expenses for the operation of the [office] unit for the fiscal
2502 year as estimated by the Comptroller, plus the cost of fringe benefits
2503 for personnel, the amount of expenses for said central state services for
2504 the fiscal year as estimated by the Comptroller, and said estimated
2505 expenditures from the Capital Equipment Purchase Fund pursuant to
2506 section 4a-9 shall be deemed to be the actual expenditures of the
2507 [office] unit.

2508 (c) On or before December thirty-first, annually, for each fiscal year,
2509 each hospital shall pay the [office] unit twenty-five per cent of its
2510 proposed assessment, adjusted to reflect any credit or amount due
2511 under the recalculated assessment for the preceding state fiscal year as
2512 determined pursuant to subsection (d) of this section or any
2513 reapportioned assessment pursuant to subsection (b) of section 19a-
2514 631, as amended by this act. The hospital shall pay the remaining
2515 seventy-five per cent of its assessment to the [office] unit in three equal
2516 installments on or before the following March thirty-first, June thirtieth
2517 and September thirtieth, annually.

2518 (d) Immediately following the close of each state fiscal year the

2519 [commissioner] executive director shall recalculate the proposed
2520 assessment for each hospital based on the costs of the [office] unit in
2521 accordance with subsection (b) of this section using the actual
2522 expenditures made by the [office] unit during that fiscal year and the
2523 actual expenditures made on behalf of the [office] unit from the Capital
2524 Equipment Purchase Fund pursuant to section 4a-9. On or before
2525 August thirty-first, annually, the [office] unit shall render to each
2526 hospital a statement showing the difference between the respective
2527 recalculated assessment and the amount previously paid. On or before
2528 September thirtieth, the [commissioner] executive director, after
2529 receiving any objections to such statements, shall make such
2530 adjustments which in said [commissioner's] executive director's
2531 opinion may be indicated and shall render an adjusted assessment, if
2532 any, to the affected hospitals. Adjustments to reflect any credit or
2533 amount due under the recalculated assessment for the previous state
2534 fiscal year shall be made to the proposed assessment due on or before
2535 December thirty-first of the following state fiscal year.

2536 (e) If any assessment is not paid when due, the [commissioner]
2537 executive director shall impose a fee equal to (1) two per cent of the
2538 assessment if such failure to pay is for not more than five days, (2) five
2539 per cent of the assessment if such failure to pay is for more than five
2540 days but not more than fifteen days, or (3) ten per cent of the
2541 assessment if such failure to pay is for more than fifteen days. If a
2542 hospital fails to pay any assessment for more than thirty days after the
2543 date when due, the [commissioner] executive director may, in addition
2544 to the fees imposed pursuant to this subsection, impose a civil penalty
2545 of up to one thousand dollars per day for each day past the initial
2546 thirty days that the assessment is not paid. Any civil penalty
2547 authorized by this subsection shall be imposed by the [commissioner]
2548 executive director in accordance with subsections (b) to (e), inclusive,
2549 of section 19a-653, as amended by this act.

2550 (f) The [office] unit shall deposit all payments received pursuant to
2551 this section with the State Treasurer. The moneys so deposited shall be

2552 credited to the General Fund and shall be accounted for as expenses
2553 recovered from hospitals.

2554 Sec. 75. Subsection (b) of section 19a-632a of the general statutes is
2555 repealed and the following is substituted in lieu thereof (*Effective July*
2556 *1, 2018*):

2557 (b) The [Department of Public Health] Office of Health Strategy may
2558 require a hospital to pay an assessment levied pursuant to section 19a-
2559 632, as amended by this act, by way of an approved method of
2560 electronic funds transfer.

2561 Sec. 76. Subsection (f) of section 19a-632a of the general statutes is
2562 repealed and the following is substituted in lieu thereof (*Effective July*
2563 *1, 2018*):

2564 (f) The [department] office shall deposit all payments received
2565 pursuant to this section with the State Treasurer. The moneys so
2566 deposited shall be credited to the General Fund and shall be accounted
2567 for as expenses recovered from hospitals.

2568 Sec. 77. Section 19a-633 of the general statutes is repealed and the
2569 following is substituted in lieu thereof (*Effective July 1, 2018*):

2570 The [commissioner] executive director, or any agent authorized by
2571 [him] such executive director to conduct any inquiry, investigation or
2572 hearing under the provisions of this chapter, shall have power to
2573 administer oaths and take testimony under oath relative to the matter
2574 of inquiry or investigation. At any hearing ordered by the office, the
2575 [commissioner] executive director or such agent having authority by
2576 law to issue such process may subpoena witnesses and require the
2577 production of records, papers and documents pertinent to such
2578 inquiry. If any person disobeys such process or, having appeared in
2579 obedience thereto, refuses to answer any pertinent question put to
2580 [him] such person by the [commissioner] executive director or [his]
2581 such executive director's authorized agent or to produce any records

2582 and papers pursuant thereto, the [commissioner] executive director or
2583 [his] such executive director's agent may apply to the superior court
2584 for the judicial district of Hartford or for the judicial district wherein
2585 the person resides or wherein the business has been conducted, or to
2586 any judge of said court if the same is not in session, setting forth such
2587 disobedience to process or refusal to answer, and said court or such
2588 judge shall cite such person to appear before said court or such judge
2589 to answer such question or to produce such records and papers.

2590 Sec. 78. Section 19a-634 of the general statutes is repealed and the
2591 following is substituted in lieu thereof (*Effective July 1, 2018*):

2592 (a) The [Office of Health Care Access] Health Systems Planning Unit
2593 shall conduct, on a biennial basis, a state-wide health care facility
2594 utilization study. Such study may include an assessment of: (1)
2595 Current availability and utilization of acute hospital care, hospital
2596 emergency care, specialty hospital care, outpatient surgical care,
2597 primary care and clinic care; (2) geographic areas and subpopulations
2598 that may be underserved or have reduced access to specific types of
2599 health care services; and (3) other factors that the [office] unit deems
2600 pertinent to health care facility utilization. Not later than June thirtieth
2601 of the year in which the biennial study is conducted, the
2602 [Commissioner of Public Health] executive director of the Office of
2603 Health Strategy shall report, in accordance with section 11-4a, to the
2604 Governor and the joint standing committees of the General Assembly
2605 having cognizance of matters relating to public health and human
2606 services on the findings of the study. Such report may also include the
2607 [office's] unit's recommendations for addressing identified gaps in the
2608 provision of health care services and recommendations concerning a
2609 lack of access to health care services.

2610 (b) The [office] unit, in consultation with such other state agencies as
2611 the [Commissioner of Public Health] executive director deems
2612 appropriate, shall establish and maintain a state-wide health care
2613 facilities and services plan. Such plan may include, but not be limited

2614 to: (1) An assessment of the availability of acute hospital care, hospital
2615 emergency care, specialty hospital care, outpatient surgical care,
2616 primary care and clinic care; (2) an evaluation of the unmet needs of
2617 persons at risk and vulnerable populations as determined by the
2618 [commissioner] executive director; (3) a projection of future demand
2619 for health care services and the impact that technology may have on
2620 the demand, capacity or need for such services; and (4)
2621 recommendations for the expansion, reduction or modification of
2622 health care facilities or services. In the development of the plan, the
2623 [office] unit shall consider the recommendations of any advisory
2624 bodies which may be established by the [commissioner] executive
2625 director. The [commissioner] executive director may also incorporate
2626 the recommendations of authoritative organizations whose mission is
2627 to promote policies based on best practices or evidence-based research.
2628 The [commissioner] executive director, in consultation with hospital
2629 representatives, shall develop a process that encourages hospitals to
2630 incorporate the state-wide health care facilities and services plan into
2631 hospital long-range planning and shall facilitate communication
2632 between appropriate state agencies concerning innovations or changes
2633 that may affect future health planning. The [office] unit shall update
2634 the state-wide health care facilities and services plan not less than once
2635 every two years.

2636 (c) For purposes of conducting the state-wide health care facility
2637 utilization study and preparing the state-wide health care facilities and
2638 services plan, the [office] unit shall establish and maintain an
2639 inventory of all health care facilities, the equipment identified in
2640 subdivisions (9) and (10) of subsection (a) of section 19a-638, as
2641 amended by this act, and services in the state, including health care
2642 facilities that are exempt from certificate of need requirements under
2643 subsection (b) of section 19a-638, as amended by this act. The [office]
2644 unit shall develop an inventory questionnaire to obtain the following
2645 information: (1) The name and location of the facility; (2) the type of
2646 facility; (3) the hours of operation; (4) the type of services provided at

2647 that location; and (5) the total number of clients, treatments, patient
2648 visits, procedures performed or scans performed in a calendar year.
2649 The inventory shall be completed biennially by health care facilities
2650 and providers and such health care facilities and providers shall not be
2651 required to provide patient specific or financial data.

2652 Sec. 79. Section 19a-638 of the general statutes is repealed and the
2653 following is substituted in lieu thereof (*Effective July 1, 2018*):

2654 (a) A certificate of need issued by the [office] unit shall be required
2655 for:

2656 (1) The establishment of a new health care facility;

2657 (2) A transfer of ownership of a health care facility;

2658 (3) A transfer of ownership of a large group practice to any entity
2659 other than a (A) physician, or (B) group of two or more physicians,
2660 legally organized in a partnership, professional corporation or limited
2661 liability company formed to render professional services and not
2662 employed by or an affiliate of any hospital, medical foundation,
2663 insurance company or other similar entity;

2664 (4) The establishment of a freestanding emergency department;

2665 (5) The termination of inpatient or outpatient services offered by a
2666 hospital, including, but not limited to, the termination by a short-term
2667 acute care general hospital or children's hospital of inpatient and
2668 outpatient mental health and substance abuse services;

2669 (6) The establishment of an outpatient surgical facility, as defined in
2670 section 19a-493b, as amended by this act, or as established by a short-
2671 term acute care general hospital;

2672 (7) The termination of surgical services by an outpatient surgical
2673 facility, as defined in section 19a-493b, as amended by this act, or a
2674 facility that provides outpatient surgical services as part of the

2675 outpatient surgery department of a short-term acute care general
2676 hospital, provided termination of outpatient surgical services due to
2677 (A) insufficient patient volume, or (B) the termination of any
2678 subspecialty surgical service, shall not require certificate of need
2679 approval;

2680 (8) The termination of an emergency department by a short-term
2681 acute care general hospital;

2682 (9) The establishment of cardiac services, including inpatient and
2683 outpatient cardiac catheterization, interventional cardiology and
2684 cardiovascular surgery;

2685 (10) The acquisition of computed tomography scanners, magnetic
2686 resonance imaging scanners, positron emission tomography scanners
2687 or positron emission tomography-computed tomography scanners, by
2688 any person, physician, provider, short-term acute care general hospital
2689 or children's hospital, except (A) as provided for in subdivision (22) of
2690 subsection (b) of this section, and (B) a certificate of need issued by the
2691 [office] unit shall not be required where such scanner is a replacement
2692 for a scanner that was previously acquired through certificate of need
2693 approval or a certificate of need determination;

2694 (11) The acquisition of nonhospital based linear accelerators;

2695 (12) An increase in the licensed bed capacity of a health care facility;

2696 (13) The acquisition of equipment utilizing technology that has not
2697 previously been utilized in the state;

2698 (14) An increase of two or more operating rooms within any three-
2699 year period, commencing on and after October 1, 2010, by an
2700 outpatient surgical facility, as defined in section 19a-493b, as amended
2701 by this act, or by a short-term acute care general hospital; and

2702 (15) The termination of inpatient or outpatient services offered by a
2703 hospital or other facility or institution operated by the state that

2704 provides services that are eligible for reimbursement under Title XVIII
2705 or XIX of the federal Social Security Act, 42 USC 301, as amended.

2706 (b) A certificate of need shall not be required for:

2707 (1) Health care facilities owned and operated by the federal
2708 government;

2709 (2) The establishment of offices by a licensed private practitioner,
2710 whether for individual or group practice, except when a certificate of
2711 need is required in accordance with the requirements of section 19a-
2712 493b, as amended by this act, or subdivision (3), (10) or (11) of
2713 subsection (a) of this section;

2714 (3) A health care facility operated by a religious group that
2715 exclusively relies upon spiritual means through prayer for healing;

2716 (4) Residential care homes, nursing homes and rest homes, as
2717 defined in subsection (c) of section 19a-490;

2718 (5) An assisted living services agency, as defined in section 19a-490,
2719 as amended by this act;

2720 (6) Home health agencies, as defined in section 19a-490, as amended
2721 by this act;

2722 (7) Hospice services, as described in section 19a-122b;

2723 (8) Outpatient rehabilitation facilities;

2724 (9) Outpatient chronic dialysis services;

2725 (10) Transplant services;

2726 (11) Free clinics, as defined in section 19a-630, as amended by this
2727 act;

2728 (12) School-based health centers and expanded school health sites,

2729 as such terms are defined in section 19a-6r, community health centers,
2730 as defined in section 19a-490a, not-for-profit outpatient clinics licensed
2731 in accordance with the provisions of chapter 368v and federally
2732 qualified health centers;

2733 (13) A program licensed or funded by the Department of Children
2734 and Families, provided such program is not a psychiatric residential
2735 treatment facility;

2736 (14) Any nonprofit facility, institution or provider that has a contract
2737 with, or is certified or licensed to provide a service for, a state agency
2738 or department for a service that would otherwise require a certificate
2739 of need. The provisions of this subdivision shall not apply to a short-
2740 term acute care general hospital or children's hospital, or a hospital or
2741 other facility or institution operated by the state that provides services
2742 that are eligible for reimbursement under Title XVIII or XIX of the
2743 federal Social Security Act, 42 USC 301, as amended;

2744 (15) A health care facility operated by a nonprofit educational
2745 institution exclusively for students, faculty and staff of such institution
2746 and their dependents;

2747 (16) An outpatient clinic or program operated exclusively by or
2748 contracted to be operated exclusively by a municipality, municipal
2749 agency, municipal board of education or a health district, as described
2750 in section 19a-241;

2751 (17) A residential facility for persons with intellectual disability
2752 licensed pursuant to section 17a-227 and certified to participate in the
2753 Title XIX Medicaid program as an intermediate care facility for
2754 individuals with intellectual disabilities;

2755 (18) Replacement of existing imaging equipment if such equipment
2756 was acquired through certificate of need approval or a certificate of
2757 need determination, provided a health care facility, provider,
2758 physician or person notifies the [office] unit of the date on which the

2759 equipment is replaced and the disposition of the replaced equipment;

2760 (19) Acquisition of cone-beam dental imaging equipment that is to
2761 be used exclusively by a dentist licensed pursuant to chapter 379;

2762 (20) The partial or total elimination of services provided by an
2763 outpatient surgical facility, as defined in section 19a-493b, as amended
2764 by this act, except as provided in subdivision (6) of subsection (a) of
2765 this section and section 19a-639e, as amended by this act;

2766 (21) The termination of services for which the Department of Public
2767 Health has requested the facility to relinquish its license; or

2768 (22) Acquisition of any equipment by any person that is to be used
2769 exclusively for scientific research that is not conducted on humans.

2770 (c) (1) Any person, health care facility or institution that is unsure
2771 whether a certificate of need is required under this section, or (2) any
2772 health care facility that proposes to relocate pursuant to section 19a-
2773 639c, as amended by this act, shall send a letter to the [office] unit that
2774 describes the project and requests that the [office] unit make a
2775 determination as to whether a certificate of need is required. In the
2776 case of a relocation of a health care facility, the letter shall include
2777 information described in section 19a-639c, as amended by this act. A
2778 person, health care facility or institution making such request shall
2779 provide the [office] unit with any information the [office] unit requests
2780 as part of its determination process.

2781 (d) The [Commissioner of Public Health] executive director of the
2782 Office of Health Strategy may implement policies and procedures
2783 necessary to administer the provisions of this section while in the
2784 process of adopting such policies and procedures as regulation,
2785 provided the [commissioner] executive director holds a public hearing
2786 prior to implementing the policies and procedures and [prints] posts
2787 notice of intent to adopt regulations [in the Connecticut Law Journal]
2788 on the office's Internet website and the eRegulations System not later

2789 than twenty days after the date of implementation. Policies and
2790 procedures implemented pursuant to this section shall be valid until
2791 the time final regulations are adopted. [Final regulations shall be
2792 adopted by December 31, 2011.]

2793 Sec. 80. Section 19a-639 of the general statutes is repealed and the
2794 following is substituted in lieu thereof (*Effective July 1, 2018*):

2795 (a) In any deliberations involving a certificate of need application
2796 filed pursuant to section 19a-638, as amended by this act, the [office]
2797 unit shall take into consideration and make written findings
2798 concerning each of the following guidelines and principles:

2799 (1) Whether the proposed project is consistent with any applicable
2800 policies and standards adopted in regulations by the [Department of
2801 Public Health] Office of Health Strategy;

2802 (2) The relationship of the proposed project to the state-wide health
2803 care facilities and services plan;

2804 (3) Whether there is a clear public need for the health care facility or
2805 services proposed by the applicant;

2806 (4) Whether the applicant has satisfactorily demonstrated how the
2807 proposal will impact the financial strength of the health care system in
2808 the state or that the proposal is financially feasible for the applicant;

2809 (5) Whether the applicant has satisfactorily demonstrated how the
2810 proposal will improve quality, accessibility and cost effectiveness of
2811 health care delivery in the region, including, but not limited to,
2812 provision of or any change in the access to services for Medicaid
2813 recipients and indigent persons;

2814 (6) The applicant's past and proposed provision of health care
2815 services to relevant patient populations and payer mix, including, but
2816 not limited to, access to services by Medicaid recipients and indigent
2817 persons;

2818 (7) Whether the applicant has satisfactorily identified the population
2819 to be served by the proposed project and satisfactorily demonstrated
2820 that the identified population has a need for the proposed services;

2821 (8) The utilization of existing health care facilities and health care
2822 services in the service area of the applicant;

2823 (9) Whether the applicant has satisfactorily demonstrated that the
2824 proposed project shall not result in an unnecessary duplication of
2825 existing or approved health care services or facilities;

2826 (10) Whether an applicant, who has failed to provide or reduced
2827 access to services by Medicaid recipients or indigent persons, has
2828 demonstrated good cause for doing so, which shall not be
2829 demonstrated solely on the basis of differences in reimbursement rates
2830 between Medicaid and other health care payers;

2831 (11) Whether the applicant has satisfactorily demonstrated that the
2832 proposal will not negatively impact the diversity of health care
2833 providers and patient choice in the geographic region; and

2834 (12) Whether the applicant has satisfactorily demonstrated that any
2835 consolidation resulting from the proposal will not adversely affect
2836 health care costs or accessibility to care.

2837 (b) In deliberations as described in subsection (a) of this section,
2838 there shall be a presumption in favor of approving the certificate of
2839 need application for a transfer of ownership of a large group practice,
2840 as described in subdivision (3) of subsection (a) of section 19a-638, as
2841 amended by this act, when an offer was made in response to a request
2842 for proposal or similar voluntary offer for sale.

2843 (c) The [office] unit, as it deems necessary, may revise or
2844 supplement the guidelines and principles, [through regulation
2845 prescribed in subsection (a) of this section] set forth in subsection (a) of
2846 this section, through regulation.

2847 (d) (1) For purposes of this subsection and subsection (e) of this
2848 section:

2849 (A) "Affected community" means a municipality where a hospital is
2850 physically located or a municipality whose inhabitants are regularly
2851 served by a hospital;

2852 (B) "Hospital" has the same meaning as provided in section 19a-490,
2853 as amended by this act;

2854 (C) "New hospital" means a hospital as it exists after the approval of
2855 an agreement pursuant to section 19a-486b, as amended by this act, or
2856 a certificate of need application for a transfer of ownership of a
2857 hospital;

2858 (D) "Purchaser" means a person who is acquiring, or has acquired,
2859 any assets of a hospital through a transfer of ownership of a hospital;

2860 (E) "Transacting party" means a purchaser and any person who is a
2861 party to a proposed agreement for transfer of ownership of a hospital;

2862 (F) "Transfer" means to sell, transfer, lease, exchange, option,
2863 convey, give or otherwise dispose of or transfer control over,
2864 including, but not limited to, transfer by way of merger or joint
2865 venture not in the ordinary course of business; and

2866 (G) "Transfer of ownership of a hospital" means a transfer that
2867 impacts or changes the governance or controlling body of a hospital,
2868 including, but not limited to, all affiliations, mergers or any sale or
2869 transfer of net assets of a hospital and for which a certificate of need
2870 application or a certificate of need determination letter is filed on or
2871 after December 1, 2015.

2872 (2) In any deliberations involving a certificate of need application
2873 filed pursuant to section 19a-638, as amended by this act, that involves
2874 the transfer of ownership of a hospital, the [office] unit shall, in
2875 addition to the guidelines and principles set forth in subsection (a) of

2876 this section and those prescribed through regulation pursuant to
2877 subsection (c) of this section, take into consideration and make written
2878 findings concerning each of the following guidelines and principles:

2879 (A) Whether the applicant fairly considered alternative proposals or
2880 offers in light of the purpose of maintaining health care provider
2881 diversity and consumer choice in the health care market and access to
2882 affordable quality health care for the affected community; and

2883 (B) Whether the plan submitted pursuant to section 19a-639a, as
2884 amended by this act, demonstrates, in a manner consistent with this
2885 chapter, how health care services will be provided by the new hospital
2886 for the first three years following the transfer of ownership of the
2887 hospital, including any consolidation, reduction, elimination or
2888 expansion of existing services or introduction of new services.

2889 (3) The [office] unit shall deny any certificate of need application
2890 involving a transfer of ownership of a hospital unless the
2891 [commissioner] executive director finds that the affected community
2892 will be assured of continued access to high quality and affordable
2893 health care after accounting for any proposed change impacting
2894 hospital staffing.

2895 (4) The [office] unit may deny any certificate of need application
2896 involving a transfer of ownership of a hospital subject to a cost and
2897 market impact review pursuant to section 19a-639f, as amended by this
2898 act, if the [commissioner] executive director finds that (A) the affected
2899 community will not be assured of continued access to high quality and
2900 affordable health care after accounting for any consolidation in the
2901 hospital and health care market that may lessen health care provider
2902 diversity, consumer choice and access to care, and (B) any likely
2903 increases in the prices for health care services or total health care
2904 spending in the state may negatively impact the affordability of care.

2905 (5) The [office] unit may place any conditions on the approval of a
2906 certificate of need application involving a transfer of ownership of a

2907 hospital consistent with the provisions of this chapter. Before placing
2908 any such conditions, the [office] unit shall weigh the value of such
2909 conditions in promoting the purposes of this chapter against the
2910 individual and cumulative burden of such conditions on the
2911 transacting parties and the new hospital. For each condition imposed,
2912 the [office] unit shall include a concise statement of the legal and
2913 factual basis for such condition and the provision or provisions of this
2914 chapter that it is intended to promote. Each condition shall be
2915 reasonably tailored in time and scope. The transacting parties or the
2916 new hospital shall have the right to make a request to the [office] unit
2917 for an amendment to, or relief from, any condition based on changed
2918 circumstances, hardship or for other good cause.

2919 (e) (1) If the certificate of need application (A) involves the transfer
2920 of ownership of a hospital, (B) the purchaser is a hospital, as defined in
2921 section 19a-490, as amended by this act, whether located within or
2922 outside the state, that had net patient revenue for fiscal year 2013 in an
2923 amount greater than one billion five hundred million dollars or a
2924 hospital system, as defined in section 19a-486i, as amended by this act,
2925 whether located within or outside the state, that had net patient
2926 revenue for fiscal year 2013 in an amount greater than one billion five
2927 hundred million dollars, or any person that is organized or operated
2928 for profit, and (C) such application is approved, the [office] unit shall
2929 hire an independent consultant to serve as a post-transfer compliance
2930 reporter for a period of three years after completion of the transfer of
2931 ownership of the hospital. Such reporter shall, at a minimum: (i) Meet
2932 with representatives of the purchaser, the new hospital and members
2933 of the affected community served by the new hospital not less than
2934 quarterly; and (ii) report to the [office] unit not less than quarterly
2935 concerning (I) efforts the purchaser and representatives of the new
2936 hospital have taken to comply with any conditions the [office] unit
2937 placed on the approval of the certificate of need application and plans
2938 for future compliance, and (II) community benefits and
2939 uncompensated care provided by the new hospital. The purchaser

2940 shall give the reporter access to its records and facilities for the
2941 purposes of carrying out the reporter's duties. The purchaser shall hold
2942 a public hearing in the municipality in which the new hospital is
2943 located not less than annually during the reporting period to provide
2944 for public review and comment on the reporter's reports and findings.

2945 (2) If the reporter finds that the purchaser has breached a condition
2946 of the approval of the certificate of need application, the [office] unit
2947 may, in consultation with the purchaser, the reporter and any other
2948 interested parties it deems appropriate, implement a performance
2949 improvement plan designed to remedy the conditions identified by the
2950 reporter and continue the reporting period for up to one year
2951 following a determination by the [office] unit that such conditions
2952 have been resolved.

2953 (3) The purchaser shall provide funds, in an amount determined by
2954 the [office] unit not to exceed two hundred thousand dollars annually,
2955 for the hiring of the post-transfer compliance reporter.

2956 (f) Nothing in subsection (d) or (e) of this section shall apply to a
2957 transfer of ownership of a hospital in which either a certificate of need
2958 application is filed on or before December 1, 2015, or where a
2959 certificate of need determination letter is filed on or before December 1,
2960 2015.

2961 Sec. 81. Section 19a-639a of the general statutes is repealed and the
2962 following is substituted in lieu thereof (*Effective July 1, 2018*):

2963 (a) An application for a certificate of need shall be filed with the
2964 [office] unit in accordance with the provisions of this section and any
2965 regulations adopted by the [Department of Public Health] Office of
2966 Health Strategy. The application shall address the guidelines and
2967 principles set forth in (1) subsection (a) of section 19a-639, as amended
2968 by this act, and (2) regulations adopted by the department. The
2969 applicant shall include with the application a nonrefundable
2970 application fee of five hundred dollars.

2971 (b) Prior to the filing of a certificate of need application, the
2972 applicant shall publish notice that an application is to be submitted to
2973 the [office] unit in a newspaper having a substantial circulation in the
2974 area where the project is to be located. Such notice shall (1) be
2975 published (A) not later than twenty days prior to the date of filing of
2976 the certificate of need application, and (B) for not less than three
2977 consecutive days, and (2) contain a brief description of the nature of
2978 the project and the street address where the project is to be located. An
2979 applicant shall file the certificate of need application with the [office]
2980 unit not later than ninety days after publishing notice of the
2981 application in accordance with the provisions of this subsection. The
2982 [office] unit shall not accept the applicant's certificate of need
2983 application for filing unless the application is accompanied by the
2984 application fee prescribed in subsection (a) of this section and proof of
2985 compliance with the publication requirements prescribed in this
2986 subsection.

2987 (c) (1) Not later than five business days after receipt of a properly
2988 filed certificate of need application, the [office] unit shall publish notice
2989 of the application on its Internet web site. Not later than thirty days
2990 after the date of filing of the application, the office may request such
2991 additional information as the [office] unit determines necessary to
2992 complete the application. In addition to any information requested by
2993 the [office] unit, if the application involves the transfer of ownership of
2994 a hospital, as defined in section 19a-639, as amended by this act, the
2995 applicant shall submit to the [office] unit (A) a plan demonstrating
2996 how health care services will be provided by the new hospital for the
2997 first three years following the transfer of ownership of the hospital,
2998 including any consolidation, reduction, elimination or expansion of
2999 existing services or introduction of new services, and (B) the names of
3000 persons currently holding a position with the hospital to be purchased
3001 or the purchaser, as defined in section 19a-639, as amended by this act,
3002 as an officer, director, board member or senior manager, whether or
3003 not such person is expected to hold a position with the hospital after

3004 completion of the transfer of ownership of the hospital and any salary,
3005 severance, stock offering or any financial gain, current or deferred,
3006 such person is expected to receive as a result of, or in relation to, the
3007 transfer of ownership of the hospital.

3008 (2) The applicant shall, not later than sixty days after the date of the
3009 [office's] unit's request, submit any requested information and any
3010 information required under this subsection to the [office] unit. If an
3011 applicant fails to submit such information to the [office] unit within the
3012 sixty-day period, the [office] unit shall consider the application to have
3013 been withdrawn.

3014 (d) Upon determining that an application is complete, the [office]
3015 unit shall provide notice of this determination to the applicant and to
3016 the public in accordance with regulations adopted by the department.
3017 In addition, the [office] unit shall post such notice on its Internet web
3018 site. The date on which the [office] unit posts such notice on its Internet
3019 web site shall begin the review period. Except as provided in this
3020 subsection, (1) the review period for a completed application shall be
3021 ninety days from the date on which the [office] unit posts such notice
3022 on its Internet web site; and (2) the [office] unit shall issue a decision
3023 on a completed application prior to the expiration of the ninety-day
3024 review period. The review period for a completed application that
3025 involves a transfer of a large group practice, as described in
3026 subdivision (3) of subsection (a) of section 19a-638, as amended by this
3027 act, when the offer was made in response to a request for proposal or
3028 similar voluntary offer for sale, shall be sixty days from the date on
3029 which the [office] unit posts notice on its Internet web site. Upon
3030 request or for good cause shown, the [office] unit may extend the
3031 review period for a period of time not to exceed sixty days. If the
3032 review period is extended, the [office] unit shall issue a decision on the
3033 completed application prior to the expiration of the extended review
3034 period. If the [office] unit holds a public hearing concerning a
3035 completed application in accordance with subsection (e) or (f) of this
3036 section, the [office] unit shall issue a decision on the completed

3037 application not later than sixty days after the date the [office] unit
3038 closes the public hearing record.

3039 (e) Except as provided in this subsection, the [office] unit shall hold
3040 a public hearing on a properly filed and completed certificate of need
3041 application if three or more individuals or an individual representing
3042 an entity with five or more people submits a request, in writing, that a
3043 public hearing be held on the application. For a properly filed and
3044 completed certificate of need application involving a transfer of
3045 ownership of a large group practice, as described in subdivision (3) of
3046 subsection (a) of section 19a-638, as amended by this act, when an offer
3047 was made in response to a request for proposal or similar voluntary
3048 offer for sale, a public hearing shall be held if twenty-five or more
3049 individuals or an individual representing twenty-five or more people
3050 submits a request, in writing, that a public hearing be held on the
3051 application. Any request for a public hearing shall be made to the
3052 [office] unit not later than thirty days after the date the [office] unit
3053 determines the application to be complete.

3054 (f) (1) The [office] unit shall hold a public hearing with respect to
3055 each certificate of need application filed pursuant to section 19a-638, as
3056 amended by this act, after December 1, 2015, that concerns any transfer
3057 of ownership involving a hospital. Such hearing shall be held in the
3058 municipality in which the hospital that is the subject of the application
3059 is located.

3060 (2) The [office] unit may hold a public hearing with respect to any
3061 certificate of need application submitted under this chapter. The
3062 [office] unit shall provide not less than two weeks' advance notice to
3063 the applicant, in writing, and to the public by publication in a
3064 newspaper having a substantial circulation in the area served by the
3065 health care facility or provider. In conducting its activities under this
3066 chapter, the [office] unit may hold hearing on applications of a similar
3067 nature at the same time.

3068 (g) The [Commissioner of Public Health] executive director of the
3069 Office of Health Strategy may implement policies and procedures
3070 necessary to administer the provisions of this section while in the
3071 process of adopting such policies and procedures as regulation,
3072 provided the [commissioner] executive director holds a public hearing
3073 prior to implementing the policies and procedures and [prints] posts
3074 notice of intent to adopt regulations on the [department's] office's
3075 Internet web site and the eRegulations System not later than twenty
3076 days after the date of implementation. Policies and procedures
3077 implemented pursuant to this section shall be valid until the time final
3078 regulations are adopted.

3079 Sec. 82. Section 19a-639b of the general statutes is repealed and the
3080 following is substituted in lieu thereof (*Effective July 1, 2018*):

3081 (a) A certificate of need shall be valid only for the project described
3082 in the application. A certificate of need shall be valid for two years
3083 from the date of issuance by the [office] unit. During the period of time
3084 that such certificate is valid and the thirty-day period following the
3085 expiration of the certificate, the holder of the certificate shall provide
3086 the [office] unit with such information as the [office] unit may request
3087 on the development of the project covered by the certificate.

3088 (b) Upon request from a certificate holder, the [office] unit may
3089 extend the duration of a certificate of need for such additional period
3090 of time as the [office] unit determines is reasonably necessary to
3091 expeditiously complete the project. Not later than five business days
3092 after receiving a request to extend the duration of a certificate of need,
3093 the [office] unit shall post such request on its web site. Any person
3094 who wishes to comment on extending the duration of the certificate of
3095 need shall provide written comments to the [office] unit on the
3096 requested extension not later than thirty days after the date the [office]
3097 unit posts notice of the request for an extension of time on its web site.
3098 The [office] unit shall hold a public hearing on any request to extend
3099 the duration of a certificate of need if three or more individuals or an

3100 individual representing an entity with five or more people submits a
3101 request, in writing, that a public hearing be held on the request to
3102 extend the duration of a certificate of need.

3103 (c) In the event that the [office] unit determines that: (1)
3104 Commencement, construction or other preparation has not been
3105 substantially undertaken during a valid certificate of need period; or
3106 (2) the certificate holder has not made a good-faith effort to complete
3107 the project as approved, the [office] unit may withdraw, revoke or
3108 rescind the certificate of need.

3109 (d) A certificate of need shall not be transferable or assignable nor
3110 shall a project be transferred from a certificate holder to another
3111 person.

3112 (e) The [Commissioner of Public Health] executive director of the
3113 Office of Health Strategy may implement policies and procedures
3114 necessary to administer the provisions of this section while in the
3115 process of adopting such policies and procedures as regulation,
3116 provided the [commissioner] executive director holds a public hearing
3117 prior to implementing the policies and procedures and [prints] posts
3118 notice of intent to adopt regulations [in the Connecticut Law Journal]
3119 on the office's Internet web site and the eRegulations System not later
3120 than twenty days after the date of implementation. Policies and
3121 procedures implemented pursuant to this section shall be valid until
3122 the time final regulations are adopted. Final regulations shall be
3123 adopted by December 31, 2011.

3124 Sec. 83. Section 19a-639c of the general statutes is repealed and the
3125 following is substituted in lieu thereof (*Effective July 1, 2018*):

3126 (a) Any health care facility that proposes to relocate a facility shall
3127 submit a letter to the [office] unit, as described in subsection (c) of
3128 section 19a-638, as amended by this act. In addition to the
3129 requirements prescribed in said subsection (c), in such letter the health
3130 care facility shall demonstrate to the satisfaction of the [office] unit that

3131 the population served by the health care facility and the payer mix will
3132 not substantially change as a result of the facility's proposed relocation.
3133 If the facility is unable to demonstrate to the satisfaction of the [office]
3134 unit that the population served and the payer mix will not
3135 substantially change as a result of the proposed relocation, the health
3136 care facility shall apply for certificate of need approval pursuant to
3137 subdivision (1) of subsection (a) of section 19a-638, as amended by this
3138 act, in order to effectuate the proposed relocation.

3139 (b) The [Commissioner of Public Health] executive director of the
3140 Office of Health Strategy may implement policies and procedures
3141 necessary to administer the provisions of this section while in the
3142 process of adopting such policies and procedures as regulation,
3143 provided the [commissioner] executive director holds a public hearing
3144 prior to implementing the policies and procedures and [prints] posts
3145 notice of intent to adopt regulations [in the Connecticut Law Journal]
3146 on the office's Internet web site and the eRegulations System not later
3147 than twenty days after the date of implementation. Policies and
3148 procedures implemented pursuant to this section shall be valid until
3149 the time final regulations are adopted. [Final regulations shall be
3150 adopted by December 31, 2011.]

3151 Sec. 84. Section 19a-639e of the general statutes is repealed and the
3152 following is substituted in lieu thereof (*Effective July 1, 2018*):

3153 (a) Unless otherwise required to file a certificate of need application
3154 pursuant to the provisions of subsection (a) of section 19a-638, as
3155 amended by this act, any health care facility that proposes to terminate
3156 a service that was authorized pursuant to a certificate of need issued
3157 under this chapter shall file a modification request with the [office]
3158 unit not later than sixty days prior to the proposed date of the
3159 termination of the service. The [office] unit may request additional
3160 information from the health care facility as necessary to process the
3161 modification request. In addition, the [office] unit shall hold a public
3162 hearing on any request from a health care facility to terminate a service

3163 pursuant to this section if three or more individuals or an individual
3164 representing an entity with five or more people submits a request, in
3165 writing, that a public hearing be held on the health care facility's
3166 proposal to terminate a service.

3167 (b) Unless otherwise required to file a certificate of need application
3168 pursuant to the provisions of subsection (a) of section 19a-638, as
3169 amended by this act, any health care facility that proposes to terminate
3170 all services offered by such facility, that were authorized pursuant to
3171 one or more certificates of need issued under this chapter, shall
3172 provide notification to the [office] unit not later than sixty days prior to
3173 the termination of services and such facility shall surrender its
3174 certificate of need not later than thirty days prior to the termination of
3175 services.

3176 (c) 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 the operation of a facility or service for which a certificate of need was
3180 not obtained shall notify the [office] unit not later than sixty days prior
3181 to terminating the operation of the facility or service.

3182 (d) The [Commissioner of Public Health] executive director of the
3183 Office of Health Strategy may implement policies and procedures
3184 necessary to administer the provisions of this section while in the
3185 process of adopting such policies and procedures as regulation,
3186 provided the [commissioner] executive director holds a public hearing
3187 prior to implementing the policies and procedures and [prints] posts
3188 notice of intent to adopt regulations [in the Connecticut Law Journal]
3189 on the office's Internet web site and the eRegulations System not later
3190 than twenty days after the date of implementation. Policies and
3191 procedures implemented pursuant to this section shall be valid until
3192 the time final regulations are adopted. Final regulations shall be
3193 adopted by December 31, 2015.

3194 Sec. 85. Section 19a-639f of the general statutes is repealed and the
3195 following is substituted in lieu thereof (*Effective July 1, 2018*):

3196 (a) The [Office of Healthcare Access division within the Department
3197 of Public Health] Health Systems Planning Unit of the Office of Health
3198 Strategy shall conduct a cost and market impact review in each case
3199 where (1) an application for a certificate of need filed pursuant to
3200 section 19a-638, as amended by this act, involves the transfer of
3201 ownership of a hospital, as defined in section 19a-639, as amended by
3202 this act, and (2) the purchaser is a hospital, as defined in section 19a-
3203 490, as amended by this act, whether located within or outside the
3204 state, that had net patient revenue for fiscal year 2013 in an amount
3205 greater than one billion five hundred million dollars, or a hospital
3206 system, as defined in section 19a-486i, as amended by this act, whether
3207 located within or outside the state, that had net patient revenue for
3208 fiscal year 2013 in an amount greater than one billion five hundred
3209 million dollars or any person that is organized or operated for profit.

3210 (b) Not later than twenty-one days after receipt of a properly filed
3211 certificate of need application involving the transfer of ownership of a
3212 hospital filed on or after December 1, 2015, as described in subsection
3213 (a) of this section, the [office] unit shall initiate such cost and market
3214 impact review by sending the transacting parties a written notice that
3215 shall contain a description of the basis for the cost and market impact
3216 review as well as a request for information and documents. Not later
3217 than thirty days after receipt of such notice, the transacting parties
3218 shall submit to the [office] unit a written response. Such response shall
3219 include, but need not be limited to, any information or documents
3220 requested by the [office] unit concerning the transfer of ownership of
3221 the hospital. The [office] unit shall have the powers with respect to the
3222 cost and market impact review as provided in section 19a-633, as
3223 amended by this act.

3224 (c) The [office] unit shall keep confidential all nonpublic information
3225 and documents obtained pursuant to this section and shall not disclose

3226 the information or documents to any person without the consent of the
3227 person that produced the information or documents, except in a
3228 preliminary report or final report issued in accordance with this
3229 section if the [office] unit believes that such disclosure should be made
3230 in the public interest after taking into account any privacy, trade secret
3231 or anti-competitive considerations. Such information and documents
3232 shall not be deemed a public record, under section 1-210, as amended
3233 by this act, and shall be exempt from disclosure.

3234 (d) The cost and market impact review conducted pursuant to this
3235 section shall examine factors relating to the businesses and relative
3236 market positions of the transacting parties as defined in subsection (d)
3237 of section 19a-639, as amended by this act, and may include, but need
3238 not be limited to: (1) The transacting parties' size and market share
3239 within its primary service area, by major service category and within
3240 its dispersed service areas; (2) the transacting parties' prices for
3241 services, including the transacting parties' relative prices compared to
3242 other health care providers for the same services in the same market;
3243 (3) the transacting parties' health status adjusted total medical expense,
3244 including the transacting parties' health status adjusted total medical
3245 expense compared to that of similar health care providers; (4) the
3246 quality of the services provided by the transacting parties, including
3247 patient experience; (5) the transacting parties' cost and cost trends in
3248 comparison to total health care expenditures state wide; (6) the
3249 availability and accessibility of services similar to those provided by
3250 each transacting party, or proposed to be provided as a result of the
3251 transfer of ownership of a hospital within each transacting party's
3252 primary service areas and dispersed service areas; (7) the impact of the
3253 proposed transfer of ownership of the hospital on competing options
3254 for the delivery of health care services within each transacting party's
3255 primary service area and dispersed service area including the impact
3256 on existing service providers; (8) the methods used by the transacting
3257 parties to attract patient volume and to recruit or acquire health care
3258 professionals or facilities; (9) the role of each transacting party in

3259 serving at-risk, underserved and government payer patient
3260 populations, including those with behavioral, substance use disorder
3261 and mental health conditions, within each transacting party's primary
3262 service area and dispersed service area; (10) the role of each transacting
3263 party in providing low margin or negative margin services within each
3264 transacting party's primary service area and dispersed service area;
3265 (11) consumer concerns, including, but not limited to, complaints or
3266 other allegations that a transacting party has engaged in any unfair
3267 method of competition or any unfair or deceptive act or practice; and
3268 (12) any other factors that the [office] unit determines to be in the
3269 public interest.

3270 (e) Not later than ninety days after the [office] unit determines that
3271 there is substantial compliance with any request for documents or
3272 information issued by the [office] unit in accordance with this section,
3273 or a later date set by mutual agreement of the [office] unit and the
3274 transacting parties, the [office] unit shall make factual findings and
3275 issue a preliminary report on the cost and market impact review. Such
3276 preliminary report shall include, but shall not be limited to, an
3277 indication as to whether a transacting party meets the following
3278 criteria: (1) Currently has or, following the proposed transfer of
3279 operations of the hospital, is likely to have a dominant market share
3280 for the services the transacting party provides; and (2) (A) currently
3281 charges or, following the proposed transfer of operations of the
3282 hospital, is likely to charge prices for services that are materially higher
3283 than the median prices charged by all other health care providers for
3284 the same services in the same market, or (B) currently has or, following
3285 the proposed transfer of operations of a hospital, is likely to have a
3286 health status adjusted total medical expense that is materially higher
3287 than the median total medical expense for all other health care
3288 providers for the same service in the same market.

3289 (f) The transacting parties that are the subject of the cost and market
3290 impact review may respond in writing to the findings in the
3291 preliminary report issued in accordance with subsection (e) of this

3292 section not later than thirty days after the issuance of the preliminary
3293 report. Not later than sixty days after the issuance of the preliminary
3294 report, the [office] unit shall issue a final report of the cost and market
3295 impact review. The [office] unit shall refer to the Attorney General any
3296 final report on any proposed transfer of ownership that meets the
3297 criteria described in subsection (e) of this section.

3298 (g) Nothing in this section shall prohibit a transfer of ownership of a
3299 hospital, provided any such proposed transfer shall not be completed
3300 (1) less than thirty days after the [office] unit has issued a final report
3301 on a cost and market impact review, if such review is required, or (2)
3302 while any action brought by the Attorney General pursuant to
3303 subsection (h) of this section is pending and before a final judgment on
3304 such action is issued by a court of competent jurisdiction.

3305 (h) After the [office] unit refers a final report on a transfer of
3306 ownership of a hospital to the Attorney General under subsection (f) of
3307 this section, the Attorney General may: (1) Conduct an investigation to
3308 determine whether the transacting parties engaged, or, as a result of
3309 completing the transfer of ownership of the hospital, are expected to
3310 engage in unfair methods of competition, anti-competitive behavior or
3311 other conduct in violation of chapter 624 or 735a or any other state or
3312 federal law; and (2) if appropriate, take action under chapter 624 or
3313 735a or any other state law to protect consumers in the health care
3314 market. The [office's] unit's final report may be evidence in any such
3315 action.

3316 (i) For the purposes of this section, the provisions of chapter 735a
3317 may be directly enforced by the Attorney General. Nothing in this
3318 section shall be construed to modify, impair or supersede the
3319 operation of any state antitrust law or otherwise limit the authority of
3320 the Attorney General to (1) take any action against a transacting party
3321 as authorized by any law, or (2) protect consumers in the health care
3322 market under any law. Notwithstanding subdivision (1) of subsection
3323 (a) of section 42-110c, the transacting parties shall be subject to chapter

3324 735a.

3325 (j) The [office] unit shall retain an independent consultant with
3326 expertise on the economic analysis of the health care market and health
3327 care costs and prices to conduct each cost and market impact review,
3328 as described in this section. The [office] unit shall submit bills for such
3329 services to the purchaser, as defined in subsection (d) of section 19a-
3330 639, as amended by this act. Such purchaser shall pay such bills not
3331 later than thirty days after receipt. Such bills shall not exceed two
3332 hundred thousand dollars per application. The provisions of chapter
3333 57, sections 4-212 to 4-219, inclusive, and section 4e-19 shall not apply
3334 to any agreement executed pursuant to this subsection.

3335 (k) Any employee of the [office] unit who directly oversees or assists
3336 in conducting a cost and market impact review shall not take part in
3337 factual deliberations or the issuance of a preliminary or final decision
3338 on the certificate of need application concerning the transfer of
3339 ownership of a hospital that is the subject of such cost and market
3340 impact review.

3341 (l) The [Commissioner of Public Health] executive director of the
3342 Office of Health Strategy shall adopt regulations, in accordance with
3343 the provisions of chapter 54, concerning cost and market impact
3344 reviews and to administer the provisions of this section. Such
3345 regulations shall include definitions of the following terms: "Dispersed
3346 service area", "health status adjusted total medical expense", "major
3347 service category", "relative prices", "total health care spending" and
3348 "health care services". The [commissioner] executive director may
3349 implement policies and procedures necessary to administer the
3350 provisions of this section while in the process of adopting such policies
3351 and procedures in regulation form, provided the [commissioner]
3352 executive director publishes notice of intention to adopt the
3353 regulations on the [Department of Public Health's] office's Internet
3354 web site and the eRegulations System not later than twenty days after
3355 implementing such policies and procedures. Policies and procedures

3356 implemented pursuant to this subsection shall be valid until the time
3357 such regulations are effective.

3358 Sec. 86. Section 19a-641 of the general statutes is repealed and the
3359 following is substituted in lieu thereof (*Effective July 1, 2018*):

3360 Any health care facility or institution and any state health care
3361 facility or institution aggrieved by any final decision of said [office]
3362 unit under the provisions of sections 19a-630 to 19a-639e, inclusive, as
3363 amended by this act, may appeal from such decision in accordance
3364 with the provisions of section 4-183, except venue shall be in the
3365 judicial district in which it is located. Such appeal shall have
3366 precedence in respect to order of trial over all other cases except writs
3367 of habeas corpus, actions brought by or on behalf of the state,
3368 including [informations] information on the relation of private
3369 individuals, and appeals from awards or decisions of workers'
3370 compensation commissioners.

3371 Sec. 87. Section 19a-642 of the general statutes is repealed and the
3372 following is substituted in lieu thereof (*Effective July 1, 2018*):

3373 The Superior Court on application of the [office] unit or the
3374 Attorney General, may enforce, by appropriate decree or process, any
3375 provision of this chapter or any act or any order of the [office] unit
3376 rendered in pursuance of any statutory provision.

3377 Sec. 88. Section 19a-643 of the general statutes is repealed and the
3378 following is substituted in lieu thereof (*Effective July 1, 2018*):

3379 (a) The [Department of Public Health] Office of Health Strategy
3380 shall adopt regulations, in accordance with the provisions of chapter
3381 54, to carry out the provisions of sections 19a-630 to 19a-639e,
3382 inclusive, as amended by this act, and sections 19a-644 and 19a-645, as
3383 amended by this act, concerning the submission of data by health care
3384 facilities and institutions, including data on dealings between health
3385 care facilities and institutions and their affiliates, and, with regard to

3386 requests or proposals pursuant to sections 19a-638 to 19a-639e,
3387 inclusive, as amended by this act, by state health care facilities and
3388 institutions, the ongoing inspections by the [office] unit of operating
3389 budgets that have been approved by the health care facilities and
3390 institutions, standard reporting forms and standard accounting
3391 procedures to be utilized by health care facilities and institutions and
3392 the transferability of line items in the approved operating budgets of
3393 the health care facilities and institutions, except that any health care
3394 facility or institution may transfer any amounts among items in its
3395 operating budget. All such transfers shall be reported to the [office]
3396 unit [within] not later than thirty days [of] after the transfer or
3397 transfers.

3398 (b) The [Department of Public Health] Office of Health Strategy may
3399 adopt such regulations, in accordance with the provisions of chapter
3400 54, as are necessary to implement this chapter.

3401 Sec. 89. Section 19a-644 of the general statutes is repealed and the
3402 following is substituted in lieu thereof (*Effective July 1, 2018*):

3403 (a) On or before February twenty-eighth annually, for the fiscal year
3404 ending on September thirtieth of the immediately preceding year, each
3405 short-term acute care general or children's hospital shall report to the
3406 [office] unit with respect to its operations in such fiscal year, in such
3407 form as the [office] unit may by regulation require. Such report shall
3408 include: (1) Salaries and fringe benefits for the ten highest paid
3409 hospital and health system employees; (2) the name of each joint
3410 venture, partnership, subsidiary and corporation related to the
3411 hospital; and (3) the salaries paid to hospital and health system
3412 employees by each such joint venture, partnership, subsidiary and
3413 related corporation and by the hospital to the employees of related
3414 corporations. For purposes of this subsection, "health system" has the
3415 same meaning as provided in section 33-182aa.

3416 (b) The [Department of Public Health] Office of Health Strategy

3417 shall adopt regulations in accordance with chapter 54 to provide for
3418 the collection of data and information in addition to the annual report
3419 required in subsection (a) of this section. Such regulations shall
3420 provide for the submission of information about the operations of the
3421 following entities: Persons or parent corporations that own or control
3422 the health care facility, institution or provider; corporations, including
3423 limited liability corporations, in which the health care facility,
3424 institution, provider, its parent, any type of affiliate or any
3425 combination thereof, owns more than an aggregate of fifty per cent of
3426 the stock or, in the case of nonstock corporations, is the sole member;
3427 and any partnerships in which the person, health care facility,
3428 institution, provider, its parent or an affiliate or any combination
3429 thereof, or any combination of health care providers or related persons,
3430 owns a greater than fifty per cent interest. For purposes of this
3431 [section] subsection, "affiliate" means any person that directly or
3432 indirectly through one or more intermediaries, controls or is controlled
3433 by or is under common control with any health care facility,
3434 institution, provider or person that is regulated in any way under this
3435 chapter. A person is deemed controlled by another person if the other
3436 person, or one of that other person's affiliates, officers, agents or
3437 management employees, acts as a general partner or manager of the
3438 person in question.

3439 (c) Each nonprofit short-term acute care general or children's
3440 hospital shall include in the annual report required pursuant to
3441 subsection (a) of this section a report of all transfers of assets, transfers
3442 of operations or changes of control involving its clinical or nonclinical
3443 services or functions from such hospital to a person or entity organized
3444 or operated for profit.

3445 (d) Each hospital that is a party to a transfer of ownership involving
3446 a hospital for which a certificate of need application was filed and
3447 approved pursuant to this chapter shall, during the fiscal year ending
3448 on September thirtieth of the immediately preceding year, include in
3449 the annual report required pursuant to subsection (a) of this section

3450 any salary, severance payment, stock offering or other financial gain
3451 realized by each officer, director, board member or senior manager of
3452 the hospital as a result of such transaction.

3453 (e) The [office] unit shall require each hospital licensed by the
3454 Department of Public Health, that is not subject to the provisions of
3455 subsection (a) of this section, to report to said [office] unit on its
3456 operations in the preceding fiscal year by filing copies of the hospital's
3457 audited financial statements, except a health system, as defined in
3458 section 19a-508c, as amended by this act, may submit to the [office]
3459 unit one such report that includes the audited financial statements for
3460 each of its hospitals. Such report shall be due at the [office] unit on or
3461 before the close of business on the last business day of the fifth month
3462 following the month in which a hospital's fiscal year ends.

3463 Sec. 90. Section 19a-645 of the general statutes is repealed and the
3464 following is substituted in lieu thereof (*Effective July 1, 2018*):

3465 A nonprofit hospital, licensed by the Department of Public Health,
3466 which provides lodging, care and treatment to members of the public,
3467 and which wishes to enlarge its public facilities by adding contiguous
3468 land and buildings thereon, if any, the title to which it cannot
3469 otherwise acquire, may prefer a complaint for the right to take such
3470 land to the superior court for the judicial district in which such land is
3471 located, provided such hospital shall have received the approval of the
3472 [Office of Health Care Access division] Health Systems Planning Unit
3473 of the [Department of Public Health] Office of Health Strategy in
3474 accordance with the provisions of this chapter. Said court shall appoint
3475 a committee of three disinterested persons, who, after examining the
3476 premises and hearing the parties, shall report to the court as to the
3477 necessity and propriety of such enlargement and as to the quantity,
3478 boundaries and value of the land and buildings thereon, if any, which
3479 they deem proper to be taken for such purpose and the damages
3480 resulting from such taking. If such committee reports that such
3481 enlargement is necessary and proper and the court accepts such report,

3482 the decision of said court thereon shall have the effect of a judgment
3483 and execution may be issued thereon accordingly, in favor of the
3484 person to whom damages may be assessed, for the amount thereof;
3485 and, on payment thereof, the title to the land and buildings thereon, if
3486 any, for such purpose shall be vested in the complainant, but such land
3487 and buildings thereon, if any, shall not be taken until such damages
3488 are paid to such owner or deposited with said court, for such owner's
3489 use, within thirty days after such report is accepted. If such application
3490 is denied, the owner of the land shall recover costs of the applicant, to
3491 be taxed by said court, which may issue execution therefor. Land so
3492 taken shall be held by such hospital and used only for the public
3493 purpose stated in its complaint to the superior court. No land
3494 dedicated or otherwise reserved as open space or park land or for
3495 other recreational purposes and no land belonging to any town, city or
3496 borough shall be taken under the provisions of this section.

3497 Sec. 91. Section 19a-646 of the general statutes is repealed and the
3498 following is substituted in lieu thereof (*Effective July 1, 2018*):

3499 (a) As used in this section:

3500 [(1) "Office" means the Office of Health Care Access division of the
3501 Department of Public Health;]

3502 (1) "Unit" means the Health Systems Planning Unit within the Office
3503 of Health Strategy, established under section 19a-612, as amended by
3504 this act;

3505 (2) "Fiscal year" means the hospital fiscal year, as used for purposes
3506 of this chapter, consisting of a twelve-month period commencing on
3507 October first and ending the following September thirtieth;

3508 (3) "Hospital" means any short-term acute care general or children's
3509 hospital licensed by the Department of Public Health, including the
3510 John Dempsey Hospital of The University of Connecticut Health
3511 Center;

3512 (4) "Payer" means any person, legal entity, governmental body or
3513 eligible organization that meets the definition of an eligible
3514 organization under 42 USC Section 1395mm (b) of the Social Security
3515 Act, or any combination thereof, except for Medicare and Medicaid
3516 which is or may become legally responsible, in whole or in part for the
3517 payment of services rendered to or on behalf of a patient by a hospital.
3518 Payer also includes any legal entity whose membership includes one
3519 or more payers and any third-party payer; and

3520 (5) "Prompt payment" means payment made for services to a
3521 hospital by mail or other means on or before the tenth business day
3522 after receipt of the bill by the payer.

3523 (b) No hospital shall provide a discount or different rate or method
3524 of reimbursement from the filed rates or charges to any payer except as
3525 provided in this section.

3526 (c) (1) Any payer may directly negotiate with a hospital for a
3527 different rate or method of reimbursement, or both, provided the
3528 charges and payments for the payer are on file at the hospital business
3529 office in accordance with this subsection. No discount agreement or
3530 agreement for a different rate or method of reimbursement, or both,
3531 shall be effective until a complete written agreement between the
3532 hospital and the payer is on file at the hospital. Each such agreement
3533 shall be available to the [office] unit for inspection or submission to the
3534 [office] unit upon request, for at least three years after the close of the
3535 applicable fiscal year.

3536 (2) The charges and payments for each payer receiving a discount
3537 shall be accumulated by the hospital for each payer and reported as
3538 required by the [office] unit.

3539 (3) A full written copy of each agreement executed pursuant to this
3540 subsection shall be on file in the hospital business office within twenty-
3541 four hours of execution.

3542 (d) A payer may negotiate with a hospital to obtain a discount on
3543 rates or charges for prompt payment.

3544 (e) A payer may also negotiate for and may receive a discount for
3545 the provision of the following administrative services: (1) A system
3546 which permits the hospital to bill the payer through either a computer-
3547 processed or machine-readable or similar billing procedure; (2) a
3548 system which enables the hospital to verify coverage of a patient by
3549 the payer at the time the service is provided; and (3) a guarantee of
3550 payment within the scope of the agreement between the patient and
3551 the third-party payer for service to the patient prior to the provision of
3552 that service.

3553 (f) No hospital may require a payer to negotiate for another element
3554 or any combination of the above elements of a discount, as established
3555 in subsections (d) and (e) of this section, in order to negotiate for or
3556 obtain a discount for any single element. No hospital may require a
3557 payer to negotiate a discount for all patients covered by such payer in
3558 order to negotiate a discount for any patient or group of patients
3559 covered by such payer.

3560 (g) Any hospital which agrees to provide a discount to a payer
3561 under subsection (d) or (e) of this section shall file a copy of the
3562 agreement in the hospital's business office and shall provide the same
3563 discount to any other payer who agrees to make prompt payment or
3564 provide administrative services similar to that contained in the
3565 agreement. Each agreement filed shall specify on its face that it was
3566 executed and filed pursuant to this subsection.

3567 (h) (1) Nothing in this section shall be construed to require payment
3568 by any payer or purchaser, under any program or contract for
3569 payment or reimbursement of expenses for health care services, for:
3570 (A) Services not covered under such program or contract; or (B) that
3571 portion of any charge for services furnished by a hospital that exceeds
3572 the amount covered by such program or contract.

3573 (2) Nothing in this section shall be construed to supersede or modify
3574 any provision of such program or contract that requires payment of a
3575 copayment, deductible or enrollment fee or that imposes any similar
3576 requirement.

3577 (i) A hospital which has established a program approved by the
3578 [office] unit with one or more banks for the purpose of reducing the
3579 hospital's bad debt load, may reduce its published charges for that
3580 portion of a patient's bill for services which a payer who is a private
3581 individual is or may become legally responsible for, after all other
3582 insurers or third-party payers have been assessed their full charges
3583 provided (1) prior to the rendering of such services, the hospital and
3584 the individual payer or parent or guardian or custodian have agreed in
3585 writing that after receipt of any insurer or third-party payment paid in
3586 accordance with the full hospital charges the remaining payment due
3587 from the private individual for such reduced charges shall be made in
3588 whole or in part from the balance on deposit in a bank account which
3589 has been established by or on behalf of such individual patient, and (2)
3590 such payment is made from such account. Nothing in this section shall
3591 relieve a patient or legally liable person from being responsible for the
3592 full amount of any underpayment of the hospital's authorized charges
3593 excluding any discount under this section, by a patient's insurer or any
3594 other third-party payer for that insurer's or third-party payer's portion
3595 of the bill. Any reduction in charges granted to an individual or parent
3596 or guardian or custodian under this subsection shall be reported to the
3597 [office] unit as a contractual allowance. For purposes of this [section]
3598 subsection "private individual" shall include a patient's parent, legal
3599 guardian or legal custodian but shall not include an insurer or third-
3600 party payer.

3601 Sec. 92. Section 19a-649 of the general statutes is repealed and the
3602 following is substituted in lieu thereof (*Effective July 1, 2018*):

3603 (a) The [office] unit shall review annually the level of
3604 uncompensated care provided by each hospital to the indigent. Each

3605 hospital shall file annually with the [office] unit its policies regarding
3606 the provision of charity care and reduced cost services to the indigent,
3607 excluding medical assistance recipients, and its debt collection
3608 practices. A hospital shall file its audited financial statements not later
3609 than February twenty-eighth of each year, except a health system, as
3610 defined in section 19a-508c, as amended by this act, may file one such
3611 statement that includes the audited financial statements for each
3612 hospital within the health system. Not later than March thirty-first of
3613 each year, the hospital shall file a verification of the hospital's net
3614 revenue for the most recently completed fiscal year in a format
3615 prescribed by the [office] unit.

3616 (b) Each hospital shall annually report, along with data submitted
3617 pursuant to subsection (a) of this section, (1) the number of applicants
3618 for charity care and reduced cost services, (2) the number of approved
3619 applicants, and (3) the total and average charges and costs of the
3620 amount of charity care and reduced cost services provided.

3621 (c) Each hospital recognized as a nonprofit organization under
3622 Section 501(c)(3) of the Internal Revenue Code of 1986, or any
3623 subsequent corresponding internal revenue code of the United States,
3624 as amended from time to time, shall, along with data submitted
3625 annually pursuant to subsection (a) of this section, submit to the
3626 [office] unit (1) a complete copy of such hospital's most-recently
3627 completed Internal Revenue Service form 990, including all parts and
3628 schedules; and (2) in the form and manner prescribed by the [office]
3629 unit, data compiled to prepare such hospital's community health needs
3630 assessment, as required pursuant to Section 501(r) of the Internal
3631 Revenue Code of 1986, or any subsequent corresponding internal
3632 revenue code of the United States, as amended from time to time,
3633 provided such copy and data submitted pursuant to this subsection
3634 shall not include: (A) Individual patient information, including, but
3635 not limited to, patient-identifiable information; (B) information that is
3636 not owned or controlled by such hospital; (C) information that such
3637 hospital is contractually required to keep confidential or that is

3638 prohibited from disclosure by a data use agreement; or (D) information
3639 concerning research on human subjects as described in section 45 CFR
3640 46.101 et seq., as amended from time to time.

3641 Sec. 93. Section 19a-653 of the general statutes is repealed and the
3642 following is substituted in lieu thereof (*Effective July 1, 2018*):

3643 (a) Any person or health care facility or institution that is required
3644 to file a certificate of need for any of the activities described in section
3645 19a-638, as amended by this act, and any person or health care facility
3646 or institution that is required to file data or information under any
3647 public or special act or under this chapter or sections 19a-486 to 19a-
3648 486h, inclusive, as amended by this act, or any regulation adopted or
3649 order issued under this chapter or said sections, which wilfully fails to
3650 seek certificate of need approval for any of the activities described in
3651 section 19a-638, as amended by this act, or to so file within prescribed
3652 time periods, shall be subject to a civil penalty of up to one thousand
3653 dollars a day for each day such person or health care facility or
3654 institution conducts any of the described activities without certificate
3655 of need approval as required by section 19a-638, as amended by this
3656 act, or for each day such information is missing, incomplete or
3657 inaccurate. Any civil penalty authorized by this section shall be
3658 imposed by the [Department of Public Health] Office of Health
3659 Strategy in accordance with subsections (b) to (e), inclusive, of this
3660 section.

3661 (b) If the [Department of Public Health] Office of Health Strategy
3662 has reason to believe that a violation has occurred for which a civil
3663 penalty is authorized by subsection (a) of this section or subsection (e)
3664 of section 19a-632, as amended by this act, it shall notify the person or
3665 health care facility or institution by first-class mail or personal service.
3666 The notice shall include: (1) A reference to the sections of the statute or
3667 regulation involved; (2) a short and plain statement of the matters
3668 asserted or charged; (3) a statement of the amount of the civil penalty
3669 or penalties to be imposed; (4) the initial date of the imposition of the

3670 penalty; and (5) a statement of the party's right to a hearing.

3671 (c) The person or health care facility or institution to whom the
3672 notice is addressed shall have fifteen business days from the date of
3673 mailing of the notice to make written application to the [office] unit to
3674 request (1) a hearing to contest the imposition of the penalty, or (2) an
3675 extension of time to file the required data. A failure to make a timely
3676 request for a hearing or an extension of time to file the required data or
3677 a denial of a request for an extension of time shall result in a final order
3678 for the imposition of the penalty. All hearings under this section shall
3679 be conducted pursuant to sections 4-176e to 4-184, inclusive. The
3680 [Department of Public Health] Office of Health Strategy may grant an
3681 extension of time for filing the required data or mitigate or waive the
3682 penalty upon such terms and conditions as, in its discretion, it deems
3683 proper or necessary upon consideration of any extenuating factors or
3684 circumstances.

3685 (d) A final order of the [Department of Public Health] Office of
3686 Health Strategy assessing a civil penalty shall be subject to appeal as
3687 set forth in section 4-183 after a hearing before the [office] unit
3688 pursuant to subsection (c) of this section, except that any such appeal
3689 shall be taken to the superior court for the judicial district of New
3690 Britain. Such final order shall not be subject to appeal under any other
3691 provision of the general statutes. No challenge to any such final order
3692 shall be allowed as to any issue which could have been raised by an
3693 appeal of an earlier order, denial or other final decision by the
3694 [Department of Public Health] office.

3695 (e) If any person or health care facility or institution fails to pay any
3696 civil penalty under this section, after the assessment of such penalty
3697 has become final the amount of such penalty may be deducted from
3698 payments to such person or health care facility or institution from the
3699 Medicaid account.

3700 Sec. 94. Section 19a-654 of the general statutes is repealed and the

3701 following is substituted in lieu thereof (*Effective July 1, 2018*):

3702 (a) As used in this section:

3703 (1) "Patient-identifiable data" means any information that identifies
3704 or may reasonably be used as a basis to identify an individual patient;
3705 and

3706 (2) "De-identified patient data" means any information that meets
3707 the requirements for de-identification of protected health information
3708 as set forth in 45 CFR 164.514.

3709 (b) Each short-term acute care general or children's hospital shall
3710 submit patient-identifiable inpatient discharge data and emergency
3711 department data to the [Office of Health Care Access division] Health
3712 Systems Planning Unit of the [Department of Public Health] Office of
3713 Health Strategy to fulfill the responsibilities of the [office] unit. Such
3714 data shall include data taken from patient medical record abstracts and
3715 bills. The [office] unit shall specify the timing and format of such
3716 submissions. Data submitted pursuant to this section may be
3717 submitted through a contractual arrangement with an intermediary
3718 and such contractual arrangement shall (1) comply with the provisions
3719 of the Health Insurance Portability and Accountability Act of 1996 P.L.
3720 104-191 (HIPAA), and (2) ensure that such submission of data is timely
3721 and accurate. The [office] unit may conduct an audit of the data
3722 submitted through such intermediary in order to verify its accuracy.

3723 (c) An outpatient surgical facility, as defined in section 19a-493b, as
3724 amended by this act, a short-term acute care general or children's
3725 hospital, or a facility that provides outpatient surgical services as part
3726 of the outpatient surgery department of a short-term acute care
3727 hospital shall submit to the [office] unit the data identified in
3728 subsection (c) of section 19a-634, as amended by this act. The [office]
3729 unit shall convene a working group consisting of representatives of
3730 outpatient surgical facilities, hospitals and other individuals necessary
3731 to develop recommendations that address current obstacles to, and

3732 proposed requirements for, patient-identifiable data reporting in the
3733 outpatient setting. On or before February 1, 2012, the working group
3734 shall report, in accordance with the provisions of section 11-4a, on its
3735 findings and recommendations to the joint standing committees of the
3736 General Assembly having cognizance of matters relating to public
3737 health and insurance and real estate. Additional reporting of
3738 outpatient data as the [office] unit deems necessary shall begin not
3739 later than July 1, 2015. On or before July 1, [2012] 2018, and annually
3740 thereafter, the Connecticut Association of Ambulatory Surgery Centers
3741 shall provide a progress report to the [Department of Public Health]
3742 Office of Health Strategy, until such time as all ambulatory surgery
3743 centers are in full compliance with the implementation of systems that
3744 allow for the reporting of outpatient data as required by the
3745 [commissioner] executive director. Until such additional reporting
3746 requirements take effect on July 1, 2015, the department may work
3747 with the Connecticut Association of Ambulatory Surgery Centers and
3748 the Connecticut Hospital Association on specific data reporting
3749 initiatives provided that no penalties shall be assessed under this
3750 chapter or any other provision of law with respect to the failure to
3751 submit such data.

3752 (d) Except as provided in this subsection, patient-identifiable data
3753 received by the [office] unit shall be kept confidential and shall not be
3754 considered public records or files subject to disclosure under the
3755 Freedom of Information Act, as defined in section 1-200. The [office]
3756 unit may release de-identified patient data or aggregate patient data to
3757 the public in a manner consistent with the provisions of 45 CFR
3758 164.514. Any de-identified patient data released by the [office] unit
3759 shall exclude provider, physician and payer organization names or
3760 codes and shall be kept confidential by the recipient. The [office] unit
3761 may release patient-identifiable data (1) for medical and scientific
3762 research as provided for in section 19a-25-3 of the regulations of
3763 Connecticut state agencies, and (2) to (A) a state agency for the
3764 purpose of improving health care service delivery, (B) a federal agency

3765 or the office of the Attorney General for the purpose of investigating
3766 hospital mergers and acquisitions, or (C) another state's health data
3767 collection agency with which the [office] unit has entered into a
3768 reciprocal data-sharing agreement for the purpose of certificate of need
3769 review or evaluation of health care services, upon receipt of a request
3770 from such agency, provided, prior to the release of such patient-
3771 identifiable data, such agency enters into a written agreement with the
3772 [office] unit pursuant to which such agency agrees to protect the
3773 confidentiality of such patient-identifiable data and not to use such
3774 patient-identifiable data as a basis for any decision concerning a
3775 patient. No individual or entity receiving patient-identifiable data may
3776 release such data in any manner that may result in an individual
3777 patient, physician, provider or payer being identified. The [office] unit
3778 shall impose a reasonable, cost-based fee for any patient data provided
3779 to a nongovernmental entity.

3780 (e) Not later than October 1, [2011] 2018, the [Office of Health Care
3781 Access] Health Systems Planning Unit shall enter into a memorandum
3782 of understanding with the Comptroller that shall permit the
3783 Comptroller to access the data set forth in subsections (b) and (c) of
3784 this section, provided the Comptroller agrees, in writing, to keep
3785 individual patient and provider data identified by proper name or
3786 personal identification code and submitted pursuant to this section
3787 confidential.

3788 (f) The [Commissioner of Public Health] executive director of the
3789 Office of Health Strategy shall adopt regulations, in accordance with
3790 the provisions of chapter 54, to carry out the provisions of this section.

3791 (g) The duties assigned to the [Department of Public Health] Office
3792 of Health Strategy under the provisions of this section shall be
3793 implemented within available appropriations.

3794 Sec. 95. Section 19a-659 of the general statutes is repealed and the
3795 following is substituted in lieu thereof (*Effective July 1, 2018*):

3796 As used in [this chapter] sections 19a-644, as amended by this act,
3797 19a-649, as amended by this act, 19a-670, as amended by this act, and
3798 19a-676, as amended by this act, unless the context otherwise requires:

3799 [(1) "Office" means the Office of Health Care Access division of the
3800 Department of Public Health;]

3801 (1) "Unit" means the Health Systems Planning Unit within the Office
3802 of Health Strategy, established under section 19a-612, as amended by
3803 this act;

3804 (2) "Hospital" means any hospital licensed as a short-term acute care
3805 general or children's hospital by the Department of Public Health,
3806 including John Dempsey Hospital of The University of Connecticut
3807 Health Center;

3808 (3) "Fiscal year" means the hospital fiscal year consisting of a twelve-
3809 month period commencing on October first and ending the following
3810 September thirtieth;

3811 (4) "Affiliate" means a person, entity or organization controlling,
3812 controlled by, or under common control with another person, entity or
3813 organization;

3814 (5) "Uncompensated care" means the total amount of charity care
3815 and bad debts determined by using the hospital's published charges
3816 and consistent with the hospital's policies regarding charity care and
3817 bad debts which are on file at the [office] unit;

3818 (6) "Medical assistance" means (A) the programs for medical
3819 assistance provided under the Medicaid program, including HUSKY
3820 A, or (B) any other state-funded medical assistance program, including
3821 HUSKY B;

3822 (7) "CHAMPUS" or "TriCare" means the federal Civilian Health and
3823 Medical Program of the Uniformed Services, as defined in 10 USC
3824 1072(4), as from time to time amended;

3825 (8) "Primary payer" means the payer responsible for the highest
3826 percentage of the charges for a patient's inpatient or outpatient
3827 hospital services;

3828 (9) "Case mix index" means the arithmetic mean of the Medicare
3829 diagnosis related group case weights assigned to each inpatient
3830 discharge for a specific hospital during a given fiscal year. The case
3831 mix index shall be calculated by dividing the hospital's total case mix
3832 adjusted discharges by the hospital's actual number of discharges for
3833 the fiscal year. The total case mix adjusted discharges shall be
3834 calculated by (A) multiplying the number of discharges in each
3835 diagnosis-related group by the Medicare weights in effect for that
3836 same diagnosis-related group and fiscal year, and (B) then totaling the
3837 resulting products for all diagnosis-related groups;

3838 (10) "Contractual allowances" means the difference between hospital
3839 published charges and payments generated by negotiated agreements
3840 for a different or discounted rate or method of payment;

3841 (11) "Medical assistance underpayment" means the amount
3842 calculated by dividing the total net revenue by the total gross revenue,
3843 and then multiplying the quotient by the total medical assistance
3844 charges, and then subtracting medical assistance payments from the
3845 product;

3846 (12) "Other allowances" means the amount of any difference
3847 between charges for employee self-insurance and related expenses
3848 determined using the hospital's overall relationship of costs to charges;

3849 (13) "Gross revenue" means the total gross patient charges for all
3850 patient services provided by a hospital; and

3851 (14) "Net revenue" means total gross revenue less contractual
3852 allowance, less the difference between government charges and
3853 government payments, less uncompensated care and other allowances.

3854 Sec. 96. Section 19a-670 of the general statutes is repealed and the
3855 following is substituted in lieu thereof (*Effective July 1, 2018*):

3856 The [office] unit shall, by September first of each year, report the
3857 results of the [office's] unit's review of the hospitals' annual and
3858 twelve-month filings under sections 19a-644, as amended by this act,
3859 19a-649, as amended by this act, and 19a-676, as amended by this act,
3860 for the previous hospital fiscal year to the joint standing committee of
3861 the General Assembly having cognizance of matters relating to public
3862 health. The report shall include information concerning the financial
3863 stability of hospitals in a competitive market.

3864 Sec. 97. Subdivision (1) of subsection (a) of section 19a-673 of the
3865 general statutes is repealed and the following is substituted in lieu
3866 thereof (*Effective July 1, 2018*):

3867 (1) "Cost of providing services" means a hospital's published
3868 charges at the time of billing, multiplied by the hospital's most recent
3869 relationship of costs to charges as taken from the hospital's most
3870 recently available annual financial filing with the [office] unit.

3871 Sec. 98. Section 19a-673a of the general statutes is repealed and the
3872 following is substituted in lieu thereof (*Effective July 1, 2018*):

3873 The [Commissioner of Public Health] executive director of the
3874 Office of Health Strategy shall adopt regulations, in accordance with
3875 chapter 54, to establish uniform debt collection standards for hospitals.

3876 Sec. 99. Section 19a-673c of the general statutes is repealed and the
3877 following is substituted in lieu thereof (*Effective July 1, 2018*):

3878 On or before March 1, 2004, and annually thereafter, each hospital
3879 shall file with the [office] unit a debt collection report that includes (1)
3880 whether the hospital uses a collection agent, as defined in section 19a-
3881 509b, as amended by this act, to assist with debt collection, (2) the
3882 name of any collection agent used, (3) the hospital's processes and

3883 policies for assigning a debt to a collection agent and for compensating
3884 such collection agent for services rendered, and (4) the recovery rate on
3885 accounts assigned to collection agents, exclusive of Medicare accounts,
3886 in the most recent hospital fiscal year.

3887 Sec. 100. Section 19a-676 of the general statutes is repealed and the
3888 following is substituted in lieu thereof (*Effective July 1, 2018*):

3889 On or before March thirty-first of each year, for the preceding fiscal
3890 year, each hospital shall submit to the [office] unit, in the form and
3891 manner prescribed by the [office] unit, the data specified in regulations
3892 adopted by the [commissioner] executive director in accordance with
3893 chapter 54, the hospital's verification of net revenue required under
3894 section 19a-649, as amended by this act, and any other data required
3895 by the [office] unit, including hospital budget system data for the
3896 hospital's twelve months' actual filing requirements.

3897 Sec. 101. Section 19a-681 of the general statutes is repealed and the
3898 following is substituted in lieu thereof (*Effective July 1, 2018*):

3899 (a) For purposes of this section: (1) "Detailed patient bill" means a
3900 patient billing statement that includes, in each line item, the hospital's
3901 current pricemaster code, a description of the charge and the billed
3902 amount; and (2) "pricemaster" means a detailed schedule of hospital
3903 charges.

3904 (b) Each hospital shall file with the [office] unit its current
3905 pricemaster which shall include each charge in its detailed schedule of
3906 charges.

3907 (c) Upon the request of the [Department of Public Health] Office of
3908 Health Strategy, established under section 19a-754a, as amended by
3909 this act, or a patient, a hospital shall provide to the [department] office
3910 or the patient a detailed patient bill. If the billing detail by line item on
3911 a detailed patient bill does not agree with the detailed schedule of
3912 charges on file with the [office] unit for the date of service specified on

3913 the bill, the hospital shall be subject to a civil penalty of five hundred
3914 dollars per occurrence payable to the state not later than fourteen days
3915 after the date of notification. The penalty shall be imposed in
3916 accordance with section 19a-653, as amended by this act. The [office]
3917 unit may issue an order requiring such hospital, not later than fourteen
3918 days after the date of notification of an overcharge to a patient, to
3919 adjust the bill to be consistent with the detailed schedule of charges on
3920 file with the [office] unit for the date of service specified on the
3921 detailed patient bill.

3922 Sec. 102. Section 19a-486 of the general statutes is repealed and the
3923 following is substituted in lieu thereof (*Effective July 1, 2018*):

3924 For purposes of sections 19a-486 to 19a-486h, inclusive, as amended
3925 by this act:

3926 (1) "Nonprofit hospital" means a nonprofit entity licensed as a
3927 hospital pursuant to this chapter and any entity affiliated with such a
3928 hospital through governance or membership, including, but not
3929 limited to, a holding company or subsidiary.

3930 (2) "Purchaser" means a person acquiring any assets of a nonprofit
3931 hospital through a transfer.

3932 (3) "Person" means any individual, firm, partnership, corporation,
3933 limited liability company, association or other entity.

3934 (4) "Transfer" means to sell, transfer, lease, exchange, option,
3935 convey, give or otherwise dispose of or transfer control over,
3936 including, but not limited to, transfer by way of merger or joint
3937 venture not in the ordinary course of business.

3938 (5) "Control" has the meaning assigned to it in section 36b-41.

3939 (6) ["Commissioner" means the Commissioner of Public Health or
3940 the commissioner's designee.] "Executive director" means the executive
3941 director of the Office of Health Strategy, established under section 19a-

3942 754a, as amended by this act, or the executive director's designee.

3943 Sec. 103. Section 19a-486a of the general statutes is repealed and the
3944 following is substituted in lieu thereof (*Effective July 1, 2018*):

3945 (a) No nonprofit hospital shall enter into an agreement to transfer a
3946 material amount of its assets or operations or a change in control of
3947 operations to a person that is organized or operated for profit without
3948 first having received approval of the agreement by the [commissioner]
3949 executive director and the Attorney General pursuant to sections 19a-
3950 486 to 19a-486h, inclusive, as amended by this act, and pursuant to the
3951 Attorney General's authority under section 3-125. Any such agreement
3952 without the approval required by sections 19a-486 to 19a-486h,
3953 inclusive, as amended by this act, shall be void.

3954 (b) Prior to any transaction described in subsection (a) of this
3955 section, the nonprofit hospital and the purchaser shall concurrently
3956 submit a certificate of need determination letter as described in
3957 subsection (c) of section 19a-638, as amended by this act, to the
3958 [commissioner] executive director and the Attorney General by serving
3959 it on them by certified mail, return receipt requested, or delivering it
3960 by hand to each office. The certificate of need determination letter shall
3961 contain: (1) The name and address of the nonprofit hospital; (2) the
3962 name and address of the purchaser; (3) a brief description of the terms
3963 of the proposed agreement; and (4) the estimated capital expenditure,
3964 cost or value associated with the proposed agreement. The certificate
3965 of need determination letter shall be subject to disclosure pursuant to
3966 section 1-210, as amended by this act.

3967 (c) Not later than thirty days after receipt of the certificate of need
3968 determination letter by the [commissioner] executive director and the
3969 Attorney General, the purchaser and the nonprofit hospital shall hold a
3970 hearing on the contents of the certificate of need determination letter in
3971 the municipality in which the new hospital is proposed to be located.
3972 The nonprofit hospital shall provide not less than two weeks' advance

3973 notice of the hearing to the public by publication in a newspaper
3974 having a substantial circulation in the affected community for not less
3975 than three consecutive days. Such notice shall contain substantially the
3976 same information as in the certificate of need determination letter. The
3977 purchaser and the nonprofit hospital shall record and transcribe the
3978 hearing and make such recording or transcription available to the
3979 [commissioner] executive director, the Attorney General or members
3980 of the public upon request. A public hearing held in accordance with
3981 the provisions of section 19a-639a, as amended by this act, shall satisfy
3982 the requirements of this subsection.

3983 (d) The [commissioner] executive director and the Attorney General
3984 shall review the certificate of need determination letter. The Attorney
3985 General shall determine whether the agreement requires approval
3986 pursuant to this chapter. If such approval is required, the
3987 [commissioner] executive director and the Attorney General shall
3988 transmit to the purchaser and the nonprofit hospital an application
3989 form for approval pursuant to this chapter, unless the [commissioner]
3990 executive director refuses to accept a filed or submitted certificate of
3991 need determination letter. Such application form shall require the
3992 following information: (1) The name and address of the nonprofit
3993 hospital; (2) the name and address of the purchaser; (3) a description of
3994 the terms of the proposed agreement; (4) copies of all contracts,
3995 agreements and memoranda of understanding relating to the proposed
3996 agreement; (5) a fairness evaluation by an independent person who is
3997 an expert in such agreements, that includes an analysis of each of the
3998 criteria set forth in section 19a-486c; (6) documentation that the
3999 nonprofit hospital exercised the due diligence required by subdivision
4000 (2) of subsection (a) of section 19a-486c, including disclosure of the
4001 terms of any other offers to transfer assets or operations or change
4002 control of operations received by the nonprofit hospital and the reason
4003 for rejection of such offers; and (7) such other information as the
4004 [commissioner] executive director or the Attorney General deem
4005 necessary to their review pursuant to the provisions of sections 19a-486

4006 to 19a-486f, inclusive, as amended by this act, and chapter 368z. The
4007 application shall be subject to disclosure pursuant to section 1-210, as
4008 amended by this act.

4009 (e) No later than sixty days after the date of mailing of the
4010 application form, the nonprofit hospital and the purchaser shall
4011 concurrently file an application with the [commissioner] executive
4012 director and the Attorney General containing all the required
4013 information. The [commissioner] executive director and the Attorney
4014 General shall review the application and determine whether the
4015 application is complete. The [commissioner] executive director and the
4016 Attorney General shall, no later than twenty days after the date of their
4017 receipt of the application, provide written notice to the nonprofit
4018 hospital and the purchaser of any deficiencies in the application. Such
4019 application shall not be deemed complete until such deficiencies are
4020 corrected.

4021 (f) No later than twenty-five days after the date of their receipt of
4022 the completed application under this section, the [commissioner]
4023 executive director and the Attorney General shall jointly publish a
4024 summary of such agreement in a newspaper of general circulation
4025 where the nonprofit hospital is located.

4026 (g) Any person may seek to intervene in the proceedings under
4027 section 19a-486e, as amended by this act, in the same manner as
4028 provided in section 4-177a.

4029 Sec. 104. Section 19a-486b of the general statutes is repealed and the
4030 following is substituted in lieu thereof (*Effective July 1, 2018*):

4031 (a) Not later than one hundred twenty days after the date of receipt
4032 of the completed application pursuant to subsection (e) of section 19a-
4033 486a, as amended by this act, the Attorney General and the
4034 [commissioner] executive director shall approve the application, with
4035 or without modification, or deny the application. The [commissioner]
4036 executive director shall also determine, in accordance with the

4037 provisions of chapter 368z, whether to approve, with or without
4038 modification, or deny the application for a certificate of need that is
4039 part of the completed application. Notwithstanding the provisions of
4040 section 19a-639a, as amended by this act, the [commissioner] executive
4041 director shall complete the decision on the application for a certificate
4042 of need within the same time period as the completed application.
4043 Such one-hundred-twenty-day period may be extended by (1)
4044 agreement of the Attorney General, the [commissioner] executive
4045 director, the nonprofit hospital and the purchaser, or (2) the
4046 [commissioner] executive director for an additional one hundred
4047 twenty days pending completion of a cost and market impact review
4048 conducted pursuant to section 19a-639f, as amended by this act. If the
4049 Attorney General initiates a proceeding to enforce a subpoena
4050 pursuant to section 19a-486c or 19a-486d, as amended by this act, the
4051 one-hundred-twenty-day period shall be tolled until the final court
4052 decision on the last pending enforcement proceeding, including any
4053 appeal or time for the filing of such appeal. Unless the one-hundred-
4054 twenty-day period is extended pursuant to this section, if the
4055 [commissioner] executive director and Attorney General fail to take
4056 action on an agreement prior to the one hundred twenty-first day after
4057 the date of the filing of the completed application, the application shall
4058 be deemed approved.

4059 (b) The [commissioner] executive director and the Attorney General
4060 may place any conditions on the approval of an application that relate
4061 to the purposes of sections 19a-486a to 19a-486h, inclusive, as amended
4062 by this act. In placing any such conditions the [commissioner]
4063 executive director shall follow the guidelines and criteria described in
4064 subdivision (4) of subsection (d) of section 19a-639, as amended by this
4065 act. Any such conditions may be in addition to any conditions placed
4066 by the [commissioner] executive director pursuant to subdivision (4) of
4067 subsection (d) of section 19a-639, as amended by this act.

4068 Sec. 105. Section 19a-486d of the general statutes is repealed and the
4069 following is substituted in lieu thereof (*Effective July 1, 2018*):

4070 (a) The [commissioner] executive director shall deny an application
4071 filed pursuant to subsection (d) of section 19a-486a, as amended by this
4072 act, unless the [commissioner] executive director finds that: (1) In a
4073 situation where the asset or operation to be transferred provides or has
4074 provided health care services to the uninsured or underinsured, the
4075 purchaser has made a commitment to provide health care to the
4076 uninsured and the underinsured; (2) in a situation where health care
4077 providers or insurers will be offered the opportunity to invest or own
4078 an interest in the purchaser or an entity related to the purchaser
4079 safeguard procedures are in place to avoid a conflict of interest in
4080 patient referral; and (3) certificate of need authorization is justified in
4081 accordance with chapter 368z. The [commissioner] executive director
4082 may contract with any person, including, but not limited to, financial
4083 or actuarial experts or consultants, or legal experts with the approval
4084 of the Attorney General, to assist in reviewing the completed
4085 application. The [commissioner] executive director shall submit any
4086 bills for such contracts to the purchaser. Such bills shall not exceed one
4087 hundred fifty thousand dollars. The purchaser shall pay such bills no
4088 later than thirty days after the date of receipt of such bills.

4089 (b) The [commissioner] executive director may, during the course of
4090 a review required by this section: (1) Issue in writing and cause to be
4091 served upon any person, by subpoena, a demand that such person
4092 appear before the [commissioner] executive director and give
4093 testimony or produce documents as to any matters relevant to the
4094 scope of the review; and (2) issue written interrogatories, to be
4095 answered under oath, as to any matters relevant to the scope of the
4096 review and prescribing a return date that would allow a reasonable
4097 time to respond. If any person fails to comply with the provisions of
4098 this subsection, the [commissioner] executive director, through the
4099 Attorney General, may apply to the superior court for the judicial
4100 district of Hartford seeking enforcement of such subpoena. The
4101 superior court may, upon notice to such person, issue and cause to be
4102 served an order requiring compliance. Service of subpoenas ad

4103 testificandum, subpoenas duces tecum, notices of deposition and
4104 written interrogatories as provided in this subsection may be made by
4105 personal service at the usual place of abode or by certified mail, return
4106 receipt requested, addressed to the person to be served at such
4107 person's principal place of business within or without this state or such
4108 person's residence.

4109 Sec. 106. Section 19a-486e of the general statutes is repealed and the
4110 following is substituted in lieu thereof (*Effective July 1, 2018*):

4111 Prior to making any decision to approve, with or without
4112 modification, or deny any application filed pursuant to subsection (d)
4113 of section 19a-486a, as amended by this act, the Attorney General and
4114 the [commissioner] executive director shall jointly conduct one or more
4115 public hearings, one of which shall be in the primary service area of
4116 the nonprofit hospital. At least fourteen days before conducting the
4117 public hearing, the Attorney General and the [commissioner] executive
4118 director shall provide notice of the time and place of the hearing
4119 through publication in one or more newspapers of general circulation
4120 in the affected community.

4121 Sec. 107. Section 19a-486f of the general statutes is repealed and the
4122 following is substituted in lieu thereof (*Effective July 1, 2018*):

4123 If the [commissioner] executive director or the Attorney General
4124 denies an application filed pursuant to subsection (d) of section 19a-
4125 486a, as amended by this act, or approves it with modification, the
4126 nonprofit hospital or the purchaser may appeal such decision in the
4127 same manner as provided in section 4-183, provided that nothing in
4128 sections 19a-486 to 19a-486f, inclusive, as amended by this act, shall be
4129 construed to apply the provisions of chapter 54 to the proceedings of
4130 the Attorney General.

4131 Sec. 108. Section 19a-486g of the general statutes is repealed and the
4132 following is substituted in lieu thereof (*Effective July 1, 2018*):

4133 The Commissioner of Public Health shall refuse to issue a license to,
4134 or if issued shall suspend or revoke the license of, a hospital if the
4135 commissioner finds, after a hearing and opportunity to be heard, that:

4136 (1) There was a transaction described in section 19a-486a, as
4137 amended by this act, that occurred without the approval of the
4138 [commissioner] executive director, if such approval was required by
4139 sections 19a-486 to 19a-486h, inclusive, as amended by this act;

4140 (2) There was a transaction described in section 19a-486a, as
4141 amended by this act, without the approval of the Attorney General, if
4142 such approval was required by sections 19a-486 to 19a-486h, inclusive,
4143 as amended by this act, and the Attorney General certifies to the
4144 [Commissioner of Public Health] executive director that such
4145 transaction involved a material amount of the nonprofit hospital's
4146 assets or operations or a change in control of operations; or

4147 (3) The hospital is not complying with the terms of an agreement
4148 approved by the Attorney General and [commissioner] executive
4149 director pursuant to sections 19a-486 to 19a-486h, inclusive, as
4150 amended by this act.

4151 Sec. 109. Section 19a-486h of the general statutes is repealed and the
4152 following is substituted in lieu thereof (*Effective July 1, 2018*):

4153 Nothing in sections 19a-486 to 19a-486h, inclusive, as amended by
4154 this act, shall be construed to limit: (1) The common law or statutory
4155 authority of the Attorney General; (2) the statutory authority of the
4156 Commissioner of Public Health including, but not limited to, licensing;
4157 [and] (3) the statutory authority of the executive director of the Office
4158 of Health Strategy, including, but not limited to, certificate of need
4159 authority; or [(3)] (4) the application of the doctrine of cy pres or
4160 approximation.

4161 Sec. 110. Subsections (d) to (i), inclusive, of section 19a-486i of the
4162 2018 supplement to the general statutes are repealed and the following

4163 is substituted in lieu thereof (*Effective July 1, 2018*):

4164 (d) (1) The written notice required under subsection (c) of this
4165 section shall identify each party to the transaction and describe the
4166 material change as of the date of such notice to the business or
4167 corporate structure of the group practice, including: (A) A description
4168 of the nature of the proposed relationship among the parties to the
4169 proposed transaction; (B) the names and specialties of each physician
4170 that is a member of the group practice that is the subject of the
4171 proposed transaction and who will practice medicine with the
4172 resulting group practice, hospital, hospital system, captive professional
4173 entity, medical foundation or other entity organized by, controlled by,
4174 or otherwise affiliated with such hospital or hospital system following
4175 the effective date of the transaction; (C) the names of the business
4176 entities that are to provide services following the effective date of the
4177 transaction; (D) the address for each location where such services are
4178 to be provided; (E) a description of the services to be provided at each
4179 such location; and (F) the primary service area to be served by each
4180 such location.

4181 (2) Not later than thirty days after the effective date of any
4182 transaction described in subsection (c) of this section, the parties to the
4183 transaction shall submit written notice to the [Commissioner of Public
4184 Health] executive director of the Office of Health Strategy. Such
4185 written notice shall include, but need not be limited to, the same
4186 information described in subdivision (1) of this subsection. The
4187 [commissioner] executive director shall post a link to such notice on
4188 the [Department of Public Health's] Office of Health Strategy's Internet
4189 web site.

4190 (e) Not less than thirty days prior to the effective date of any
4191 transaction that results in an affiliation between one hospital or
4192 hospital system and another hospital or hospital system, the parties to
4193 the affiliation shall submit written notice to the Attorney General of
4194 such affiliation. Such written notice shall identify each party to the

4195 affiliation and describe the affiliation as of the date of such notice,
4196 including: (1) A description of the nature of the proposed relationship
4197 among the parties to the affiliation; (2) the names of the business
4198 entities that are to provide services following the effective date of the
4199 affiliation; (3) the address for each location where such services are to
4200 be provided; (4) a description of the services to be provided at each
4201 such location; and (5) the primary service area to be served by each
4202 such location.

4203 (f) Written information submitted to the Attorney General pursuant
4204 to subsections (b) to (e), inclusive, of this section shall be maintained
4205 and used by the Attorney General in the same manner as provided in
4206 section 35-42.

4207 (g) Not later than January 15, 2018, and annually thereafter, each
4208 hospital and hospital system shall file with the Attorney General and
4209 the [Commissioner of Public Health] executive director of the Office of
4210 Health Strategy a written report describing the activities of the group
4211 practices owned or affiliated with such hospital or hospital system.
4212 Such report shall include, for each such group practice: (1) A
4213 description of the nature of the relationship between the hospital or
4214 hospital system and the group practice; (2) the names and specialties of
4215 each physician practicing medicine with the group practice; (3) the
4216 names of the business entities that provide services as part of the
4217 group practice and the address for each location where such services
4218 are provided; (4) a description of the services provided at each such
4219 location; and (5) the primary service area served by each such location.

4220 (h) Not later than January 15, 2018, and annually thereafter, each
4221 group practice comprised of thirty or more physicians that is not the
4222 subject of a report filed under subsection (g) of this section shall file
4223 with the Attorney General and the [Commissioner of Public Health]
4224 executive director of the Office of Health Strategy a written report
4225 concerning the group practice. Such report shall include, for each such
4226 group practice: (1) The names and specialties of each physician

4227 practicing medicine with the group practice; (2) the names of the
4228 business entities that provide services as part of the group practice and
4229 the address for each location where such services are provided; (3) a
4230 description of the services provided at each such location; and (4) the
4231 primary service area served by each such location.

4232 (i) Not later than January 15, 2018, and annually thereafter, each
4233 hospital and hospital system shall file with the Attorney General and
4234 the [Commissioner of Public Health] executive director of the Office of
4235 Health Strategy a written report describing each affiliation with
4236 another hospital or hospital system. Such report shall include: (1) The
4237 name and address of each party to the affiliation; (2) a description of
4238 the nature of the relationship among the parties to the affiliation; (3)
4239 the names of the business entities that provide services as part of the
4240 affiliation and the address for each location where such services are
4241 provided; (4) a description of the services provided at each such
4242 location; and (5) the primary service area served by each such location.

4243 Sec. 111. Subsections (j) to (m), inclusive, of section 19a-508c of the
4244 2018 supplement to the general statutes are repealed and the following
4245 is substituted in lieu thereof (*Effective July 1, 2018*):

4246 (j) A hospital-based facility shall, when scheduling services for
4247 which a facility fee may be charged, inform the patient (1) that the
4248 hospital-based facility is part of a hospital or health system, (2) of the
4249 name of the hospital or health system, (3) that the hospital or health
4250 system may charge a facility fee in addition to and separate from the
4251 professional fee charged by the provider, and (4) of the telephone
4252 number the patient may call for additional information regarding such
4253 patient's potential financial liability.

4254 (k) (1) On and after January 1, 2016, if any transaction, as described
4255 in subsection (c) of section 19a-486i, as amended by this act, results in
4256 the establishment of a hospital-based facility at which facility fees will
4257 likely be billed, the hospital or health system, that is the purchaser in

4258 such transaction shall, not later than thirty days after such transaction,
4259 provide written notice, by first class mail, of the transaction to each
4260 patient served within the previous three years by the health care
4261 facility that has been purchased as part of such transaction.

4262 (2) Such notice shall include the following information:

4263 (A) A statement that the health care facility is now a hospital-based
4264 facility and is part of a hospital or health system;

4265 (B) The name, business address and phone number of the hospital
4266 or health system that is the purchaser of the health care facility;

4267 (C) A statement that the hospital-based facility bills, or is likely to
4268 bill, patients a facility fee that may be in addition to, and separate
4269 from, any professional fee billed by a health care provider at the
4270 hospital-based facility;

4271 (D) (i) A statement that the patient's actual financial liability will
4272 depend on the professional medical services actually provided to the
4273 patient, and (ii) an explanation that the patient may incur financial
4274 liability that is greater than the patient would incur if the hospital-
4275 based facility were not a hospital-based facility;

4276 (E) The estimated amount or range of amounts the hospital-based
4277 facility may bill for a facility fee or an example of the average facility
4278 fee billed at such hospital-based facility for the most common services
4279 provided at such hospital-based facility; and

4280 (F) A statement that, prior to seeking services at such hospital-based
4281 facility, a patient covered by a health insurance policy should contact
4282 the patient's health insurer for additional information regarding the
4283 hospital-based facility fees, including the patient's potential financial
4284 liability, if any, for such fees.

4285 (3) A copy of the written notice provided to patients in accordance
4286 with this subsection shall be filed with the [Office of Health Care

4287 Access] Health Systems Planning Unit of the Office of Health Strategy,
4288 established under section 19a-612, as amended by this act. Said [office]
4289 unit shall post a link to such notice on its Internet web site.

4290 (4) A hospital, health system or hospital-based facility shall not
4291 collect a facility fee for services provided at a hospital-based facility
4292 that is subject to the provisions of this subsection from the date of the
4293 transaction until at least thirty days after the written notice required
4294 pursuant to this subsection is mailed to the patient or a copy of such
4295 notice is filed with the [Office of Health Care Access] Health Systems
4296 Planning Unit, whichever is later. A violation of this subsection shall
4297 be considered an unfair trade practice pursuant to section 42-110b.

4298 (l) Notwithstanding the provisions of this section, on and after
4299 January 1, 2017, no hospital, health system or hospital-based facility
4300 shall collect a facility fee for (1) outpatient health care services that use
4301 a current procedural terminology evaluation and management code
4302 and are provided at a hospital-based facility, other than a hospital
4303 emergency department, located off-site from a hospital campus, or (2)
4304 outpatient health care services, other than those provided in an
4305 emergency department located off-site from a hospital campus,
4306 received by a patient who is uninsured of more than the Medicare rate.
4307 Notwithstanding the provisions of this subsection, in circumstances
4308 when an insurance contract that is in effect on July 1, 2016, provides
4309 reimbursement for facility fees prohibited under the provisions of this
4310 section, a hospital or health system may continue to collect
4311 reimbursement from the health insurer for such facility fees until the
4312 date of expiration of such contract. A violation of this subsection shall
4313 be considered an unfair trade practice pursuant to chapter 735a.

4314 (m) (1) Each hospital and health system shall report not later than
4315 July 1, 2016, and annually thereafter to the [Commissioner of Public
4316 Health] executive director of the Office of Health Strategy concerning
4317 facility fees charged or billed during the preceding calendar year. Such
4318 report shall include (A) the name and location of each facility owned

4319 or operated by the hospital or health system that provides services for
4320 which a facility fee is charged or billed, (B) the number of patient visits
4321 at each such facility for which a facility fee was charged or billed, (C)
4322 the number, total amount and range of allowable facility fees paid at
4323 each such facility by Medicare, Medicaid or under private insurance
4324 policies, (D) for each facility, the total amount of revenue received by
4325 the hospital or health system derived from facility fees, (E) the total
4326 amount of revenue received by the hospital or health system from all
4327 facilities derived from facility fees, (F) a description of the ten
4328 procedures or services that generated the greatest amount of facility
4329 fee revenue and, for each such procedure or service, the total amount
4330 of revenue received by the hospital or health system derived from
4331 facility fees, and (G) the top ten procedures for which facility fees are
4332 charged based on patient volume. For purposes of this subsection,
4333 "facility" means a hospital-based facility that is located outside a
4334 hospital campus.

4335 (2) The [commissioner] executive director shall publish the
4336 information reported pursuant to subdivision (1) of this subsection, or
4337 post a link to such information, on the Internet web site of the Office of
4338 Health [Care Access] Strategy.

4339 Sec. 112. Subsections (c) to (f), inclusive, of section 19a-509b of the
4340 general statutes are repealed and the following is substituted in lieu
4341 thereof (*Effective July 1, 2018*):

4342 (c) Each hospital that holds or administers one or more hospital bed
4343 funds shall make available in a place and manner allowing individual
4344 members of the public to easily obtain it, a one-page summary in
4345 English and Spanish describing hospital bed funds and how to apply
4346 for them. The summary shall also describe any other policies regarding
4347 the provision of charity care and reduced cost services for the indigent
4348 as reported by the hospital to the [Office of Health Care Access
4349 division of the Department of Public Health] Health Systems Planning
4350 Unit of the Office of Health Strategy pursuant to section 19a-649, as

4351 amended by this act, and shall clearly distinguish hospital bed funds
4352 from other sources of financial assistance. The summary shall include
4353 notification that the patient is entitled to reapply upon rejection, and
4354 that additional funds may become available on an annual basis. The
4355 summary shall be available in the patient admissions office, emergency
4356 room, social services department and patient accounts or billing office,
4357 and from any collection agent. If during the admission process or
4358 during its review of the financial resources of the patient, the hospital
4359 reasonably believes the patient will have limited funds to pay for any
4360 portion of the patient's hospitalization not covered by insurance, the
4361 hospital shall provide the summary to each such patient.

4362 (d) Each hospital which holds or administers one or more hospital
4363 bed funds shall require its collection agents to include a summary as
4364 provided in subsection (c) of this section in all bills and collection
4365 notices sent by such collection agents.

4366 (e) Applicants for assistance from hospital bed funds shall be
4367 notified in writing of any award or any rejection and the reason for
4368 such rejection. Patients who cannot pay any outstanding medical bill at
4369 the hospital shall be allowed to apply or reapply for hospital bed
4370 funds.

4371 (f) Each hospital which holds or administers one or more hospital
4372 bed funds shall maintain and annually compile, at the end of the fiscal
4373 year of the hospital, the following information: (1) The number of
4374 applications for hospital bed funds; (2) the number of patients
4375 receiving hospital bed fund grants and the actual dollar amounts
4376 provided to each patient from such fund; (3) the fair market value of
4377 the principal of each individual hospital bed fund, or the principal
4378 attributable to each bed fund if held in a pooled investment; (4) the
4379 total earnings for each hospital bed fund or the earnings attributable to
4380 each hospital bed fund; (5) the dollar amount of earnings reinvested as
4381 principal if any; and (6) the dollar amount of earnings available for
4382 patient care. The information compiled pursuant to this subsection

4383 shall be permanently retained by the hospital and made available to
4384 the [Office of Health Care Access] Health Systems Planning Unit upon
4385 request.

4386 Sec. 113. Subsections (e) to (g), inclusive, of section 33-182bb of the
4387 general statutes are repealed and the following is substituted in lieu
4388 thereof (*Effective July 1, 2018*):

4389 (e) Any medical foundation organized on or after July 1, 2009, shall
4390 file a copy of its certificate of incorporation and any amendments to its
4391 certificate of incorporation with the [Office of Health Care Access
4392 division of the Department of Public Health] Health Systems Planning
4393 Unit of the Office of Health Strategy not later than ten business days
4394 after the medical foundation files such certificate of incorporation or
4395 amendment with the Secretary of the State pursuant to chapter 602.

4396 (f) Any medical group clinic corporation formed under chapter 594
4397 of the general statutes, revision of 1958, revised to 1995, which amends
4398 its certificate of incorporation pursuant to subsection (a) of section 33-
4399 182cc, shall file with the [Office of Health Care Access division of the
4400 Department of Public Health] Health Systems Planning Unit of the
4401 Office of Health Strategy a copy of its certificate of incorporation and
4402 any amendments to its certificate of incorporation, including any
4403 amendment to its certificate of incorporation that complies with the
4404 requirements of subsection (a) of section 33-182cc, not later than ten
4405 business days after the medical foundation files its certificate of
4406 incorporation or any amendments to its certificate of incorporation
4407 with the Secretary of the State.

4408 (g) Any medical foundation, regardless of when organized, shall file
4409 notice with the [Office of Health Care Access division of the
4410 Department of Public Health] Health Systems Planning Unit of the
4411 Office of Health Strategy and the Secretary of the State of its
4412 liquidation, termination, dissolution or cessation of operations not later
4413 than ten business days after a vote by its board of directors or

4414 members to take such action. A medical foundation shall, annually,
4415 provide the office with (1) a statement of its mission, (2) the name and
4416 address of the organizing members, (3) the name and specialty of each
4417 physician employed by or acting as an agent of the medical
4418 foundation, (4) the location or locations where each such physician
4419 practices, (5) a description of the services provided at each such
4420 location, (6) a description of any significant change in its services
4421 during the preceding year, (7) a copy of the medical foundation's
4422 governing documents and bylaws, (8) the name and employer of each
4423 member of the board of directors, and (9) other financial information
4424 as reported on the medical foundation's most recently filed Internal
4425 Revenue Service return of organization exempt from income tax form,
4426 or any replacement form adopted by the Internal Revenue Service, or,
4427 if such medical foundation is not required to file such form,
4428 information substantially similar to that required by such form. The
4429 [Office of Health Care Access] Health Systems Planning Unit shall
4430 make such forms and information available to members of the public
4431 and accessible on said [office's] unit's Internet web site.

4432 Sec. 114. Subsections (b) and (c) of section 19a-493b of the general
4433 statutes are repealed and the following is substituted in lieu thereof
4434 (*Effective July 1, 2018*):

4435 (b) No entity, individual, firm, partnership, corporation, limited
4436 liability company or association, other than a hospital, shall
4437 individually or jointly establish or operate an outpatient surgical
4438 facility in this state without complying with chapter 368z, except as
4439 otherwise provided by this section, and obtaining a license within the
4440 time specified in this subsection from the Department of Public Health
4441 for such facility pursuant to the provisions of this chapter, unless such
4442 entity, individual, firm, partnership, corporation, limited liability
4443 company or association: (1) Provides to the [Office of Health Care
4444 Access division of the Department of Public Health] Health Systems
4445 Planning Unit of the Office of Health Strategy satisfactory evidence
4446 that it was in operation on or before July 1, 2003, or (2) obtained, on or

4447 before July 1, 2003, from the Office of Health Care Access, a
4448 determination that a certificate of need is not required. An entity,
4449 individual, firm, partnership, corporation, limited liability company or
4450 association otherwise in compliance with this section may operate an
4451 outpatient surgical facility without a license through March 30, 2007,
4452 and shall have until March 30, 2007, to obtain a license from the
4453 Department of Public Health.

4454 (c) Notwithstanding the provisions of this section, no outpatient
4455 surgical facility shall be required to comply with section 19a-631, as
4456 amended by this act, 19a-632, as amended by this act, 19a-644, as
4457 amended by this act, 19a-645, as amended by this act, 19a-646, as
4458 amended by this act, 19a-649, as amended by this act, 19a-664 to 19a-
4459 666, inclusive, 19a-673 to 19a-676, inclusive, as amended by this act,
4460 19a-678, 19a-681, as amended by this act, or 19a-683. Each outpatient
4461 surgical facility shall continue to be subject to the obligations and
4462 requirements applicable to such facility, including, but not limited to,
4463 any applicable provision of this chapter and those provisions of
4464 chapter 368z not specified in this subsection, except that a request for
4465 permission to undertake a transfer or change of ownership or control
4466 shall not be required pursuant to subsection (a) of section 19a-638, as
4467 amended by this act, if the [Office of Health Care Access division of the
4468 Department of Public Health] Health Systems Planning Unit of the
4469 Office of Health Strategy determines that the following conditions are
4470 satisfied: (1) Prior to any such transfer or change of ownership or
4471 control, the outpatient surgical facility shall be owned and controlled
4472 exclusively by persons licensed pursuant to section 20-13 or chapter
4473 375, either directly or through a limited liability company, formed
4474 pursuant to chapter 613, a corporation, formed pursuant to chapters
4475 601 and 602, or a limited liability partnership, formed pursuant to
4476 chapter 614, that is exclusively owned by persons licensed pursuant to
4477 section 20-13 or chapter 375, or is under the interim control of an estate
4478 executor or conservator pending transfer of an ownership interest or
4479 control to a person licensed under section 20-13 or chapter 375, and (2)

4480 after any such transfer or change of ownership or control, persons
4481 licensed pursuant to section 20-13 or chapter 375, a limited liability
4482 company, formed pursuant to chapter 613, a corporation, formed
4483 pursuant to chapters 601 and 602, or a limited liability partnership,
4484 formed pursuant to chapter 614, that is exclusively owned by persons
4485 licensed pursuant to section 20-13 or chapter 375, shall own and
4486 control no less than a sixty per cent interest in the outpatient surgical
4487 facility.

4488 Sec. 115. Section 19a-6q of the general statutes is repealed and the
4489 following is substituted in lieu thereof (*Effective July 1, 2018*):

4490 (a) The Commissioner of Public Health, in consultation with the
4491 [Lieutenant Governor, or the Lieutenant Governor's designee,]
4492 executive director of the Office of Health Strategy, established under
4493 section 19a-754a, as amended by this act, and local and regional health
4494 departments, shall, within available resources, develop a plan that is
4495 consistent with the Department of Public Health's Healthy Connecticut
4496 2020 health improvement plan and the state healthcare innovation
4497 plan developed pursuant to the State Innovation Model Initiative by
4498 the Centers for Medicare and Medicaid Services Innovation Center.
4499 The commissioner shall develop and implement such plan to: (1)
4500 Reduce the incidence of chronic disease, including, but not limited to,
4501 chronic cardiovascular disease, cancer, lupus, stroke, chronic lung
4502 disease, diabetes, arthritis or another chronic metabolic disease and the
4503 effects of behavioral health disorders; (2) improve chronic disease care
4504 coordination in the state; and (3) reduce the incidence and effects of
4505 chronic disease and improve outcomes for conditions associated with
4506 chronic disease in the state.

4507 (b) The commissioner shall, on or before January 15, 2015, and
4508 biennially thereafter, submit a report, in consultation with the
4509 [Lieutenant Governor or the Lieutenant Governor's designee]
4510 executive director of the Office of Health Strategy, in accordance with
4511 the provisions of section 11-4a to the joint standing committee of the

4512 General Assembly having cognizance of matters relating to public
4513 health concerning chronic disease and implementation of the plan
4514 described in subsection (a) of this section. The commissioner shall post
4515 each report on the Department of Public Health's Internet web site not
4516 later than thirty days after submitting such report. Each report shall
4517 include, but need not be limited to: (1) A description of the chronic
4518 diseases that are most likely to cause a person's death or disability, the
4519 approximate number of persons affected by such chronic diseases and
4520 an assessment of the financial effects of each such disease on the state
4521 and on hospitals and health care facilities; (2) a description and
4522 assessment of programs and actions that have been implemented by
4523 the department and health care providers to improve chronic disease
4524 care coordination and prevent chronic disease; (3) the sources and
4525 amounts of funding received by the department to treat persons with
4526 multiple chronic diseases and to treat or reduce the most prevalent
4527 chronic diseases in the state; (4) a description of chronic disease care
4528 coordination between the department and health care providers, to
4529 prevent and treat chronic disease; and (5) recommendations
4530 concerning actions that health care providers and persons with chronic
4531 disease may take to reduce the incidence and effects of chronic disease.

4532 Sec. 116. Section 19a-725 of the 2018 supplement to the general
4533 statutes is repealed and the following is substituted in lieu thereof
4534 (*Effective July 1, 2018*):

4535 (a) There is established within the [office of the Lieutenant
4536 Governor] Office of Health Strategy, established under section 19a-
4537 754a, as amended by this act, the Health Care Cabinet for the purpose
4538 of advising the Governor on the matters set forth in subsection (c) of
4539 this section.

4540 (b) (1) The Health Care Cabinet shall consist of the following
4541 members who shall be appointed on or before August 1, 2011: (A) Five
4542 appointed by the Governor, two of whom may represent the health
4543 care industry and shall serve for terms of four years, one of whom

4544 shall represent community health centers and shall serve for a term of
4545 three years, one of whom shall represent insurance producers and
4546 shall serve for a term of three years and one of whom shall be an at-
4547 large appointment and shall serve for a term of three years; (B) one
4548 appointed by the president pro tempore of the Senate, who shall be an
4549 oral health specialist engaged in active practice and shall serve for a
4550 term of four years; (C) one appointed by the majority leader of the
4551 Senate, who shall represent labor and shall serve for a term of three
4552 years; (D) one appointed by the minority leader of the Senate, who
4553 shall be an advanced practice registered nurse engaged in active
4554 practice and shall serve for a term of two years; (E) one appointed by
4555 the speaker of the House of Representatives, who shall be a consumer
4556 advocate and shall serve for a term of four years; (F) one appointed by
4557 the majority leader of the House of Representatives, who shall be a
4558 primary care physician engaged in active practice and shall serve for a
4559 term of four years; (G) one appointed by the minority leader of the
4560 House of Representatives, who shall represent the health information
4561 technology industry and shall serve for a term of three years; (H) five
4562 appointed jointly by the chairpersons of the SustiNet Health
4563 Partnership board of directors, one of whom shall represent faith
4564 communities, one of whom shall represent small businesses, one of
4565 whom shall represent the home health care industry, one of whom
4566 shall represent hospitals, and one of whom shall be an at-large
4567 appointment, all of whom shall serve for terms of five years; (I) the
4568 [Lieutenant Governor] executive director of the Office of Health
4569 Strategy, or the executive director's designee; (J) the Secretary of the
4570 Office of Policy and Management, or the secretary's designee; the
4571 Comptroller, or the Comptroller's designee; the chief executive officer
4572 of the Connecticut Health Insurance Exchange, or said officer's
4573 designee; the Commissioners of Social Services and Public Health, or
4574 their designees; and the Healthcare Advocate, or the Healthcare
4575 Advocate's designee, all of whom shall serve as ex-officio voting
4576 members; and (K) the Commissioners of Children and Families,
4577 Developmental Services and Mental Health and Addiction Services,

4578 and the Insurance Commissioner, or their designees, and the nonprofit
4579 liaison to the Governor, or the nonprofit liaison's designee, all of whom
4580 shall serve as ex-officio nonvoting members.

4581 (2) Following the expiration of initial cabinet member terms,
4582 subsequent cabinet terms shall be for four years, commencing on
4583 August first of the year of the appointment. If an appointing authority
4584 fails to make an initial appointment to the cabinet or an appointment
4585 to fill a cabinet vacancy within ninety days of the date of such vacancy,
4586 the appointed cabinet members shall, by majority vote, make such
4587 appointment to the cabinet.

4588 (3) Upon the expiration of the initial terms of the five cabinet
4589 members appointed by Sustinet Health Partnership board of directors,
4590 five successor cabinet members shall be appointed as follows: (A) One
4591 appointed by the Governor; (B) one appointed by the president pro
4592 tempore of the Senate; (C) one appointed by the speaker of the House
4593 of Representatives; and (D) two appointed by majority vote of the
4594 appointed board members. Successor board members appointed
4595 pursuant to this subdivision shall be at-large appointments.

4596 (4) The [Lieutenant Governor] executive director of the Office of
4597 Health Strategy, or the executive director's designee, shall serve as the
4598 chairperson of the Health Care Cabinet.

4599 (c) The Health Care Cabinet shall advise the Governor regarding the
4600 development of an integrated health care system for Connecticut and
4601 shall:

4602 (1) Evaluate the means of ensuring an adequate health care
4603 workforce in the state;

4604 (2) Jointly evaluate, with the chief executive officer of the
4605 Connecticut Health Insurance Exchange, the feasibility of
4606 implementing a basic health program option as set forth in Section
4607 1331 of the Affordable Care Act;

4608 (3) Identify short and long-range opportunities, issues and gaps
4609 created by the enactment of federal health care reform;

4610 (4) Review the effectiveness of delivery system reforms and other
4611 efforts to control health care costs, including, but not limited to,
4612 reforms and efforts implemented by state agencies; and

4613 (5) Advise the Governor on matters relating to: (A) The design,
4614 implementation, actionable objectives and evaluation of state and
4615 federal health care policies, priorities and objectives relating to the
4616 state's efforts to improve access to health care, (B) the quality of such
4617 care and the affordability and sustainability of the state's health care
4618 system, and (C) total state-wide health care spending, including
4619 methods to collect, analyze and report health care spending data.

4620 (d) The Health Care Cabinet may convene working groups, which
4621 include volunteer health care experts, to make recommendations
4622 concerning the development and implementation of service delivery
4623 and health care provider payment reforms, including multipayer
4624 initiatives, medical homes, electronic health records and evidenced-
4625 based health care quality improvement.

4626 (e) The [office of the Lieutenant Governor and the Office of the
4627 Healthcare Advocate] Office of Health Strategy shall provide support
4628 staff to the Health Care Cabinet.

4629 Sec. 117. Section 20-195sss of the 2018 supplement to the general
4630 statutes is repealed and the following is substituted in lieu thereof
4631 (*Effective July 1, 2018*):

4632 (a) As used in this section, "community health worker" means a
4633 public health outreach professional with an in-depth understanding of
4634 the experience, language, culture and socioeconomic needs of the
4635 community who (1) serves as a liaison between individuals within the
4636 community and health care and social services providers to facilitate
4637 access to such services and health-related resources, improve the

4638 quality and cultural competence of the delivery of such services and
4639 address social determinants of health with a goal toward reducing
4640 racial, ethnic, gender and socioeconomic health disparities, and (2)
4641 increases health knowledge and self-sufficiency through a range of
4642 services including outreach, engagement, education, coaching,
4643 informal counseling, social support, advocacy, care coordination,
4644 research related to social determinants of health and basic screenings
4645 and assessments of any risks associated with social determinants of
4646 health.

4647 (b) The executive director of the [state innovation model initiative
4648 program management office] Office of Health Strategy, established
4649 under section 19a-754a, as amended by this act, shall, within available
4650 resources and in consultation with the Community Health Worker
4651 Advisory Committee established by [such] said office and the
4652 Commissioner of Public Health, study the feasibility of creating a
4653 certification program for community health workers. Such study shall
4654 examine the fiscal impact of implementing such a certification program
4655 and include recommendations for (1) requirements for certification
4656 and renewal of certification of community health workers, including
4657 any training, experience or continuing education requirements, (2)
4658 methods for administering a certification program, including a
4659 certification application, a standardized assessment of experience,
4660 knowledge and skills, and an electronic registry, and (3) requirements
4661 for recognizing training program curricula that are sufficient to satisfy
4662 the requirements of certification.

4663 (c) Not later than October 1, 2018, the executive director of the [state
4664 innovation model initiative program management office] Office of
4665 Health Strategy shall report, in accordance with the provisions of
4666 section 11-4a, on the results of such study and recommendations to the
4667 joint standing committees of the General Assembly having cognizance
4668 of matters relating to public health and human services.

4669 Sec. 118. Section 38a-47 of the 2018 supplement to the general

4670 statutes is repealed and the following is substituted in lieu thereof
4671 (*Effective July 1, 2018*):

4672 (a) All domestic insurance companies and other domestic entities
4673 subject to taxation under chapter 207 shall, in accordance with section
4674 38a-48, as amended by this act, annually pay to the Insurance
4675 Commissioner, for deposit in the Insurance Fund established under
4676 section 38a-52a, an amount equal to: [the]

4677 (1) The actual expenditures made by the Insurance Department
4678 during each fiscal year, and the actual expenditures made by the Office
4679 of the Healthcare Advocate, including the cost of fringe benefits for
4680 department and office personnel as estimated by the Comptroller; [,
4681 plus (1) the]

4682 (2) The amount appropriated to the Office of Health Strategy from
4683 the Insurance Fund for the fiscal year, including the cost of fringe
4684 benefits for office personnel as estimated by the Comptroller;

4685 (3) The expenditures made on behalf of the department and [the
4686 office] said offices from the Capital Equipment Purchase Fund
4687 pursuant to section 4a-9 for such year, [and (2) the] but excluding such
4688 estimated expenditures made on behalf of the Health Systems
4689 Planning Unit of the Office of Health Strategy; and

4690 (4) The amount appropriated to the Department of Social Services
4691 for the fall prevention program established in section 17a-303a from
4692 the Insurance Fund for the fiscal year. [, but excluding]

4693 (b) The expenditures and amounts specified in subdivisions (1) to
4694 (4), inclusive, of subsection (a) of this section shall exclude
4695 expenditures paid for by fraternal benefit societies, foreign and alien
4696 insurance companies and other foreign and alien entities under
4697 sections 38a-49 and 38a-50.

4698 (c) Payments shall be made by assessment of all such domestic

4699 insurance companies and other domestic entities calculated and
4700 collected in accordance with the provisions of section 38a-48, as
4701 amended by this act. Any such domestic insurance company or other
4702 domestic entity aggrieved because of any assessment levied under this
4703 section may appeal therefrom in accordance with the provisions of
4704 section 38a-52.

4705 Sec. 119. Section 38a-48 of the 2018 supplement to the general
4706 statutes is repealed and the following is substituted in lieu thereof
4707 (*Effective July 1, 2018*):

4708 (a) On or before June thirtieth, annually, the Commissioner of
4709 Revenue Services shall render to the Insurance Commissioner a
4710 statement certifying the amount of taxes or charges imposed on each
4711 domestic insurance company or other domestic entity under chapter
4712 207 on business done in this state during the preceding calendar year.
4713 The statement for local domestic insurance companies shall set forth
4714 the amount of taxes and charges before any tax credits allowed as
4715 provided in subsection (a) of section 12-202.

4716 (b) On or before July thirty-first, annually, the Insurance
4717 Commissioner and the Office of the Healthcare Advocate shall render
4718 to each domestic insurance company or other domestic entity liable for
4719 payment under section 38a-47, as amended by this act: (1) A statement
4720 that includes (A) the amount appropriated to the Insurance
4721 Department, [and] the Office of the Healthcare Advocate and the
4722 Office of Health Strategy from the Insurance Fund established under
4723 section 38a-52a for the fiscal year beginning July first of the same year,
4724 (B) the cost of fringe benefits for department and office personnel for
4725 such year, as estimated by the Comptroller, (C) the estimated
4726 expenditures on behalf of the department and the [office] offices from
4727 the Capital Equipment Purchase Fund pursuant to section 4a-9 for
4728 such year, not including such estimated expenditures made on behalf
4729 of the Health Systems Planning Unit of the Office of Health Strategy,
4730 and (D) the amount appropriated to the Department of Social Services

4731 for the fall prevention program established in section 17a-303a from
4732 the Insurance Fund for the fiscal year; (2) a statement of the total taxes
4733 imposed on all domestic insurance companies and domestic insurance
4734 entities under chapter 207 on business done in this state during the
4735 preceding calendar year; and (3) the proposed assessment against that
4736 company or entity, calculated in accordance with the provisions of
4737 subsection (c) of this section, provided for the purposes of this
4738 calculation the amount appropriated to the Insurance Department,
4739 [and] the Office of the Healthcare Advocate and the Office of Health
4740 Strategy from the Insurance Fund plus the cost of fringe benefits for
4741 department and office personnel and the estimated expenditures on
4742 behalf of the department and the office from the Capital Equipment
4743 Purchase Fund pursuant to section 4a-9, not including such
4744 expenditures made on behalf of the Health Systems Planning Unit of
4745 the Office of Health Strategy shall be deemed to be the actual
4746 expenditures of the department and the office, and the amount
4747 appropriated to the Department of Social Services from the Insurance
4748 Fund for the fiscal year for the fall prevention program established in
4749 section 17a-303a shall be deemed to be the actual expenditures for the
4750 program.

4751 (c) (1) The proposed assessments for each domestic insurance
4752 company or other domestic entity shall be calculated by (A) allocating
4753 twenty per cent of the amount to be paid under section 38a-47, as
4754 amended by this act, among the domestic entities organized under
4755 sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive,
4756 in proportion to their respective shares of the total taxes and charges
4757 imposed under chapter 207 on such entities on business done in this
4758 state during the preceding calendar year, and (B) allocating eighty per
4759 cent of the amount to be paid under section 38a-47, as amended by this
4760 act, among all domestic insurance companies and domestic entities
4761 other than those organized under sections 38a-199 to 38a-209,
4762 inclusive, and 38a-214 to 38a-225, inclusive, in proportion to their
4763 respective shares of the total taxes and charges imposed under chapter

4764 207 on such domestic insurance companies and domestic entities on
4765 business done in this state during the preceding calendar year,
4766 provided if there are no domestic entities organized under sections
4767 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, at the
4768 time of assessment, one hundred per cent of the amount to be paid
4769 under section 38a-47, as amended by this act, shall be allocated among
4770 such domestic insurance companies and domestic entities.

4771 (2) When the amount any such company or entity is assessed
4772 pursuant to this section exceeds twenty-five per cent of the actual
4773 expenditures of the Insurance Department, [and] the Office of the
4774 Healthcare Advocate and the Office of Health Strategy from the
4775 Insurance Fund, such excess amount shall not be paid by such
4776 company or entity but rather shall be assessed against and paid by all
4777 other such companies and entities in proportion to their respective
4778 shares of the total taxes and charges imposed under chapter 207 on
4779 business done in this state during the preceding calendar year, except
4780 that for purposes of any assessment made to fund payments to the
4781 Department of Public Health to purchase vaccines, such company or
4782 entity shall be responsible for its share of the costs, notwithstanding
4783 whether its assessment exceeds twenty-five per cent of the actual
4784 expenditures of the Insurance Department, [and] the Office of the
4785 Healthcare Advocate and the Office of Health Strategy from the
4786 Insurance Fund. The provisions of this subdivision shall not be
4787 applicable to any corporation which has converted to a domestic
4788 mutual insurance company pursuant to section 38a-155 upon the
4789 effective date of any public act which amends said section to modify or
4790 remove any restriction on the business such a company may engage in,
4791 for purposes of any assessment due from such company on and after
4792 such effective date.

4793 (d) For purposes of calculating the amount of payment under
4794 section 38a-47, as amended by this act, as well as the amount of the
4795 assessments under this section, the "total taxes imposed on all
4796 domestic insurance companies and other domestic entities under

4797 chapter 207" shall be based upon the amounts shown as payable to the
4798 state for the calendar year on the returns filed with the Commissioner
4799 of Revenue Services pursuant to chapter 207; with respect to
4800 calculating the amount of payment and assessment for local domestic
4801 insurance companies, the amount used shall be the taxes and charges
4802 imposed before any tax credits allowed as provided in subsection (a) of
4803 section 12-202.

4804 (e) On or before September thirtieth, annually, for each fiscal year
4805 ending prior to July 1, 1990, the Insurance Commissioner and the
4806 Healthcare Advocate, after receiving any objections to the proposed
4807 assessments and making such adjustments as in their opinion may be
4808 indicated, shall assess each such domestic insurance company or other
4809 domestic entity an amount equal to its proposed assessment as so
4810 adjusted. Each domestic insurance company or other domestic entity
4811 shall pay to the Insurance Commissioner on or before October thirty-
4812 first an amount equal to fifty per cent of its assessment adjusted to
4813 reflect any credit or amount due from the preceding fiscal year as
4814 determined by the commissioner under subsection (g) of this section.
4815 Each domestic insurance company or other domestic entity shall pay
4816 to the Insurance Commissioner on or before the following April
4817 thirtieth, the remaining fifty per cent of its assessment.

4818 (f) On or before September first, annually, for each fiscal year
4819 ending after July 1, 1990, the Insurance Commissioner and the
4820 Healthcare Advocate, after receiving any objections to the proposed
4821 assessments and making such adjustments as in their opinion may be
4822 indicated, shall assess each such domestic insurance company or other
4823 domestic entity an amount equal to its proposed assessment as so
4824 adjusted. Each domestic insurance company or other domestic entity
4825 shall pay to the Insurance Commissioner (1) on or before June 30, 1990,
4826 and on or before June thirtieth annually thereafter, an estimated
4827 payment against its assessment for the following year equal to twenty-
4828 five per cent of its assessment for the fiscal year ending such June
4829 thirtieth, (2) on or before September thirtieth, annually, twenty-five per

4830 cent of its assessment adjusted to reflect any credit or amount due
4831 from the preceding fiscal year as determined by the commissioner
4832 under subsection (g) of this section, and (3) on or before the following
4833 December thirty-first and March thirty-first, annually, each domestic
4834 insurance company or other domestic entity shall pay to the Insurance
4835 Commissioner the remaining fifty per cent of its proposed assessment
4836 to the department in two equal installments.

4837 (g) If the actual expenditures for the fall prevention program
4838 established in section 17a-303a are less than the amount allocated, the
4839 Commissioner of Social Services shall notify the Insurance
4840 Commissioner and the Healthcare Advocate. Immediately following
4841 the close of the fiscal year, the Insurance Commissioner and the
4842 Healthcare Advocate shall recalculate the proposed assessment for
4843 each domestic insurance company or other domestic entity in
4844 accordance with subsection (c) of this section using the actual
4845 expenditures made during the fiscal year by the Insurance
4846 Department, [and] the Office of the Healthcare Advocate [during that
4847 fiscal year] and the Office of Health Strategy from the Insurance Fund,
4848 the actual expenditures made on behalf of the department and the
4849 [office] offices from the Capital Equipment Purchase Fund pursuant to
4850 section 4a-9, not including such expenditures made on behalf of the
4851 Health Systems Planning Unit of the Office of Health Strategy, and the
4852 actual expenditures for the fall prevention program. On or before July
4853 thirty-first, the Insurance Commissioner and the Healthcare Advocate
4854 shall render to each such domestic insurance company and other
4855 domestic entity a statement showing the difference between their
4856 respective recalculated assessments and the amount they have
4857 previously paid. On or before August thirty-first, the Insurance
4858 Commissioner and the Healthcare Advocate, after receiving any
4859 objections to such statements, shall make such adjustments which in
4860 their opinion may be indicated, and shall render an adjusted
4861 assessment, if any, to the affected companies.

4862 (h) If any assessment is not paid when due, a penalty of twenty-five

4863 dollars shall be added thereto, and interest at the rate of six per cent
4864 per annum shall be paid thereafter on such assessment and penalty.

4865 (i) The commissioner shall deposit all payments made under this
4866 section with the State Treasurer. On and after June 6, 1991, the moneys
4867 so deposited shall be credited to the Insurance Fund established under
4868 section 38a-52a and shall be accounted for as expenses recovered from
4869 insurance companies.

4870 Sec. 120. Subsection (c) of section 1-84b of the general statutes is
4871 repealed and the following is substituted in lieu thereof (*Effective July*
4872 *1, 2018*):

4873 (c) The provisions of this subsection apply to present or former
4874 executive branch public officials or state employees who hold or
4875 formerly held positions which involve significant decision-making or
4876 supervisory responsibility and are designated as such by the Office of
4877 State Ethics in consultation with the agency concerned except that such
4878 provisions shall not apply to members or former members of the
4879 boards or commissions who serve ex officio, who are required by
4880 statute to represent the regulated industry or who are permitted by
4881 statute to have a past or present affiliation with the regulated industry.
4882 Designation of positions subject to the provisions of this subsection
4883 shall be by regulations adopted by the Citizen's Ethics Advisory Board
4884 in accordance with chapter 54. As used in this subsection, "agency"
4885 means the [Office of Health Care Access division within the
4886 Department of Public Health] Health Systems Planning Unit of the
4887 Office of Health Strategy, the Connecticut Siting Council, the
4888 Department of Banking, the Insurance Department, the Department of
4889 Emergency Services and Public Protection, the office within the
4890 Department of Consumer Protection that carries out the duties and
4891 responsibilities of sections 30-2 to 30-68m, inclusive, the Public Utilities
4892 Regulatory Authority, including the Office of Consumer Counsel, and
4893 the Department of Consumer Protection and the term "employment"
4894 means professional services or other services rendered as an employee

4895 or as an independent contractor.

4896 (1) No public official or state employee in an executive branch
4897 position designated by the Office of State Ethics shall negotiate for,
4898 seek or accept employment with any business subject to regulation by
4899 his agency.

4900 (2) No former public official or state employee who held such a
4901 position in the executive branch shall within one year after leaving an
4902 agency, accept employment with a business subject to regulation by
4903 that agency.

4904 (3) No business shall employ a present or former public official or
4905 state employee in violation of this subsection.

4906 Sec. 121. Section 3-123i of the general statutes is repealed and the
4907 following is substituted in lieu thereof (*Effective July 1, 2018*):

4908 For the fiscal year ending June 30, 2014, and for each fiscal year
4909 thereafter, the Comptroller shall fund the fringe benefit cost
4910 differential between the average rate for fringe benefits for employees
4911 of private hospitals in the state and the fringe benefit rate for
4912 employees of The University of Connecticut Health Center from the
4913 resources appropriated for State Comptroller-Fringe Benefits in an
4914 amount not to exceed \$13,500,000. For purposes of this section, the
4915 "fringe benefit cost differential" means the difference between the state
4916 fringe benefit rate calculated on The University of Connecticut Health
4917 Center payroll and the average member fringe benefit rate of all
4918 Connecticut acute care hospitals as contained in the annual reports
4919 submitted to the [Office of Health Care Access] Health Systems
4920 Planning Unit of the Office of Health Strategy pursuant to section 19a-
4921 644.

4922 Sec. 122. Subsection (b) of section 4-101a of the general statutes is
4923 repealed and the following is substituted in lieu thereof (*Effective July*
4924 *1, 2018*):

4925 (b) Grants, technical assistance or consultation services, or any
4926 combination thereof, provided under this section may be made to
4927 assist a nongovernmental acute care general hospital to develop and
4928 implement a plan to achieve financial stability and assure the delivery
4929 of appropriate health care services in the service area of such hospital,
4930 or to assist a nongovernmental acute care general hospital in
4931 determining strategies, goals and plans to ensure its financial viability
4932 or stability. Any such hospital seeking such grants, technical assistance
4933 or consultation services shall prepare and submit to the Office of Policy
4934 and Management and the [Office of Health Care Access division of the
4935 Department of Public Health] Health Systems Planning Unit of the
4936 Office of Health Strategy a plan that includes at least the following: (1)
4937 A statement of the hospital's current projections of its finances for the
4938 current and the next three fiscal years; (2) identification of the major
4939 financial issues which effect the financial stability of the hospital; (3)
4940 the steps proposed to study or improve the financial status of the
4941 hospital and eliminate ongoing operating losses; (4) plans to study or
4942 change the mix of services provided by the hospital, which may
4943 include transition to an alternative licensure category; and (5) other
4944 related elements as determined by the Office of Policy and
4945 Management. Such plan shall clearly identify the amount, value or
4946 type of the grant, technical assistance or consultation services, or
4947 combination thereof, requested. Any grants, technical assistance or
4948 consultation services, or any combination thereof, provided under this
4949 section shall be determined by the Secretary of the Office of Policy and
4950 Management not to jeopardize the federal matching payments under
4951 the medical assistance program and the emergency assistance to
4952 families program as determined by the [Office of Health Care Access
4953 division of the Department of Public Health] Health Systems Planning
4954 Unit of the Office of Health Strategy or the Department of Social
4955 Services in consultation with the Office of Policy and Management.

4956 Sec. 123. Subsection (c) of section 17b-337 of the 2018 supplement to
4957 the general statutes is repealed and the following is substituted in lieu

4958 thereof (*Effective July 1, 2018*):

4959 (c) The Long-Term Care Planning Committee shall consist of: (1)
4960 The chairpersons and ranking members of the joint standing
4961 committees of the General Assembly having cognizance of matters
4962 relating to human services, public health, elderly services and long-
4963 term care; (2) the Commissioner of Social Services, or the
4964 commissioner's designee; (3) one member of the Office of Policy and
4965 Management appointed by the Secretary of the Office of Policy and
4966 Management; (4) ~~[two members]~~ one member from the Department of
4967 Public Health appointed by the Commissioner of Public Health; ~~[, one~~
4968 ~~of whom is from the Office of Health Care Access division of the~~
4969 ~~department;]~~ (5) one member from the Department of Housing
4970 appointed by the Commissioner of Housing; (6) one member from the
4971 Department of Developmental Services appointed by the
4972 Commissioner of Developmental Services; (7) one member from the
4973 Department of Mental Health and Addiction Services appointed by the
4974 Commissioner of Mental Health and Addiction Services; (8) one
4975 member from the Department of Transportation appointed by the
4976 Commissioner of Transportation; ~~[and]~~ (9) one member from the
4977 Department of Children and Families appointed by the Commissioner
4978 of Children and Families; and (10) one member from the Health
4979 Systems Planning Unit of the Office of Health Strategy appointed by
4980 the executive director of the Office of Health Strategy. The committee
4981 shall convene no later than ninety days after June 4, 1998. Any vacancy
4982 shall be filled by the appointing authority. The chairperson shall be
4983 elected from among the members of the committee. The committee
4984 shall seek the advice and participation of any person, organization or
4985 state or federal agency it deems necessary to carry out the provisions
4986 of this section.

4987 Sec. 124. Subsection (g) of section 17b-352 of the 2018 supplement to
4988 the general statutes is repealed and the following is substituted in lieu
4989 thereof (*Effective July 1, 2018*):

4990 (g) The Commissioner of Social Services shall adopt regulations, in
4991 accordance with chapter 54, to implement the provisions of this
4992 section. [The commissioner shall implement the standards and
4993 procedures of the Office of Health Care Access division of the
4994 Department of Public Health concerning certificates of need
4995 established pursuant to section 19a-643, as appropriate for the
4996 purposes of this section, until the time final regulations are adopted in
4997 accordance with said chapter 54.]

4998 Sec. 125. Subsection (e) of section 17b-353 of the 2018 supplement to
4999 the general statutes is repealed and the following is substituted in lieu
5000 thereof (*Effective July 1, 2018*):

5001 (e) The Commissioner of Social Services shall adopt regulations, in
5002 accordance with chapter 54, to implement the provisions of this
5003 section. [The commissioner shall implement the standards and
5004 procedures of the Office of Health Care Access division of the
5005 Department of Public Health concerning certificates of need
5006 established pursuant to section 19a-643, as appropriate for the
5007 purposes of this section, until the time final regulations are adopted in
5008 accordance with said chapter 54.]

5009 Sec. 126. Subsection (f) of section 17b-354 of the 2018 supplement to
5010 the general statutes is repealed and the following is substituted in lieu
5011 thereof (*Effective July 1, 2018*):

5012 (f) The Commissioner of Social Services may adopt regulations, in
5013 accordance with chapter 54, to implement the provisions of this
5014 section. [The commissioner shall implement the standards and
5015 procedures of the Office of Health Care Access division of the
5016 Department of Public Health concerning certificates of need
5017 established pursuant to section 19a-643, as appropriate for the
5018 purposes of this section, until the time final regulations are adopted in
5019 accordance with said chapter 54.]

5020 Sec. 127. Section 17b-356 of the general statutes is repealed and the

5021 following is substituted in lieu thereof (*Effective July 1, 2018*):

5022 Any health care facility or institution, as defined in subsection (a) of
5023 section 19a-490, except a nursing home, rest home, residential care
5024 home or residential facility for persons with intellectual disability
5025 licensed pursuant to section 17a-227 and certified to participate in the
5026 Title XIX Medicaid program as an intermediate care facility for
5027 individuals with intellectual disabilities, proposing to expand its
5028 services by adding nursing home beds shall obtain the approval of the
5029 Commissioner of Social Services in accordance with the procedures
5030 established pursuant to sections 17b-352, 17b-353 and 17b-354 for a
5031 facility, as defined in section 17b-352, prior to obtaining the approval
5032 of the [Office of Health Care Access division of the Department of
5033 Public Health] Health Systems Planning Unit of the Office of Health
5034 Strategy pursuant to section 19a-639, as amended by this act.

5035 Sec. 128. Subsection (b) of section 19a-7 of the general statutes is
5036 repealed and the following is substituted in lieu thereof (*Effective July*
5037 *1, 2018*):

5038 (b) For the purposes of establishing a state health plan as required
5039 by subsection (a) of this section and consistent with state and federal
5040 law on patient records, the department is entitled to access hospital
5041 discharge data, emergency room and ambulatory surgery encounter
5042 data, data on home health care agency client encounters and services,
5043 data from community health centers on client encounters and services
5044 and all data collected or compiled by the [Office of Health Care Access
5045 division of the Department of Public Health] Health Systems Planning
5046 unit of the Office of Health Strategy pursuant to section 19a-613, as
5047 amended by this act.

5048 Sec. 129. Subsection (a) of section 19a-507 of the general statutes is
5049 repealed and the following is substituted in lieu thereof (*Effective July*
5050 *1, 2018*):

5051 (a) Notwithstanding the provisions of chapter 368z, New Horizons,

5052 Inc., a nonprofit, nonsectarian organization, or a subsidiary
5053 organization controlled by New Horizons, Inc., is authorized to
5054 construct and operate an independent living facility for severely
5055 physically disabled adults, in the town of Farmington, provided such
5056 facility shall be constructed in accordance with applicable building
5057 codes. The Farmington Housing Authority, or any issuer acting on
5058 behalf of said authority, subject to the provisions of this section, may
5059 issue tax-exempt revenue bonds on a competitive or negotiated basis
5060 for the purpose of providing construction and permanent mortgage
5061 financing for the facility in accordance with Section 103 of the Internal
5062 Revenue Code. Prior to the issuance of such bonds, plans for the
5063 construction of the facility shall be submitted to and approved by the
5064 [Office of Health Care Access] Health Systems Planning Unit of the
5065 Office of Health Strategy. The [office] unit shall approve or disapprove
5066 such plans within thirty days of receipt thereof. If the plans are
5067 disapproved they may be resubmitted. Failure of the [office] unit to act
5068 on the plans within such thirty-day period shall be deemed approval
5069 thereof. The payments to residents of the facility who are eligible for
5070 assistance under the state supplement program for room and board
5071 and necessary services, shall be determined annually to be effective
5072 July first of each year. Such payments shall be determined on a basis of
5073 a reasonable payment for necessary services, which basis shall take
5074 into account as a factor the costs of providing those services and such
5075 other factors as the commissioner deems reasonable, including
5076 anticipated fluctuations in the cost of providing services. Such
5077 payments shall be calculated in accordance with the manner in which
5078 rates are calculated pursuant to subsection (h) of section 17b-340 and
5079 the cost-related reimbursement system pursuant to said section except
5080 that efficiency incentives shall not be granted. The commissioner may
5081 adjust such rates to account for the availability of personal care
5082 services for residents under the Medicaid program. The commissioner
5083 shall, upon submission of a request, allow actual debt service,
5084 comprised of principal and interest, in excess of property costs allowed
5085 pursuant to section 17-313b-5 of the regulations of Connecticut state

5086 agencies, provided such debt service terms and amounts are
5087 reasonable in relation to the useful life and the base value of the
5088 property. The cost basis for such payment shall be subject to audit, and
5089 a recomputation of the rate shall be made based upon such audit. The
5090 facility shall report on a fiscal year ending on the thirtieth day of
5091 September on forms provided by the commissioner. The required
5092 report shall be received by the commissioner no later than December
5093 thirty-first of each year. The Department of Social Services may use its
5094 existing utilization review procedures to monitor utilization of the
5095 facility. If the facility is aggrieved by any decision of the commissioner,
5096 the facility may, within ten days, after written notice thereof from the
5097 commissioner, obtain by written request to the commissioner, a
5098 hearing on all items of aggrievement. If the facility is aggrieved by the
5099 decision of the commissioner after such hearing, the facility may
5100 appeal to the Superior Court in accordance with the provisions of
5101 section 4-183.

5102 Sec. 130. Subsection (c) of section 12-263q of the 2018 supplement to
5103 the general statutes is repealed and the following is substituted in lieu
5104 thereof (*Effective July 1, 2018*):

5105 (c) Prior to January 1, 2018, and every three years thereafter, the
5106 Commissioner of Social Services shall seek approval from the Centers
5107 for Medicare and Medicaid Services to exempt financially distressed
5108 hospitals from the net revenue tax imposed on outpatient hospital
5109 services. Any such hospital for which the Centers for Medicare and
5110 Medicaid Services grants an exemption shall be exempt from the net
5111 revenue tax imposed on outpatient hospital services under subsection
5112 (a) of this section. Any hospital for which the Centers for Medicare and
5113 Medicaid Services denies an exemption shall be required to pay the net
5114 revenue tax imposed on outpatient hospital services under subsection
5115 (a) of this section. For purposes of this subsection, "financially
5116 distressed hospital" means a hospital that has experienced over a five-
5117 year period an average net loss of more than five per cent of aggregate
5118 revenue. A hospital has an average net loss of more than five per cent

5119 of aggregate revenue if such a loss is reflected in the five most recent
5120 years of financial reporting that have been made available by the
5121 [Office of Health Care Access] Health Systems Planning Unit of the
5122 Office of Health Strategy for such hospital in accordance with section
5123 19a-670 as of the effective date of the request for approval which
5124 effective date shall be July first of the year in which the request is
5125 made.

5126 Sec. 131. Subsection (b) of section 13 of public act 17-4 of the June
5127 special session is repealed and the following is substituted in lieu
5128 thereof (*Effective July 1, 2018*):

5129 (b) The commissioner may impose such conditions as the
5130 commissioner determines to be necessary in making any advance in
5131 accordance with this section, including, but not limited to, financial
5132 reporting, schedule of recoupment of advance payments and
5133 adjustments to any future payments to such hospital. For purposes of
5134 this section, "distressed hospital" means a short-term general acute care
5135 hospital licensed by the Department of Public Health that (1) the
5136 Commissioner of Social Services determines is financially distressed in
5137 accordance with financial criteria selected or developed by the
5138 commissioner, and (2) is independent and is not affiliated with any
5139 other hospital or hospital-based system that includes two or more
5140 hospitals, as documented through the certificate of need process
5141 administered by the [Department of Public Health, Office of Health
5142 Care Access] Health Systems Planning Unit of the Office of Health
5143 Strategy.

5144 Sec. 132. Subsection (b) of section 10a-109gg of the general statutes is
5145 repealed and the following is substituted in lieu thereof (*Effective July*
5146 *1, 2018*):

5147 (b) The proceeds of the sale of the bond issuance described in
5148 subsection (a) of this section shall be used by the Office of Policy and
5149 Management, in consultation with the chairperson of the Board of

5150 Trustees of the university, for the purpose of the UConn health
5151 network initiatives in the following manner: (1) Five million dollars of
5152 such proceeds shall be used by Hartford Hospital to develop a
5153 simulation and conference center on the Hartford Hospital campus to
5154 be run exclusively by Hartford Hospital, (2) five million dollars of such
5155 proceeds shall be used to fulfill the initiative for a primary care
5156 institute on the Saint Francis Hospital and Medical Center campus, (3)
5157 five million dollars of such proceeds shall be used to fulfill the
5158 initiatives for a comprehensive cancer center and The University of
5159 Connecticut-sponsored health disparities institute; (4) five million
5160 dollars of such proceeds shall be used to fulfill the initiatives for the
5161 planning, design, land acquisition, development and construction of
5162 (A) a cancer treatment center to be constructed by, or in partnership
5163 with, The Hospital of Central Connecticut, provided such cancer
5164 treatment center is located entirely within the legal boundaries of the
5165 city of New Britain, (B) renovations and upgrades to the oncology unit
5166 at The Hospital of Central Connecticut, and (C) if certificate of need
5167 approval is received, [pursuant to the provisions of subsection (b) of
5168 section 10a-109ii,] a Permanent Regional Phase One Clinical Trials Unit
5169 located at The Hospital of Central Connecticut in New Britain; and (5)
5170 two million dollars of such proceeds shall be used to fulfill the
5171 initiatives for patient room renovations at Bristol Hospital. In the event
5172 that the cancer treatment center authorized pursuant to subdivision (4)
5173 of this subsection is built in whole or in part outside the legal
5174 boundaries of the city of New Britain, The Hospital of Central
5175 Connecticut shall repay the entire amount of the proceeds used to
5176 fulfill the initiatives for the planning, design, development and
5177 construction of such center.

5178 Sec. 133. Subsection (d) of section 1-84 of the 2018 supplement to the
5179 general statutes is repealed and the following is substituted in lieu
5180 thereof (*Effective July 1, 2018*):

5181 (d) No public official or state employee or employee of such public
5182 official or state employee shall agree to accept, or be a member or

5183 employee of a partnership, association, professional corporation or
5184 sole proprietorship which partnership, association, professional
5185 corporation or sole proprietorship agrees to accept any employment,
5186 fee or other thing of value, or portion thereof, for appearing, agreeing
5187 to appear, or taking any other action on behalf of another person
5188 before the Department of Banking, the Office of the Claims
5189 Commissioner, the [Office of Health Care Access division within the
5190 Department of Public Health] Health Systems Planning Unit of the
5191 Office of Health Strategy, the Insurance Department, the Department
5192 of Consumer Protection, the Department of Motor Vehicles, the State
5193 Insurance and Risk Management Board, the Department of Energy and
5194 Environmental Protection, the Public Utilities Regulatory Authority,
5195 the Connecticut Siting Council or the Connecticut Real Estate
5196 Commission; provided this shall not prohibit any such person from
5197 making inquiry for information on behalf of another before any of said
5198 commissions or commissioners if no fee or reward is given or
5199 promised in consequence thereof. For the purpose of this subsection,
5200 partnerships, associations, professional corporations or sole
5201 proprietorships refer only to such partnerships, associations,
5202 professional corporations or sole proprietorships which have been
5203 formed to carry on the business or profession directly relating to the
5204 employment, appearing, agreeing to appear or taking of action
5205 provided for in this subsection. Nothing in this subsection shall
5206 prohibit any employment, appearing, agreeing to appear or taking
5207 action before any municipal board, commission or council. Nothing in
5208 this subsection shall be construed as applying (1) to the actions of any
5209 teaching or research professional employee of a public institution of
5210 higher education if such actions are not in violation of any other
5211 provision of this chapter, (2) to the actions of any other professional
5212 employee of a public institution of higher education if such actions are
5213 not compensated and are not in violation of any other provision of this
5214 chapter, (3) to any member of a board or commission who receives no
5215 compensation other than per diem payments or reimbursement for
5216 actual or necessary expenses, or both, incurred in the performance of

5217 the member's duties, or (4) to any member or director of a quasi-public
 5218 agency. Notwithstanding the provisions of this subsection to the
 5219 contrary, a legislator, an officer of the General Assembly or part-time
 5220 legislative employee may be or become a member or employee of a
 5221 firm, partnership, association or professional corporation which
 5222 represents clients for compensation before agencies listed in this
 5223 subsection, provided the legislator, officer of the General Assembly or
 5224 part-time legislative employee shall take no part in any matter
 5225 involving the agency listed in this subsection and shall not receive
 5226 compensation from any such matter. Receipt of a previously
 5227 established salary, not based on the current or anticipated business of
 5228 the firm, partnership, association or professional corporation involving
 5229 the agencies listed in this subsection, shall be permitted.

5230 Sec. 134. Section 249 of public act 17-2 of the June special session is
 5231 repealed. (*Effective from passage*)

5232 Sec. 135. Sections 17a-451b, 17a-560a, 17a-576 and 20-185n of the
 5233 general statutes are repealed. (*Effective from passage*)

5234 Sec. 136. Sections 10a-109ii, 17b-234, 17b-235, 19a-617b, 19a-637, 19a-
 5235 755 and 38a-558 of the general statutes are repealed. (*Effective July 1,*
 5236 *2018*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2018</i>	4-28f
Sec. 2	<i>October 1, 2018</i>	19a-55(a)
Sec. 3	<i>July 1, 2018</i>	New section
Sec. 4	<i>from passage</i>	19a-490(a)
Sec. 5	<i>from passage</i>	1-210(b)(18)
Sec. 6	<i>from passage</i>	1-210(c)
Sec. 7	<i>from passage</i>	5-145a
Sec. 8	<i>from passage</i>	5-173
Sec. 9	<i>from passage</i>	5-192f(d)
Sec. 10	<i>from passage</i>	17a-450(b)

Sec. 11	<i>from passage</i>	17a-450(c)(3)
Sec. 12	<i>from passage</i>	17a-450a(a)
Sec. 13	<i>from passage</i>	17a-458(c)
Sec. 14	<i>from passage</i>	17a-470
Sec. 15	<i>from passage</i>	17a-471a
Sec. 16	<i>from passage</i>	17a-472
Sec. 17	<i>from passage</i>	17a-495(b)
Sec. 18	<i>from passage</i>	17a-496
Sec. 19	<i>from passage</i>	17a-497(b)
Sec. 20	<i>from passage</i>	17a-498(g)
Sec. 21	<i>from passage</i>	17a-499
Sec. 22	<i>from passage</i>	17a-500(a)
Sec. 23	<i>from passage</i>	17a-501
Sec. 24	<i>from passage</i>	17a-504
Sec. 25	<i>from passage</i>	17a-505
Sec. 26	<i>from passage</i>	17a-517
Sec. 27	<i>from passage</i>	17a-519
Sec. 28	<i>from passage</i>	17a-521
Sec. 29	<i>from passage</i>	17a-525
Sec. 30	<i>from passage</i>	17a-528(a)
Sec. 31	<i>from passage</i>	17a-548(a)
Sec. 32	<i>from passage</i>	17a-560
Sec. 33	<i>from passage</i>	17a-561
Sec. 34	<i>from passage</i>	17a-562
Sec. 35	<i>from passage</i>	17a-564
Sec. 36	<i>from passage</i>	17a-565
Sec. 37	<i>from passage</i>	17a-566
Sec. 38	<i>from passage</i>	17a-567
Sec. 39	<i>from passage</i>	17a-568
Sec. 40	<i>from passage</i>	17a-569
Sec. 41	<i>from passage</i>	17a-570
Sec. 42	<i>from passage</i>	17a-572
Sec. 43	<i>from passage</i>	17a-573
Sec. 44	<i>from passage</i>	17a-574
Sec. 45	<i>from passage</i>	17a-575
Sec. 46	<i>from passage</i>	45a-656(d)
Sec. 47	<i>July 1, 2018</i>	45a-656(d)
Sec. 48	<i>from passage</i>	45a-677(e)
Sec. 49	<i>from passage</i>	18-101f

Sec. 50	<i>from passage</i>	46a-152(a)
Sec. 51	<i>from passage</i>	12-19a(a)
Sec. 52	<i>from passage</i>	12-18b(b)(1)(D)
Sec. 53	<i>October 1, 2018</i>	New section
Sec. 54	<i>October 1, 2018</i>	New section
Sec. 55	<i>July 1, 2018</i>	19a-754a
Sec. 56	<i>July 1, 2018</i>	4-5
Sec. 57	<i>July 1, 2019</i>	4-5
Sec. 58	<i>July 1, 2018</i>	19a-755a
Sec. 59	<i>July 1, 2018</i>	19a-755b
Sec. 60	<i>July 1, 2018</i>	38a-477e(a)
Sec. 61	<i>July 1, 2018</i>	17b-59a
Sec. 62	<i>July 1, 2018</i>	17b-59c
Sec. 63	<i>July 1, 2018</i>	17b-59d(d)(1)
Sec. 64	<i>July 1, 2018</i>	17b-59d(f)
Sec. 65	<i>July 1, 2018</i>	17b-59f
Sec. 66	<i>July 1, 2018</i>	17b-59g
Sec. 67	<i>July 1, 2018</i>	2-124a(b)
Sec. 68	<i>July 1, 2018</i>	19a-612
Sec. 69	<i>July 1, 2018</i>	19a-612d
Sec. 70	<i>July 1, 2018</i>	19a-613
Sec. 71	<i>July 1, 2018</i>	19a-614
Sec. 72	<i>July 1, 2018</i>	19a-630
Sec. 73	<i>July 1, 2018</i>	19a-631(b)
Sec. 74	<i>July 1, 2018</i>	19a-632
Sec. 75	<i>July 1, 2018</i>	19a-632a(b)
Sec. 76	<i>July 1, 2018</i>	19a-632a(f)
Sec. 77	<i>July 1, 2018</i>	19a-633
Sec. 78	<i>July 1, 2018</i>	19a-634
Sec. 79	<i>July 1, 2018</i>	19a-638
Sec. 80	<i>July 1, 2018</i>	19a-639
Sec. 81	<i>July 1, 2018</i>	19a-639a
Sec. 82	<i>July 1, 2018</i>	19a-639b
Sec. 83	<i>July 1, 2018</i>	19a-639c
Sec. 84	<i>July 1, 2018</i>	19a-639e
Sec. 85	<i>July 1, 2018</i>	19a-639f
Sec. 86	<i>July 1, 2018</i>	19a-641
Sec. 87	<i>July 1, 2018</i>	19a-642
Sec. 88	<i>July 1, 2018</i>	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	<i>July 1, 2018</i>	19a-7(b)
Sec. 129	<i>July 1, 2018</i>	19a-507(a)
Sec. 130	<i>July 1, 2018</i>	12-263q(c)
Sec. 131	<i>July 1, 2018</i>	PA 17-4 of the June Sp. Sess., Sec. 13(b)
Sec. 132	<i>July 1, 2018</i>	10a-109gg(b)
Sec. 133	<i>July 1, 2018</i>	1-84(d)
Sec. 134	<i>from passage</i>	Repealer section
Sec. 135	<i>from passage</i>	Repealer section
Sec. 136	<i>July 1, 2018</i>	Repealer section

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]