REVIEW OF KEY LEGISLATION RELATING TO PROVIDERS OF SERVICES TO THE ELDERLY

2013 REGULAR SESSION OF THE CONNECTICUT GENERAL ASSEMBLY

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TABLE OF ACRONYMS

ABHPM	American Board of Hospice and Palliative Medicine
ADA	Americans with Disabilities Act
AG	Attorney General
ASO	Administrative Services Organization
C-PACE	Commercial Property Assessed Clean Energy
CEP	Citizen's Election Program
CHIE	Connecticut Health Insurance Exchange
CHOICES	Connecticut's Program for Health Insurance Assistance, Outreach, Information and Referral, Counseling, Eligibility Screening
CME	Continuing Medical Education
COA	Commission on Aging
CON	Certificate of Need
ConnMAP	Connecticut Medicare Assistance Program
ConnPACE	Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled
CSSD	Court Support Services Division
DCF	Department of Children and Families
DCP	Department of Consumer Protection
DDS	Department of Developmental Services
DECD	Department of Economic and Community Development
DED	Department of Economic Development
DEEP	Department of Energy and Environmental Protection
DESPP	Department of Emergency Services and Public Protection
DMHAS	Department of Mental Health and Addiction Services

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DOA	Department on Aging
DOB	Department of Banking
DOC	Department of Correction
DOH	Department of Housing
DOL	Department of Labor
DORS	Department of Rehabilitation Services
DPH	Department of Public Health
DSS	Department of Social Services
ECMB	Energy Conservation Management Board
FPL	Federal Poverty Level
FY	Fiscal Year
HITE-CT	Health Information Technology Exchange of Connecticut
HMO	Health Maintenance Organization
IDA	Individual Development Account
MAP	Medical Assistance Program
MSP	Medicare Savings Program
NLRB	National Labor Relations Board
OAA	Older Americans Act
OHCA	Office of Health Care Access
OHRI	Office of Health Reform and Innovation
OPM	Office of Policy and Management
PICC	Peripherally-Inserted Central Catheter
PPACA	Patient Protection and Affordable Care Act

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RCH	Residential Care Home
SEEC	State Elections Enforcement Commission
SNAP	Supplemental Nutrition Assistance Program
TAAEA	Trade Adjustment Assistance Extension Act of 2011

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I. SPENDING BILLS AND IMPLEMENTERS

1. PUBLIC ACT 13-184. AN ACT CONCERNING EXPENDITURES AND REVENUE FOR THE BIENNIUM ENDING JUNE 30, 2015.
Effective June 18, 2013, except as otherwise noted

§ 13—Development of Information Technology Systems

This section specifies that, for FY 13, FY 14 and FY 15, DSS may establish receivables for anticipated federal reimbursement for the development of health insurance and health information exchanges, the Medicaid data analytics system, the integrated eligibility management system, and other related information technology systems.

§§ 20, 71 & 109—Transfer of Funds from the Tobacco and Health Trust Fund
Effective July 1, 2013, except as otherwise noted

These sections authorize the transfer of funds from the Tobacco and Health Trust Fund for various public health purposes related to asthma, Medicaid smoking cessation, and autism, and authorize the transfer of $3.5 million from the Tobacco and Health Trust Fund to the General Fund for FY 14.

§ 55—Establishment of Receivables for Reimbursement Resulting from Medicaid Expansion
Effective July 1, 2013

This section permits DSS and DMHAS to establish receivables for the anticipated reimbursement for expenditures resulting from Medicaid expansion beginning no earlier than January 1, 2014, and for reimbursement of expenditures from the Medicaid account in DSS and the General Assistance Managed Care account in DMHAS.

§ 64—Transfer of Medicaid Appropriations

This section requires the Comptroller to transfer any Medicaid appropriations in DSS that would otherwise lapse into DSS Medicaid appropriations that would end in a deficit position at the end of FY 13. Adjustments cannot exceed the total annual appropriations for the Medicaid accounts for FY 13.

§ 65—Rehousing and Homelessness Prevention in Southeastern Connecticut
Effective July 1, 2013

This section directs DOH to allocate $250,000, for each of the fiscal years ending June 30, 2014 and June 30, 2015, to the Norwich/New London Continuum of Care to facilitate rehousing and homelessness prevention in southeastern Connecticut.

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§§ 67–69—Discontinuation of DSS Low Income Adult Medicaid Program
Effective January 1, 2014

Section 67 directs DSS to discontinue the Medicaid program for low income adults.

Section 68 establishes a Medicaid Coverage for the Lowest Income Populations program within DSS. No state appropriations will be made to the program during the period of January 1, 2014, through December 31, 2016 because it will be funded by the federal government in accordance with health care reform.

Section 69 requires that budget reductions made in FY 14 that are related to the discontinuance of the Medicaid Program for Low Income Adults must be reflected in FY 13 in the same manner as reductions for the payment of Medicare Part B were reflected in FY 01.

2. PUBLIC ACT 13-234. AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HOUSING, HUMAN SERVICES AND PUBLIC HEALTH.
Effective June 19, 2013, except as otherwise noted

§ 4—DOH is a Public Housing Agency
Effective July 1, 2013

This section specifies that DOH, the successor to DECD for housing, community development and urban renewal, shall act as a public housing agency for the purpose of administering the Section 8 existing certificate program and the housing voucher program.

§ 26—Program for Congregate Housing
Effective July 1, 2013

This section replaces DECD with DOH as the agency responsible for creating and monitoring a program for congregate housing. DOH must consult with the Commissioner on Aging instead of DSS for the provision of services for the physically disabled.

§ 27—Norwich Congregate Housing Facility Assisted Living Services for the Frail Elderly
Effective July 1, 2013

This section requires DOH to maintain the pilot program that provides assisted living services to elderly persons who have difficulties with one or more essential activities of daily living in the congregate housing facility in Norwich.

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§ 38—Rental Rebate Program
Effective July 1, 2013, and applicable to applications received on and after April 1, 2013

This section specifies that DOH, rather than OPM, will be responsible for administering the rental rebate program for the elderly and people with permanent disabilities. When determining eligibility for benefits under the rental rebate program, the Social Security income of the spouse of the applying renter must not be included if the spouse is a resident of a Connecticut health care or nursing home facility that receives Medicaid payment related to the spouse.

This section also suspends rental rebate program applications. An individual who did not receive a grant during the 2011 calendar year is not eligible to apply for a grant under the program. An individual who did receive a grant for the 2011 calendar year remains eligible to apply for grants under the program but will become ineligible if he or she does not receive a grant in any subsequent calendar year.

§ 45—Access to DSS Information
Effective July 1, 2013

This section amends a statute specifying that, with some exceptions, DSS may not disclose information about individuals who receive assistance or participate in department programs. The section adds the exception that DSS is required to disclose to DOH whether an applicant for the renters rebate program receives cash assistance from DSS, and the amount that the applicant receives.

§ 46—Subsidized Assisted Living Services
Effective July 1, 2013

This section specifies that DOH, rather than DECD, will be responsible for working with DSS to maintain a demonstration project to provide subsidized assisted living services. This section expands eligibility for subsidized assisted living services to include individuals who are sixty-five years of age or older, and who are eligible for the Medicaid-financed home and community-based program to provide services and housing assistance to adults with severe and persistent psychiatric disabilities. Under existing law, individuals who are eligible for the Connecticut homecare program for the elderly are also eligible for subsidized assisted living services.

§ 73—Residential Care Home Rates
Effective July 1, 2013

This section was repealed and replaced by Public Act 13-247 § 89.

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§ 74—Nursing Home Rates
Effective July 1, 2013

This section was repealed and replaced by Public Act 13-247 § 90.

§ 75—Intermediate Care Facilities for People with Intellectual Disabilities
Effective July 1, 2013

This section specifies that, for FY 14 and FY 15, rates for intermediate care facilities should not exceed rates in effect on June 30, 2013. Higher rates are allowed for any facility that made capital improvements to benefit the health and safety of its residents if DDS, in consultation with DSS, approved the work, and if such rate increases are within available appropriations. Any facility that would have been issued a lower rate for FY 14 or FY 15 due to interim rate status or agreement with DSS should be issued that lower rate.

This section also extends DSS' ability for FY 14 and FY 15 to pay a fair rent increase to any facility that has undergone a material change in circumstances related to fair rent and has an approved CON.

This section also adds that, subject to available appropriations, DSS may decrease rates to reflect a reduction in available appropriations. For FY 14 and FY 15, DSS is prohibited from considering rebasing when determining the rates.

§ 76—Hospital Rates and Cost Sharing for Non-Emergency Use of the Emergency Room
Effective July 1, 2013

This section was repealed and replaced by Public Act 13-247 § 91, which concerns Medicaid rates for chronic disease hospitals.

§ 78—Home Health Care Services Fee Schedule
Effective July 1, 2013

This section amends the statutory provision allowing DSS to modify fee schedules for home health care services on an annual basis if the modification is needed to ensure that conversion to an ASO ensures patient access and is cost neutral to home health care agencies and homemaker-home health aide agencies in the aggregate. The amendment eliminates the expiration date of June 30, 2013 for the provision that allows utilization to be a factor in determining cost neutrality.

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§ 79—Hospital Medical Service Provider Payment Rates
Effective July 1, 2013

This section amends the statutory provision allowing DSS to set payment rates for medical service providers if required to ensure that any contract between DSS and an ASO ensures patient access and is cost neutral to the providers in the aggregate. It eliminates the expiration date for the provision that allows utilization to be a factor in determining cost neutrality.

§ 80—Hospice Care Reimbursement Rates
Effective July 1, 2013

This section makes permanent a provision that reduced Medicaid reimbursement rates payable to hospices for hospice patients residing in long-term care facilities from 100% to 95% of the facility's per diem rate. It also repeals provisions making foreign language interpreter services for Medicaid beneficiaries with limited English proficiency a covered service under the Medicaid program as of July 1, 2013.

§ 82—MSP Eligibility
Effective January 1, 2014

This section changes the income disregards that DSS uses to determine eligibility for the federal Qualified Medicare Beneficiary, the Specified Low-Income Medicare Beneficiary, and the Qualifying Individual programs because ConnPACE is being eliminated.

§ 83—ConnMAP Eligibility
Effective January 1, 2014

This section amends the formula to calculate ConnMAP eligibility that relied on the ConnPACE qualifying income level because ConnPACE is being eliminated. As of January 1, 2014, a resident enrolled in Medicare Part B with an annual income of up to $43,560 for a single person and $58,740 for a married person will be eligible. DSS is required, on an annual basis, to increase income limits to the nearest hundred dollars to reflect the annual inflation adjustment in Social Security income.

§§ 83–84, 88–90, 94–101 & 155—Elimination of ConnPACE Program
Effective January 1, 2014

These sections eliminate and remove all statutory references to the ConnPACE program. The program currently provides pharmacy assistance to the elderly and individuals with disabilities who do not qualify for Medicare.

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§ 85—Customized Wheelchairs for Medicaid Recipients

This section eliminates the current statutory provision that a vendor or nursing facility may assess the need for a customized wheel chair only if requested by DSS. Customized wheelchairs will only be covered by Medicaid when a standard wheelchair does not meet the individual's needs.

This section also allows DSS to designate categories of durable medical equipment, in addition to customized wheelchairs, for which reused equipment and parts may be used whenever possible.

§§ 86–87, 90–93 & 118–119—Elimination of Charter Oak Health Plan
Effective January 1, 2014

These sections eliminate and remove all statutory references to the Charter Oak Health Plan. The purpose of the Charter Oak Health Plan was to provide insurance for Connecticut residents who were uninsured for at least six months, including residents with pre-existing medical conditions.

§ 102—Legislative Oversight of Proposed Changes Relative to the Affordable Care Act

This section requires DSS to submit an eligibility and service plan for the Medicaid Coverage for the Lowest Income Populations program. The plan must be submitted to the Human Services and Appropriations committees before submitting the plan to the federal government. The committees have fifteen days after receipt of the plan to either hold a public hearing, or notify the commissioner that there will not be a hearing and to approve or deny the plan. If the committees do not take action or do not agree with each other within fifteen days, the plan is considered approved.

§ 104—ASO Service Authorization
Effective July 1, 2013

This section changes how an ASO must authorize services. Currently, an ASO must authorize services based on guidelines established by the clinical management committee. This section requires that an ASO authorize services based only on medical necessity. The clinical management committee guidelines may still be used to guide the authorization decisions.

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§ 105—Behavioral Health Partnership
Effective July 1, 2013 for the provision requiring implementation of the Behavioral Health Partnership for all Medicaid recipients and January 1, 2014 for the provision eliminating the Behavioral Health Partnership assistance for Charter Oak Health Plan members

The Behavioral Health Partnership (BHP) seeks to increase access to quality behavioral health services, and is an integrated system operated by DCF, DMHAS, and DSS. This section expands the integrated behavioral health service system to serve all Medicaid recipients. Charter Oak Health Plan members will lose access to BHP assistance when the Charter Oak Health Plan is eliminated on January 1, 2014.

§ 107—Ombudsman Home Care Pilot Program
Effective July 1, 2013

This section expands the duties of the state long-term care ombudsman to include the implementation and administration on or after July 1, 2014, of a pilot program serving home and community-based care recipients in Hartford County.

§ 108—Department of Rehabilitation Services Assistive Technology Revolving Fund
Effective July 1, 2013

This section is summarized in § 46 of this Summary, Public Act 13-7 (An Act Concerning Technical and Other Revisions to Statutes Concerning the Department of Rehabilitation Services).

§ 110—Pilot Medicaid Drug Therapy Program
Effective July 1, 2013

This section requires that DSS coordinate with the Connecticut Pharmacists Association and a community health center in New Haven, for the purpose of creating a pilot program to provide Medicaid therapy management services including, (1) a review of the medical and prescription history of Medicaid recipients and (2) the development of medication plans to reduce adverse medication interactions. The program should be administered by the community health center, and must be operated in cooperation with an ASO's medication therapy management activities.

§ 111—Stretcher Vans for Non-Emergency Transportation
Effective July 1, 2013

This section eliminates the provision that allows individuals who require nonemergency transportation but no medical services during transport to be transported by stretcher van.

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DSS will only allow payment for a mode of transportation that is medically necessary for individuals who receive assistance from a MAP.

§ 112—Nursing Home Notification Requirement

This section amends the statutory provision requiring that individuals be screened by DMHAS before being admitted to a nursing facility. It provides that DSS may require a nursing home to notify DSS within one business day when a person who is mentally ill and meets admission requirements is admitted.

§ 116—Disproportionate Share Hospital Payments
Effective July 1, 2013

This section allows DSS to make disproportionate share payments to short-term hospitals that serve a disproportionate share of low-income patients on a quarterly basis rather than a monthly basis.

§ 118—Nursing Home Advance Payments

This section eliminates the requirement that the DSS Commissioner consult with the OPM Secretary before making payments to a nursing home in advance of normal bill payment processing.

§ 126—Medicaid Step Therapy
Effective July 1, 2013

This section authorizes DSS to establish a step therapy program for prescription drugs in the Medicaid program. Step therapy is a program where prescription drugs on the Medicaid preferred drug list are used first to treat a Medicaid patient. Payments for drugs may be conditioned on a requirement that the drug prescribed be from the preferred drug list prior to any other drug being prescribed. The step program will not last longer than thirty days. The step therapy program shall (1) require that the patient try a drug from the preferred drug list and fail before another drug can be eligible for payment, (2) not apply to mental health related drugs, and (3) provide a treating practitioner with access to an expeditious override to the program.

Overrides must be granted whenever the prescribing practitioner shows that (1) the treatment was ineffective, (2) the drug regimen under the program is reasonably expected to be ineffective, (3) the preferred treatment could harm the patient, or (4) a different drug regimen is in the best interest of the patient. If the treatment under the program is deemed to be clinically ineffective, Medicaid will cover the cost of the new drug prescribed by the practitioner.

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§ 127—Life Insurance Policy and Medicaid Eligibility
Effective October 1, 2013

This section provides that, to the extent permissible under federal law, an institutionalized person shall not be ineligible for Medicaid because of a life insurance policy that has a cash value of less than $10,000 if (1) the person is pursuing the surrender of the policy and (2) upon surrender of the policy, the proceeds are used to pay for the institutionalized person's long-term care.

§§ 128–130—Nursing Home Debt Recovery
Effective October 1, 2013

These sections authorize civil actions in certain circumstances when (1) a nursing home is not paid for care provided to a Medicaid recipient during a Medicaid penalty period and (2) a Medicaid nursing home resident fails to pay applied income to a nursing home.

Transfer of Assets

Section 128 provides that any transfer or assignment assets that results in a penalty period (where Medicaid will not pay for care because of that transfer) creates a debt due and owing to a nursing home facility for the unpaid cost of care provided during the penalty period to a resident who has been subjected to a penalty period.

The nursing home facility may sue to recover the debt for such unpaid care costs against the asset transferor or transferee, so long as (1) the recovery does not exceed the fair market value of the asset at the time of transfer and (2) the asset transfer that triggered the penalty took place no earlier than two years before the date of the resident's Medicaid application. The court may award actual damages, court costs, and reasonable attorneys' fees to a nursing home facility if the court determines, based upon clear and convincing evidence, that the assets were transferred willfully, the assets were received with knowledge of the purpose of the transfer, or a material misrepresentation or omission was made concerning the assets. If the defendant successfully defends the suit, he or she will be awarded reasonable attorney's fees and court costs. Any court, including a probate court, may order that the assets be held in a constructive trust to ensure that the nursing home is paid.

This section does affect other rights or remedies of the parties and does not apply to transfers made by a conservator with the approval of a probate court.

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Applied Income

Section 129 addresses applied income, which is defined as the income of a Medicaid recipient that is required, after exhaustion of all appeals, to be paid to a nursing home facility for the cost and care of services. The definition notes that the amount of applied income may be adjusted because of the Medicaid recipient's community spouse minimum monthly needs allowance or because of other provisions in state or federal law.

This section requires a nursing home to provide notice, in writing, to each Medicaid recipient and any person authorized by law to be in control of the recipient's applied income, that indicates (1) the amount of applied income due, (2) the recipient's legal obligation to pay the applied income to the nursing home, and (3) that failing to pay the applied income to the nursing home within ninety days from receipt of the notice may result in a civil action.

The nursing home may, in addition to all other remedies authorized by statute and common law, bring a civil action to recover the applied income against a Medicaid recipient, or a person with legal access to the Medicaid recipient's applied income who also acted with intent to deprive the recipient of the income or appropriated the applied income. If the Medicaid recipient asserts that the applied income is needed to increase the minimum monthly needs allowance for his or her community spouse, the nursing home may not sue until the recipient, the spouse, or the legal representative of either has exhausted all appeals.

The court may award the amount of the applied income owed, reasonable attorneys' fees, and court costs to the nursing home if it determines based upon clear and convincing evidence that the defendant willfully failed to pay or withheld the applied income for longer than ninety days after receiving the written notice from the nursing home. If the defendant successfully defends the suit, he or she will be awarded court costs and reasonable attorneys' fees.

This section does not apply to transfers made by a conservator with the approval of a probate court.

The nursing home may not sue until thirty days after it gives written notice of the suit to any person who received the required ninety day applied income notice. If the person did not receive the applied income notice, the nursing home must wait to sue for ninety-one days after providing the resident notice of the suit and the applied income notice.

Section 130 requires a nursing home to send copies of any complaints, judgments or decrees to the AG and DSS.

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§ 139—Online Licensure Renewal and Increased Fees
Applicable to registration periods beginning on and after October 1, 2013

This section requires that all physicians, surgeons, nurses, midwives, and dentists renew their professional licenses using the DPH online renewal system unless the licensee can prove that extenuating circumstances exists. For example, DPH may allow the licensee to use a paper form to renew the license if the licensee presents a notarized affidavit that affirms he or she does not have access to a credit card.

This section also increases license renewal fees by $5.

§ 140—Licensure Fees for Home Health Care Agencies and Assisted Living Facilities
Effective July 1, 2013

This section establishes licensure and inspection fees for home health care agencies and assisted living services agencies. For home health care agencies that are not Medicare- and Medicaid-certified, a fee of $300 per agency and $100 per satellite office must be paid every two years to DPH. The fee must be paid every three years for Medicare- and Medicaid-certified home health care agencies. Assisted living services agencies, except those participating in the congregate housing facility pilot program, must pay a $500 licensing and inspection fee every two years.

Currently, DPH may charge a $565 fee for technical assistance provided for design, review and development of a health care facility's construction, sale, or change in ownership. This section allows DPH to also charge $565 for technical assistance provided for renovation and building alteration. It specifies that the $565 fee should be charged when the cost of the project is $1 million or less, but that the fee should be one-quarter of one percent of the total project cost when the project costs more than $1 million. The fee includes department reviews and inspection. This section does not apply to facilities owned by the state.

§ 144—Certificate of Need
Effective October 1, 2013

This section amends certain criteria that OHCA must consider in deciding whether or not to grant a CON by requiring consideration of how the proposal affects access to service for Medicaid recipients and indigent persons. The section also adds a new criterion: whether a CON applicant who failed to provide services to, or reduced access to, Medicaid recipients or indigent people had a good cause for doing so. Good cause must not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers.

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§§ 147–149—Nonprofit Hospital Reporting Requirements
Effective October 1, 2013

Section 147 requires nonprofit hospitals to submit additional information to OHCA on an annual basis. A nonprofit hospital must submit (1) a complete copy of its most recent IRS form 990, including all parts and schedules, and (2) data compiled to prepare its community health needs assessment.

Section 148 specifies that a hospital that willfully fails to file required information with OHCA will be subject to a civil penalty of up to $1,000 for each day that the information is not filed. With respect to OHCA's biennial inventory questionnaire, this section eliminates the provision that protected health care facilities and providers from civil penalties for the failure to complete the inventory questionnaire. Those facilities are now subject to the civil penalty of $1,000 for each day that the survey is not completed.

Section 149 requires that, upon request of DPH or a patient, a hospital must provide a detailed patient bill. A detailed patient bill is defined as a billing statement that includes line items, each with the hospital's current pricemaster code, a description of the charge, and the billed amount. Pricemaster is defined as a detailed schedule of hospital charges.

§ 151—Transfer of Funds from the Tobacco Health Trust Fund
Effective June 19, 2013

This section allows trustees, for FY 14 and FY 15, to recommend disbursement of up to $3 million from the Tobacco Health Trust Fund annually. In FY 17, the current disbursement levels of up to half of the previous year's annual disbursement from the Tobacco Settlement Fund to the Tobacco Health Trust Fund, up to $6 million, will be restored

3. PUBLIC ACT 13-239. AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE FOR CAPITAL IMPROVEMENTS, TRANSPORTATION, ELIMINATION OF THE ACCUMULATED GAAP DEFICIT AND OTHER PURPOSES.
Effective July 1, 2013, except as otherwise noted

The Act provides bond authorizations for FY 14 and FY 15.

§§ 9 & 28—Funding for Housing Redevelopment and Rehabilitation
§ 9 is effective July 1, 2013; § 28 is effective July 1, 2014

These sections specify that DOH must use proceeds from the sale of state bonds authorized in certain amounts under the Act to develop and rehabilitate a variety of types of housing, including elderly and congregate housing. Proceeds should also be used in part to provide repair assistance for senior citizens, as well as acquisition and related

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rehabilitation including loan guarantees for private developers of rental housing for the elderly. The costs for the housing projects must not exceed $70 million during each FY. These sections specify that not more than $1 million must be used for grants-in-aid for accessibility modifications for the Money Follows the Person program, which transitions people from nursing homes or institutional settings to less restrictive, community based settings.

§§ 13, 19, 32 & 38—Grants-in-Aid to Nursing Homes, Non-Profit Health and Human Services Organizations, and the Stem Cell Research Fund
§§ 13 & 19 are effective July 1, 2013; §§ 32 & 38 are effective July 1, 2014

Sections 13 and 32 specify that DECD must use the proceeds from the sale of certain bonds authorized in certain amounts under the Act for a variety of purposes including grants-in-aid to nursing homes for alterations, renovations and improvements for conversion to other uses in support of right-sizing not to exceed $10 million.

OPM must use the proceeds from bond sales to provide grants-in-aid to private, 501(c)(3) health and human service organizations for alterations, renovations, improvements, additions and new construction, including health, safety, compliance with the ADA and energy conservation improvements, information technology systems, technology for independence and purchase of vehicles not to exceed $20 million.

DPH must use the proceeds from bond sales to provide grants-in-aid to the Stem Cell Research Fund not to exceed $10 million.

Sections 19 and 38 specify that if a grant-in-aid is made to an entity that is not a political subdivision of the state, the contract entered into must provide for certain amounts to be paid back to the state if the premises, within ten years of receiving the grant, is no longer used as a facility for which the grant was made and provides that liens must be placed on the land in favor of the state to ensure that the required amounts will be repaid in the event of a change in use.

4. PUBLIC ACT 13-247. AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2015 CONCERNING GENERAL GOVERNMENT.
Effective June 19, 2013, except as otherwise noted

§ 1—General Fund
Effective July 1, 2013

This section sets out the appropriations from the General Fund (Note: This section replaces § 1 of Public Act 13-184, which was repealed by § 389 of this Act.). Notable changes include (1) a drop from $115.4 million appropriated for General Assistance

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Managed Care in DMHAS for FY 13 and FY 14 to $40.8 million appropriated for FY 14 and FY 15, (2) the defunding of DSS's Charter Oak Health Plan in its entirety for FY 14 and FY 15 (corresponding with the state's Medicaid expansion), (3) the defunding of DSS's ConnPACE program for FY 14 and FY 15, and (4) the defunding of DSS's Disproportionate Share Medical Emergency Assistance program for FY 14 and FY 15.

§§ 26–36—eRegulations System

These sections are summarized in Section 13 of this Summary. Public Act 13-274 (An Act Concerning the Transparency and Accessibility of the Regulations of Connecticut State Agencies).

§ 42—Results First Policy Oversight Committee

This section creates a Results First Policy Oversight Committee to advise on the development and implementation of the Pew-MacArthur Results First cost-benefit analysis model, with the overall goal of promoting cost effective policies and programming by the state. The Pew-MacArthur Results First Initiative works with states to implement a cost-benefit analysis approach to help them invest in policies and programs that are proven to work. By October 1, 2013, the committee must begin submitting annual reports to the Governor and the General Assembly's joint standing committee on appropriations and the budgets of state agencies, recommending measures to implement the Pew-MacArthur Results First cost-benefit analysis model.

§ 60—Expanding Supportive Housing Services
Effective July 1, 2013

This section authorizes the DSS, DMHAS and DOC Commissioners, the OPM Secretary and the CSSD Executive Director to develop a plan to provide supportive housing services, including necessary housing rental subsidies, for an additional one hundred sixty individuals and families identified as frequent users of expensive state services during FY 14 and FY 15, and to enter into memoranda of understanding to reallocate, within existing appropriations, the necessary support and housing resources for said purpose.

§ 68—Hospice Zoning Regulations
Effective October 1, 2013

This section requires zoning laws to treat as a single family residence any hospice facility, including a hospice residence, that provides inpatient hospice care and services to six or fewer persons and is licensed to provide such services by DPH, provided such facility is (1) managed by an organization that is tax exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue

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code of the United States, as from time to time amended; (2) located in a city with a population of more than 100,000 and within a zone that allows development on one or more acres; and (3) served by public sewer and water.

§ 69—Interest Rate on Delinquent Property Taxes
Effective October 1, 2013

This section changes the interest rate on delinquent property taxes from 18% to a rate between 15% and 18%, and gives towns the discretion to determine the exact interest rate within that range.

§ 89—Residential Care Home Rates
Effective July 1, 2013

This section amends Section 73 of Public Act No. 13-234 concerning state rates paid to residential care homes. It eliminates the prohibition on consideration of rebasing for FY 14 and FY 15 rates. For FY 14 and FY 15, for facilities with calculated rates greater than FY 13 rates, DSS may increase their rates up to a stop gain determined by DSS, and no facility will receive a rate for FY 14 and FY 15 that is lower than its FY 13 rate. It also provides that any facility that would have received a lower rate for FY 14 or FY 15 due to interim rate status or agreement with DSS will receive the lower rate.

§ 90—Nursing Home Rates
Effective July 1, 3013

This section amends § 74 of Public Act No. 13-234 concerning nursing home rates, which in turn amended § 17b-340(f)'s provisions governing nursing home rates. As a result, the 2013 revisions governing nursing home rates are as follows:

- For FY 14, DSS must determine rates based on 2011 cost report filings. except that (1) DSS must apply a ninety percent minimum occupancy standard; (2) no facility shall receive a rate higher than its FY 13 rate; (3) no facility shall receive a rate that is more than four percent lower than its FY 13 rate; and (4) any facility that would have received a lower rate for FY 14 due to interim rate status or an agreement with DSS will receive the lower rate.
- For FY 15, FY 14 rates will remain in place, except that any facility that would have received a lower rate due to interim rate status or an agreement with DSS will receive the lower rate.
- For FY 14 and FY 15, DSS may provide pro rata fair rent increases, which may include moveable equipment at DSS's discretion, if the facility has undergone a material change in circumstances related to fair rent or moveable equipment placed in service in the 9/30/12 or 9/30/13 cost report years and not otherwise included in issued rates.

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- Previously, § 17b-340(f) provided that DSS may, within available appropriations, increase rates issued to nursing homes. The Act amended this language to provide that DSS may increase or decrease nursing home rates "subject to" available appropriations.

§ 91—Rates Paid to Chronic Disease Hospitals
Effective July 1, 2013

This section requires the Commissioner to establish rates paid to freestanding chronic disease hospitals.

§§ 117–18—Furnace Replacement Program

These sections are summarized in Section 33 of this Summary. Public Act 13-298 (An Act Concerning Implementation of Connecticut's Comprehensive Energy Strategy and Various Revisions to the Energy Statutes).

§ 119—Phase-out Period for Electric Bill Credits for Installing Renewable Systems
Effective July 1, 2013

This section is summarized in Section 33 of this Summary. Public Act 13-298 (An Act Concerning Implementation of Connecticut's Comprehensive Energy Strategy and Various Revisions to the Energy Statutes).

§130—Changes to the Behavioral Health Partnership Oversight Council

This section eliminates the General Assembly's role in reviewing proposals for rate changes by DCF, DSS, and DMHAS. Instead, those departments will now submit their proposed rate changes to the Oversight Council and make every effort to implement the Council's recommendations when setting rates. For FY 14, the Council is tasked with identifying one million dollars in savings.

§§ 136–146 & 388—Connecticut Health Insurance Exchange

These sections eliminate the Office of Health Reform and Innovation (OHRI) and eliminate references to it elsewhere in the general statutes. They transfer responsibilities for the "all-payer claims database" from the OHRI to the Connecticut Health Insurance Exchange (CHIE), including the requirement to seek funding for the database. They allow the CHIE to (1) impose a civil penalty on insurers and other reporting entities that fail to report data to the all-payer claims database and (2) charge a fee to entities that request data from the database. They also allow CHIE to impose interest and penalties on health carriers for late exchange assessments or user fees.

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These sections also reduce the number of voting members on CHIE's board of directors from 12 to 11 by removing the Special Advisor to the Governor on Healthcare Reform and specify that six rather than seven members constitutes a quorum. Finally, these sections appoint CHIE's CEO to the SustiNet Health Care Cabinet, replacing the Special Advisor to the Governor on Healthcare Reform.

§ 327—Regional Human Services Coordinating Councils
Effective October 1, 2013

This section establishes regional human services coordinating councils for each re-designated planning region to encourage collaborations that will foster the development and maintenance of a client-focused structure for the health and human services system in the region. Each regional council must meet at least twice annually to (1) ensure that regional plans and activities are coordinated with the human service needs of each region, and (2) develop approaches to improve service delivery and achieve cost savings in the region.

§ 329—Expanding and Modifying the Land Value Tax Pilot Program
Effective October 1, 2013

This section expands, from one to three, the number of municipalities eligible for an OPM pilot program to develop a land value tax plan—a plan for taxing land at a higher rate than buildings. It eliminates the current eligibility requirements that restricted the pilot program to a distressed city with fewer than 26,000 people and a city manager and city council form of government.

§ 330—Tax Incidence Study
Effective July 1, 2013

This section requires the Commissioner of Revenue Services to submit a biennial report on the overall incidence of taxes on individuals and businesses to the General Assembly's joint standing committee on finance, revenue, and bonding, and also post the report on the Department's website. The first report is due by December 31, 2014.

II. SPECIFIC ACTS OF INTEREST

5. PUBLIC ACT 13-70. AN ACT CONCERNING TRAINING NURSING HOME STAFF ABOUT RESIDENTS' FEAR OF RETALIATION.
Effective October 1, 2013

The Act requires that nursing home administrators ensure that all nursing home staff receive annual in-service training on resident fear of retaliation from employees or others.

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This training must be performed by a trainer familiar with the nursing home's resident population and must cover (1) residents rights to file complaints and voice grievances, (2) examples of what constitutes or may be perceived as employee retaliation against residents, and (3) methods to prevent and alleviate resident fear of such retaliation. The State Ombudsman must create and keep current a training manual for nursing home facilities that provides guidance on structuring and implementing this training requirement.

6. PUBLIC ACT 13-88. AN ACT CONCERNING HOMEMAKER-COMPANION AGENCIES AND CONSUMER PROTECTION.
Effective January 1, 2014

The Act pertains to agencies registered with DCP that employ people who provide companion or homemaker services, such as help with personal hygiene, cooking, household cleaning, laundry, and other household chores, but not home health care.

§ 2—Contract Notice Requirements

As a consumer protection measure, homemaker-companion agency contracts with clients have been required to provide notice of certain client rights, including that (1) a person has a right to request changes to the contract, (2) agency employees are required to undergo background checks, and (3) the agency's records are available for inspection or audit by DCP. The Act now requires that such notice be conspicuous in boldface font, and expands the notification requirements to include notice that (1) a person has a right to request written notice that employees have passed background checks, (2) the agency cannot guarantee the extent of its services covered by an insurance plan, and (3) a person may cancel the contract or service plan at any time if it does not specify a period of duration. The Act specifies that a contract or service plan that does not meet all of the requirements listed shall not be enforceable against the client or the client's authorized representative. It also provides that a homemaker-companion agency that has complied with the listed requirements is not precluded from recovering payment for work performed based on the reasonable value of services requested, provided the court determines it would be inequitable to deny recovery. As before, homemaker or companion services provided under the Connecticut home-care program for the elderly administered by DSS are exempt from these contract notice requirements.

§ 3—Additional Provisions

The Act empowers clients to cancel a contract or service plan for homemaker-companion services at any time if the contract or service plan does not specify a period of duration. If a client chooses to cancel a contract or service plan under this section, the client shall be obligated only to pay for services rendered pursuant to such contract or service plan. Further, the Act also prohibits excessive billing for services beyond those specified in the contract, or for services of a higher-skilled individual than needed by the client.

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7. PUBLIC ACT 13-125. AN ACT CONCERNING THE DEPARTMENT ON AGING.
Effective July 1, 2013, except as otherwise noted

§§ 1, 4, 7–8, 14–17 & 19–22—Transfer of Certain DSS Functions

The Act transfers authority over the following functions from DSS to DOA, which was established on January 1, 2013:

1. Overseeing municipal agents for the elderly (§ 1);
2. Serving as the designated "state unit on aging" under the federal OAA and administering related programs (§ 4) (*Effective June 18, 2013)*;
3. Establishing and overseeing a fall prevention program, within available appropriations (§ 7);
4. Establishing an outreach program to educate consumers on long-term care, including financing, asset protection and the availability of long-term care insurance (§ 8);
5. Approving plans of the state's five area agencies on aging, allocating OAA funds to these agencies, and reviewing and reporting to the legislature on funding allocation methods (§§ 14 & 15);
6. Awarding state grants for elderly community services and programs and using up to 5% of funds appropriated for these grants toward related administrative expenses (§§ 16 & 17);
7. Administering elderly nutrition programs (§ 19);
8. Serving on the Long-Term Care Planning Committee (§ 20); and
9. Operating the Community Choices program, which provides a single, coordinated system of information and access for individuals seeking long-term support, including in-home, community-based and institutional services, as well as operating a program to provide respite care for individuals with Alzheimer's disease (§§ 21 & 22).

§ 2—Congregate Housing

This section requires the DOH Commissioner, instead of the DECD Commissioner, to administer a congregate housing program. With regard to providing services to residents with physical disabilities, the DOH Commissioner must now consult with the DOA Commissioner in addition to the DSS Commissioner. It also requires the DOH Commissioner to consult with the Commissioner on Aging, not only the Commission of

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Social Services as the DECD Commissioner must do under current law, regarding the provision of services to residents with physical disabilities.

§ 3—Regulations Regarding Nursing Home Financial Solvency Reporting

This section requires DSS to work in conjunction with DOA, not only DPH as under current law, when adopting regulations on reporting requirements regarding nursing homes' financial solvency and quality of care. These reports are submitted to the Nursing Home Financial Advisory Committee to help determine the financial viability of nursing homes, identify those experiencing financial distress, and identify the reasons for the distress.

§ 4—Coordination, Study, Assessment and Monitoring Duties

This section transfers, from DSS to DOA, the requirement to continuously study the conditions and needs of the elderly for nutrition, transportation, home-care, housing, income, employment, health, recreation, and other matters. It also transfers the responsibility for overall planning, development, and administration of a comprehensive and integrated social service delivery system for the elderly from DSS to DOA. DOA fulfills these responsibilities in cooperation with federal, state, local, and area planning agencies on aging.

§§ 6 & 23–24—Membership on Certain Advisory Boards and Councils

These sections add the DOA Commissioner and the chairs and ranking members of the General Assembly's Aging Committee, or their designees, to the membership of the MAP Oversight Council (§ 6).

They also add the DOA Commissioner, replacing the executive director of COA, to the Low-Income Energy Advisory Board and the Connecticut Homecare Option Program for the Elderly Advisory Board (§§ 23-24).

§§ 9–13—Long-Term Care Ombudsman

By law, the state's Long-Term Care Ombudsman's Office represents the interests of residents in nursing and residential care homes and assisted living facilities. Among other things, the office receives and investigates residents' complaints about their care; provides education and information to consumers, agencies, and providers; and monitors state and federal laws and regulations.

These sections move the ombudsman's office from DSS to DOA and make other related technical and conforming changes. The DOA Commissioner also replaces the DSS

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Commissioner in (1) appointing the Long-Term Care Ombudsman and (2) seeking funding for the ombudsman program's resident advocates.

§ 18—CHOICES Program
Effective June 18, 2013

This section transfers administration of the State's CHOICES program from DSS to DOA. The program, which primarily helps seniors with their health care choices, including purchasing Medicare supplements, is authorized by and funded under both federal and state law. This section also amends statutory provisions governing the CHOICES program as follows:

1. Requires the program to provide consumers access to, instead of maintain, a toll-free telephone number for obtaining advice and information on Medicare benefits;
2. Requires the program to provide information through appropriate means and format, instead of preparing and distributing written material;
3. Requires the above information to include Medicare prescription drug benefits available through pharmaceutical drug company programs, instead of only those available through Medicare Part D;
4. Eliminates the requirement that the program develop and distribute a Medicare consumer's guide and make it available to anyone who requests it, but now requires the program to provide information concerning Medicare plans and services, private insurance policies and federal and state-funded programs that are available to beneficiaries to supplement Medicare coverage;
5. Eliminates the requirement that the program provide a worksheet for consumers to use when comparing and evaluating Medicare plan options, but now requires the program to provide information permitting Medicare beneficiaries to compare and evaluate their options for delivery of Medicare and supplemental insurance services;
6. Eliminates the requirements that the program collaborate with other state agencies and entities to develop consumer-oriented websites that provide information on Medicare plans and long-term care options; and
7. Permits DOA, instead of requiring DSS, to include additional functions it deems necessary to conform to federal grant requirements.

§ 26—Long-Term Care Insurance Certification

Currently, the Insurance Commissioner can pre-certify only those long-term care insurance policies that, among other requirements, alert purchasers to consumer information and public education DSS provides. This section replaces DSS with DOA in this context.

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8. PUBLIC ACT 13-172. AN ACT CONCERNING THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM.
Effective June 21, 2013

The Act expands the requirement for participation in the electronic prescription drug monitoring program to out-of-state pharmacies and any other practitioner who dispenses prescription drugs. Reports now must be made weekly instead of twice monthly. No person or employer may prevent a practitioner who prescribes prescription drugs or a pharmacy from requesting information about prescribed controlled substances. Samples of controlled substances do not need to be reported through the program.

The Act was amended in the same legislative session by § 72 of Public Act 13-208 (An Act Concerning Various Revisions to the Public Health Statutes), which is summarized here:

§ 72—Electronic Prescription Drug Monitoring Program
Effective June 21, 2013

This section amends Public Act 13-172, by exempting from the prescription drug monitoring program's requirements (1) hospitals, when dispensing controlled substances to inpatients, and (2) institutional pharmacies or pharmacist's drug rooms operated by a DPH-licensed health care institution when dispensing or administering opioid antagonists directly to a patient to treat a substance use disorder.

§ 2—Registration for Prescription Drug Monitoring Program

The Act now requires all practitioners who distribute, administer, or dispense controlled substances to register for access to the prescription drug monitoring program. Practically, this means that all practitioners will be expected use the program to understand their patients' prescription history to the extent they are available in the program, prior to prescribing or refilling medication. This requirement is part of a wider effort to prevent patients from doctor shopping and provide additional information to practitioners to prevent adverse pharmaceutical interactions.

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9. PUBLIC ACT 13-208. AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.
Effective October 1, 2013, except as otherwise noted

§ 1—Biomedical Research Trust Fund

By law, DPH awards grants from the Biomedical Research Trust fund for biomedical research in heart disease, cancer, other tobacco-related diseases, Alzheimer's disease, and diabetes. This section provides that not more than 2% of the fund's total amount shall be made available to DPH for related administrative expenses.

Existing law limits the total amount of grants awarded during a fiscal year to 50% of the fund's total amount on the date the grants are approved. This section specifies that during each fiscal year, the DPH Commissioner must use all monies deposited in the fund to award the grants, provided the grants do not exceed this amount.

Current law allows DPH to award the grants to (1) nonprofit, tax-exempt colleges or universities or (2) hospitals that conduct biomedical research. This section limits grant eligibility to entities that have their principal place of business in Connecticut.

§ 2—Breast and Cervical Cancer Early Detection and Treatment Referral Program
Effective January 1, 2014

This section increases the income eligibility limit, from 200% to 250% of the FPL, for DPH's Breast and Cervical Cancer Early Detection and Treatment Referral Program. It also removes a requirement that the program's contracted providers report to DPH the name of the insurer of each program participant being tested to facilitate recoupment of clinical service expenses to the department.

§ 3—Background Searches for Long-Term Care Facility Volunteers

Under current law, long-term care facilities (defined to include nursing homes, home health agencies, assisted living services agencies, intermediate care facilities for the developmentally disabled, chronic disease hospitals and hospice agencies) must require any person offered employment or a volunteer position involving direct patient access to submit to a background search, which includes (1) state and national criminal history record checks, (2) a review of DPH's nurse's aide registry, and (3) a review of any other registry that DPH specifies. This requirement was supposed to take effect July 1, 2012 but has been delayed while DPH establishes the background check system.

This section brings state law into conformity with federal law by limiting the background search requirement for volunteers to only those volunteers the facility reasonably expects to regularly perform duties substantially similar to those of an employee with direct

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patient access. Current law, unchanged by the Act, does not require the background search if the person provides the facility evidence that a background search carried out within three years of applying for employment or a volunteer position revealed no disqualifying offense.

§§ 4–5—Inpatient Hospice Facilities

These sections expand the statutory definition of health care "institution" to include a "short-term hospital special hospice" and "hospice inpatient facility." These sections extend to these entities statutory requirements for health care institutions regarding, among other things, workplace safety committees, access to patient records, disclosure of HIV-related information, and smoking prohibitions.

They also establish biennial licensing and inspection fees for these entities, as follows:

1. For short-term hospitals special hospice, $940 per site plus $7.50 per bed (DPH currently charges these facilities the same renewal fees as hospitals, which equal these amounts); and
2. For hospice inpatient facilities, $440 per site plus $5 per bed.

§ 7—Corrective Action Plans for Licensed Health Care Institutions

Current law provides that DPH-licensed health care institutions must comply with any regulations the department adopts within a reasonable time not to exceed one year from the date of adoption. This section removes the one year time limit but retains the requirement that health care institutions comply within a reasonable time.

Under current law, unchanged by the Act, as a condition to licensure, DPH may inspect a licensed health care institution to determine whether it is in compliance with state statutes and regulations. The Act now requires DPH to notify an institution in writing if it finds it to be noncompliant. Within ten days of receiving the notice, the institution must submit to DPH a written corrective action plan that includes:

1. The corrective measures or systemic changes the institution intends to implement to prevent a recurrence of each identified non-compliance issue;
2. The effective date of each corrective measure or systemic change;
3. The institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and

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4. The title of the institution's staff member responsible for ensuring its compliance with the plan.

The plan of correction will be deemed to be the institution's representation of compliance with the violations identified in the notice of noncompliance. If an institution fails to submit a plan of correction that meets these statutory requirements, DPH may take disciplinary action.

§ 8—Nursing Home IV Therapy Programs

Current law already allows an IV therapy nurse to administer a PICC line as part of a nursing home's IV therapy program. This section allows a licensed physician assistant employed or contracted by a nursing home that operates an IV therapy program to administer PICC lines as well.

§ 9—Health Information Technology Exchange of Connecticut (HITE-CT)

This section requires the Governor to select the chairperson of HITE-CT's 20-member board of directors, rather than having the DPH Commissioner or her designee serve as the chair.

§ 10—Social Worker License

This section extends deadlines related to licensure without examination for master social workers. First, it extends the date by which the DPH Commissioner may issue a license without examination to any master social worker applicant from October 1, 2012 until October 1, 2015. Second, it changes the limit on the date that the applicant must have received his or her degree from October 1, 2010 to October 1, 2013.

§ 11—Active Duty Physician Assistants

This section allows a physician assistant who is (1) licensed in another state and (2) an active member of the Connecticut Army or Air National Guard to provide patient services under the supervision, control, responsibility, and direction of a Connecticut-licensed physician while in the state.

§ 23—Connecticut Tumor Registry
Effective June 21, 2013

Under current law, the Connecticut Tumor Registry includes reports of all tumors and conditions that are diagnosed or treated in the state for which DPH requires reports. Hospitals, various health care providers, and clinical laboratories must provide such reports to DPH for inclusion in the registry.

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This section requires that reports to the Connecticut Tumor Registry include, along with other information required by existing law, available follow-up information on (1) demographics, (2) pathology reports and (3) operative reports and hematology, medical oncology, and radiation therapy consults, or abstracts of these reports or consults. This section also requires the reports to be submitted to DPH within six months of the diagnosis or first treatment of a reportable tumor, instead of by each July 1st as under current law.

§§ 24–60—Definition of Residential Care Homes and Applicability of Statutes
Effective July 1, 2013

Current law defines a "nursing home facility" as (1) any nursing home, RCH, or rest home with nursing supervision that, in addition to personal care required in a RCH, provides nursing supervision under a medical director 24 hours per day or (2) any chronic and convalescent nursing home that provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, or injuries. Although RCHs are included in this definition, they do not provide nursing care. In practice, DPH licenses nursing homes at two levels of care: chronic and convalescent nursing home, which provides skilled nursing care and rest home with nursing supervision, which provides intermediate care.

These sections remove RCHs from the statutory definition of a nursing home facility and establish a separate definition for RCHs. An RCH is redefined as an establishment that (1) furnishes, in single or multiple facilities, food and shelter to two or more people unrelated to the proprietor and (2) provides services that meet a need beyond the basic provisions of food, shelter, and laundry.

The Connecticut General Statutes contain numerous provisions relating to nursing home facilities. These sections amend some but not all of those provisions to make them applicable to both nursing home facilities and RCHs, as they are newly defined. Thus, RCHs are now governed by some but not all of the provisions that formerly applied and continue to apply to nursing home facilities.

The following is a list of statutory provisions that were *not* amended by the Act to apply specifically to RCHs. These provisions apply to nursing home facilities, which are no longer defined to include RCHs:

1. Circuit breaker property tax exemption for the elderly and totally disabled; relates to the income of the applicant's spouse (Conn. Gen. Stat. § 12-170aa);
2. Rental rebate program for the elderly and totally disabled; relates to the income of the applicant's spouse (Conn. Gen. Stat. § 12-170d);

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3. Municipal option property tax exemption; relates to the income of the applicant's spouse (Conn. Gen. Stat. § 12-170v);
4. Authority for the DSS Commissioner to adopt Medicaid regulations, including those requiring DSS to monitor admissions and prohibit admission of people with a primary psychiatric diagnosis if such admission would jeopardize federal reimbursement (Conn. Gen. Stat. § 17b-262);
5. Termination of Medicaid provider agreements by nursing home facilities and the determination of these facilities' self-pay patient rates (Conn. Gen. Stat. § 17b-347);
6. Small house nursing home pilot program (Conn. Gen. Stat. § 17b-372);
7. DPH regulations regarding the health, safety, and welfare of nursing home facility residents, including medical staff and personnel qualifications; nursing and dietary services; classification of violations; patients' immunizations; and general operational conditions (§ 19a-522(a));
8. Requirement that nursing home administrators allow patients and their relatives and legal representatives to access facility inspection reports (§ 19a-536);
9. Disclosures of additional costs to patients and enforcement of surety contracts related to Medicaid long-term care applicants (§ 19a-539);
10. Certain provisions of the nursing home patients' bill of rights (§ 19a-550);
11. Management of nursing home facility patient funds and associated penalties for non-compliance (§§ 19a-551, 19a-552);
12. Requirement that nursing home administrators notify law enforcement of any crimes committed by patients and establishes penalties for failure to do so (§ 19a-553).

§ 61—Nursing Home Facility and Residential Care Home Citations

This section requires the DPH Commissioner to issue a citation against any nursing home facility or RCH that violates the state's long-term care criminal history and patient abuse background search program. Current law already requires the Commissioner to issue citations against facilities and homes that violate a statute or regulation relating to their licensure, operation, and maintenance.

§ 63—Disclosure of Patient Information

Under current law, physicians cannot disclose any patient information or communications without the consent of the patient or his or her authorized representative except (1) according to statute, regulation, or court rule, (2) to a physician's attorney or liability insurer for use in the provider's defense of an actual or reasonably likely malpractice

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claim, (3) to DPH as part of an investigation or complaint, if the records are related, or (4) if the physician knows, or has a good faith suspicion, that a child, senior, or person with a disability is being abused.

This section specifies that these disclosure requirements apply to all DPH-licensed health care providers.

§ 65—Task Force on Alzheimer's Disease and Dementia
Effective June 21, 2013

This section increases, from twenty-three to twenty-four, the membership of the Task Force on Alzheimer's Disease and Dementia established under Special Act 13-11 by adding the DDS Commissioner or his designee.

§ 72—Electronic Prescription Drug Monitoring Program
Effective June 21, 2013

This section is summarized at 8. Public Act 13-172 (An Act Concerning the Electronic Prescription Drug Monitoring Program).

§§ 77–78—Outpatient Clinics
Effective January 1, 2014

These sections define "outpatient clinic" as an organization operated by a municipality or a corporation, other than a hospital, that provides (1) ambulatory medical care, including preventive and health promotion services, (2) dental care, or (3) mental health services in conjunction with medical or dental care for the purpose of diagnosing or treating a health condition that does not require the patient's overnight care.

The Act requires DPH to license outpatient clinics (they already do this). The DPH Commissioner may adopt related regulations and waive any provision of these regulations for outpatient clinics. The Act allows the commissioner to implement policies and procedures while in the process of adopting them in regulation, provided she prints notice of intent to adopt the regulations in the *Connecticut Law Journal* within 20 days of implementation. The policies and procedures are valid until final regulations take effect.

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10. PUBLIC ACT 13-218. AN ACT CONCERNING THE RETURN OF A GIFT TO A PERSON IN NEED OF LONG-TERM CARE SERVICES.
Effective July 1, 2013

Under existing law, DSS must impose a penalty period (period of Medicaid ineligibility) upon individuals receiving long-term care who transfer or assign their assets for less than they are worth in order to shift their care costs to the Medicaid program. The penalty period applies only when such transactions occur within five years of a person's application for Medicaid long-term care and generally is not imposed if the *entire* amount of the transferred asset is returned to the institutionalized individual.

The Act now requires DSS, to the extent permitted by federal law, to *partially* reduce the penalty period if *part* of the transferred assets is returned to the individual and the penalty period's original end date does not change. DSS must consider the entire amount of the returned asset to be available to the transferor from the date it was returned. It cannot determine the transferor to be ineligible for Medicaid in the month the transferred asset is returned as long as the individual reduced the returned asset in accordance with federal law.

By law, a conveyance and subsequent return of an asset to shift costs to the Medicaid program is deemed a trust-like device, and the asset is considered available for determining Medicaid eligibility. The Act specifies that the reduction in the penalty period described above does not apply to a conveyance and return of an asset made exclusively for a purpose other than qualifying for Medicaid long-term care services.

The Act also repeals a provision requiring DSS to penalize a nursing home resident for an improper asset transfer (as determined by the department) in which the entire amount is returned.

11. PUBLIC ACT 13-249. AN ACT CONCERNING THE MAINTENANCE OF PROFESSIONAL LIABILITY INSURANCE BY NURSING HOMES, HOME HEALTH CARE AGENCIES AND HOMEMAKER-HOME HEALTH AIDE AGENCIES.
Effective January 1, 2014

The Act expands current requirements for maintaining professional liability insurance to now include anyone who individually or jointly establishes, conducts, operates, or maintains a nursing home, home health care agency, or homemaker-home health aide agency. The insurance must cover malpractice claims for injury or death of at least $1 million per person, per occurrence, with an aggregate coverage of at least $3 million.

The Act explicitly exempts residential care homes from this requirement.

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12. PUBLIC ACT 13-250. AN ACT CONCERNING AGING IN PLACE.
Effective July 1, 2013

The Act makes changes in several statutes to help senior citizens remain in their own homes and communities as they age.

§ 1—Supplemental Nutrition Assistance Program

This section requires the DSS commissioner, within available appropriations, to incorporate into its existing activities coordinated outreach to increase awareness and utilization of the state's SNAP program (formerly known as Food Stamps) by those eligible for the program, including recipients of public assistance and home-delivered and congregate meals.

§ 2—Local Plans of Conservation and Development

Under current law, a local planning commission must prepare or amend a plan of conservation and development for its municipality every ten years. This section requires local plans of conservation and development to consider allowing seniors and individuals with disabilities to live in their homes and communities, whenever possible. Specifically, this section provides:

1. Local plans of conservation and development may permit home sharing in single-family zones for up to four adults ages sixty and older or with disabilities of any age. These individuals need not be related, but must receive support services at home.
2. Local plans of conservation and development may also allow for accessory apartments for seniors (age sixty or over), individuals with disabilities, or their caregivers in all residential zones. The apartments would be subject to municipal zoning regulations concerning design and the principal property's long-term use.
3. Plans may also expand the definition of "family" in single-family zones to allow for these accessory apartments.

§ 3—State Building Code

This section clarifies that, for the purpose of exempting certain features from a requirement to obtain a State Building Code variance, "an accessible means of egress" includes a ramp for wheelchair access.

§ 4—Mandated Reporters of Elder Abuse

Current law requires certain professionals to notify DSS when they suspect someone age sixty or older has been abused, neglected, abandoned, or exploited or needs protective services. The Act adds to the list of mandated reporters, anyone paid by an institution,

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organization, agency, or facility to care for an elderly person, including an employee of a community-based services provider, senior center, home care agency, homemaker and companion agency, adult day care center, village-model community and congregate housing facility. It also requires employers of these individuals to provide mandatory training on detecting potential elder abuse and neglect and to inform staff of their mandatory reporting requirements.

§ 5—DSS Report on Elder Abuse and Neglect Complaints

The Act requires that, by July 1, 2014, the DSS Commissioner or his designee must begin making annual reports to the General Assembly's joint standing committees on aging, human services, and public health on:

1. The number of elder abuse and neglect complaints received in the previous calendar year in the categories of (1) physical abuse, (2) mental abuse, (3) self-neglect, (4) neglect by others, and (5) financial exploitation;
2. The disposition of these complaints; and
3. Whether and by how much complaints in each category have increased or decreased from the previous year.

§ 6—Aggressive Marketing Tactics and Scams Awareness Program

DCP, DSS and DOA must conduct a public awareness campaign to educate elderly consumers and their caregivers on ways to resist aggressive marketing tactics and scams.

13. PUBLIC ACT 13-274. AN ACT CONCERNING THE TRANSPARENCY AND ACCESSIBILITY OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES. *Effective July 1, 2013, except as otherwise noted*

The Act establishes an eRegulations System and discusses agency requirements for posting regulations and regulation-related documents. Agency regulations, emergency regulations, and notices of intent to adopt new regulations will be electronically available to the public at www.ct.gov/eregulations. The current eRegulations web site is only a temporary solution. A more comprehensive eRegulations system is scheduled to be rolled out next summer.

§ 1—eRegulations System

The Secretary of the State must establish and maintain the eRegulations System, which will contain all of the regulations of Connecticut state agencies from October 26, 1970, to the present. The eRegulations System must be accessible to and easily searchable by the

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public. After the Secretary of the State certifies the system, the regulations on the site will be considered official versions for all purposes, including legal and administrative proceedings. The system must be certified on or before October 1, 2014, and shall be published on the Secretary's web site and in the Connecticut Law Journal. Once established, each agency must post a conspicuous web site link to the eRegulations system on the agency's web site, and it must, if possible, link to the applicable provisions or regulations of that agency. Until the system is certified, the Commission on Official Legal Publications must continue to publish the regulations, and the published versions will be the official versions of the regulations.

§ 3—Notices of Proposed Regulations

Beginning on July 1, 2013, agencies are required to post notices of proposed regulations to the eRegulations system. Regulation associated documents must be posted on agency websites until October 1, 2014, after which regulation associated documents must be posted to the eRegulations system. The agencies must also electronically notify any person who asks to be notified of any regulation-making proceedings. If requested, the agency must provide a paper copy of such a notice.

§ 4—Official Regulation-Making Record
Effective October 1, 2014

Each agency must create an official electronic regulation-making record that will be retained on the eRegulations system. The regulation record should include the notice of intent to adopt regulations, an analysis of the reasoning, submissions and comments that the agency receives, and any regulation-related official documents. Audio recordings should not be posted on the eRegulations System unless they are approved by the Secretary to ensure that the posting is in compliance with state or federal law regarding accessibility for individuals with disabilities. If audio recordings are not posted on the eRegulations System, the agency must maintain them and produce them upon request.

§§ 9–10—DSS eRegulations System Posting Requirements
Effective October 1, 2014 and applicable to regulations noticed on and after that date

Section 9 eliminates the requirement that DSS post updated state medical services and public assistance manuals on the DSS web site, at the regional and sub-regional DSS offices, at all town halls in the state, and at all legal assistance programs in the states. It also eliminates the requirement to provide a copy of those materials to any member of the public who requests one. Instead, the materials and updates of the materials must be posted on the eRegulations system as of October 1, 2014.

Previously, DSS was required to publish a notice of intent to adopt regulations in the Connecticut Law Journal. Effective July 1, 2013, the Act required DSS to post the

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policies on its website and electronically submit them to the Secretary of the State. These requirements will be eliminated as of October 1, 2014, at which point, the regulations must best posted to the eRegulations System.

Section 10 eliminates the DSS community services policy manual. The section also requires the DOA to adopt regulations to carry out the purposes, programs and services authorized pursuant to the OAA.

§ 11—DSS Uniform Policy Manual

This section requires DSS to make technical and structural changes to the Uniform Policy Manual to conform to the number system, organization, form and style of the regulations of other Connecticut state agencies. Once approved, DSS must transfer a certified electronic copy to the Secretary to be posted on the eRegulations System.

Details of the eRegulations system are also set forth in portions of another Act from the same legislative session, §§ 26–36 of Public Act 13-247 (An Act Implementing Provisions of the State Budget for the Biennium Ending June 30, 2015 Concerning General Government).

14. PUBLIC ACT 13-293. AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING MEDICAID PAYMENT INTEGRITY.
Effective June 20, 2013

§ 1—Joint Report on Medicaid Fraud Prevention and Overpayment Recovery

This section requires DSS, in coordination with the Chief State's Attorney and AG, to annually submit a joint report to the General Assembly's joint standing committees on human services and appropriations, concerning the state's efforts in the previous fiscal year to prevent and control Medicaid fraud, abuse, and errors and recover Medicaid overpayments. The first report is due January 1, 2015.

The report must include a final reconciled and unduplicated accounting of identified, ordered, collected, and outstanding Medicaid recoveries from all sources. The report cannot include any personally identifying information related to a Medicaid claim or payment and does not have to include information that is protected from disclosure by state or federal law or by court rule.

DSS, the Chief State's Attorney, and the AG each must provide certain listed information in the final joint report. For example, DSS must provide data related to (1) Medicaid audits conducted, including the amount of overpayments identified and recovered and the number of audits referred to the Chief State's Attorney; (2) data related to Medicaid program integrity investigations, including the number of complaints received and

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investigations opened, as well as the number of investigations completed with outcomes and overpayments recovered and the length of time to complete each investigation; and (3) the amount of overpayments collected by recover contractor and type of contractor. The Chief State's Attorney and the AG must each report on the number of investigations opened, timing of completion and final disposition in terms of monetary recoveries, criminal charges, settlements and the number of declined referrals. The joint report must also include third-party liability recovery information for the previous three year period. It must also include detailed and unit specific performance standards, benchmarks and metrics; projected cost savings for the following fiscal year and new initiatives taken to prevent and detect overpayments.

§ 2—Medicaid Audit Expansion Assessment

This section requires DSS to assess the feasibility of expanding its Medicaid audit program, including the possible use of contingency-based contractors.

It requires DSS to produce a written analysis of the recovery of Medicaid dollars through its third-party liability contractors to determine if recovery procedures maximize collection efforts. DSS is also required, by January 1, 2014, to submit a report on its audit feasibility assessment and third-party liability analysis findings to the General Assembly's joint standing committees on human services and appropriations.

III. ACTS CONCERNING HEALTH INSURANCE

15. PUBLIC ACT 13-74. AN ACT CONCERNING HEALTH PLAN DATA.
Effective October 1, 2013

The Act requires that the CHIE Board of Directors, which was created in accordance with PPACA, submit quarterly reports to the General Assembly's joint standing committees on public health, human services and insurance. The reports shall include information on health coverage for households with incomes from 133%-200% of the FPL, including the number of people who were enrolled in a qualified health plan at the end of the previous calendar year, along with other relevant information that will help the General Assembly evaluate the costs and benefits of a basic health plan. The first report must be submitted by March 31, 2014.

16. PUBLIC ACT 13-131. AN ACT CONCERNING SYNCHRONIZING PRESCRIPTION REFILLS.
Effective January 1, 2014

The Act prevents individual or group health insurance policies that cover basic hospital expenses, basic medical surgical expenses, major medical expenses, hospital or medical

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services including coverage under an HMO plan, or single-service ancillary health coverage plans from denying coverage for refilling any drug prescribed to treat a chronic illness if the refill is made in accordance with a plan among the insured, a practitioner and the pharmacist to synchronize refilling of multiple prescriptions for the insured.

17. PUBLIC ACT 13-280. AN ACT CONCERNING LONG-TERM CARE BENEFITS UNDER AN ANNUITY CONTRACT.
Effective October 1, 2013

The Act allows insurers licensed for both life and health insurance in Connecticut to offer annuity contracts or certificates, or riders or endorsements to them, which provide long-term care insurance benefits. This allows withdrawals from the annuity for long-term care expenses. Such contracts and certificates must waive the surrender charges or accelerate a portion of the annuity contract. By law, life insurance policies may already provide long-term care benefits. Life insurance policies and annuity contracts must be filed with and approved by the Insurance Commissioner.

The Act also makes technical and conforming changes, including repealing a related provision that allowed insurers to combine certain life insurance or annuities with long-term care benefits.

IV. ACTS CONCERNING EMPLOYMENT AND BUSINESS RESPONSIBILITIES

18. PUBLIC ACT 13-8. AN ACT CONCERNING WITHHOLDING OF INCOME TAX.
Effective October 1, 2013

A Connecticut employer can now withhold a portion of an employee's wages as required by another state's income tax laws if the employee either works for the employer in the other state or resides in the other state, regardless of whether the other state has a reciprocal agreement with Connecticut.

19. PUBLIC ACT 13-49. AN ACT CONCERNING MILITARY LEAVE FROM EMPLOYMENT.
Effective October 1, 2013

The Act expands the protection against discrimination or adverse treatment against reservist members of United States armed forces to members of the state armed forces including the state's organized militia, National Guard, naval militia, and marine corps.

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20. PUBLIC ACT 13-63. AN ACT CONCERNING THE DEFINITION OF NEW EMPLOYEE IN THE UNEMPLOYED ARMED FORCES MEMBER SUBSIDIZED TRAINING AND EMPLOYMENT PROGRAM.
Effective June 3, 2013

Employers hiring any honorably discharged U.S. armed forces members who served for at least 90 days, regardless of whether that time was spent in combat, now qualify for wage subsidies and training grants under the Labor Department's Unemployed Armed Forces Subsidized Training and Employment Program.

21. PUBLIC ACT 13-66. AN ACT CONCERNING UNEMPLOYMENT CONFORMITY.
Effective October 1, 2013

The Act amends the law to conform to the federal Trade Adjustment Assistance Extension Act of 2011 (TAAEA).

§ 1—Penalty for Fraudulent Claims

TAAEA requires states to penalize an unemployment claimant at least 15% of an erroneous payment if the claimant's fraudulent acts resulted in an unemployment overpayment. Current Connecticut law provides that the administrator of the Unemployment Compensation Fund may penalize a claimant by imposing up to thirty-nine weeks of ineligibility for benefits. The Act changes the penalty to a fine of 50% of the overpayment for a first offense and 100% of the overpayment for subsequent offenses.

§ 2—Employer's Responsibility to Appear

TAAEA also prohibits states from relieving an employer of any unemployment charges if an unemployment overpayment was due to the employer's failure to timely or adequately respond to a state agency's request for information. Under current Connecticut law, an employer who fails to appear at a hearing or submit a timely written response can be charged for a claimant's benefits for up to six weeks after the week in which the employer files an appeal, regardless of whether the case involved an overpayment. The Act (1) limits this liability to overpayment determinations when an employer fails to appear for a hearing or submit a timely response and (2) requires that the employer be charged with its proportionate share of benefits paid to the claimant until an appeal decision is issued, instead of the current law's six week limit on charges.

§ 4—Share Work Unemployment Compensation Program

Finally, under current Connecticut law, the state's shared work unemployment compensation program is available only to contributing employers (those who pay

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unemployment taxes). The Act opens the program to all employers subject to the unemployment law.

22. PUBLIC ACT 13-117. AN ACT INCREASING THE MINIMUM FAIR WAGE.
Effective July 1, 2013; first increase in minimum wage effective January 1, 2014; second increase in minimum wage effective January 1, 2015

The Act increases the hourly minimum wage by $0.75 over a two-year period. It increases the hourly minimum wage from $8.25 to $8.70, beginning January 1, 2014. It then increases the hourly minimum wage from $8.70 to $9.00, beginning January 1, 2015.

As before, learners, beginners, and people under age 18 may be paid 85% of the minimum wage for the first 200 hours of their employment. Thus, beginning January 1, 2014, concomitant with the general increase in the minimum wage, the Act increases the minimum wage for this category of workers from $7.01 to $7.39 and, beginning January 1, 2015, from $7.39 to $7.65.

The Act also increases the tip credit for hotel and wait staff to 34.6% of the minimum wage on January 1, 2014, and 36.8% of the minimum wage on January 1, 2015, while keeping the employer's required share of the minimum wage at its current $5.69 for this category of workers.

Finally, the Act increases the tip credit for bartenders to 15.6% of the minimum fair wage on January 1, 2014, and 18.5% of the minimum wage on January 1, 2015, while keeping the employer's required share of the minimum wage at its current $7.34 for this category of workers.

23. PUBLIC ACT 13-140. AN ACT CONCERNING TECHNICAL AND OTHER CHANGES TO THE LABOR DEPARTMENT STATUTES.
Effective June 18, 2013

The Act makes several conforming changes to DOL statutes and removes obsolete references. It also makes several substantive changes, outlined below.

§§ 1–2—Individual Development Account Program

The IDA program helps low-income people build assets. DOL oversees the program, which is administered at the local level by participating community-based organizations. Under current law, IDA participants can use money saved in IDAs for *one* of the following purposes: (1) obtaining education or job training, (2) purchasing a home, (3) starting a business or joining an existing one, (4) buying a car for work, (5) making a lease deposit, or (6) paying for a child's education or job training. Under current law, the

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state contributes a maximum of $2 for every $1 a low-income participant contributes up to a limit of $1,000 per calendar year with a $3,000 maximum per participant for the duration of their participation in the program.

Under current law, grants from the IDA Reserve Fund to certified state IDA programs must be made on behalf of each individual account holder in the maximum amount of two dollars for every one dollar deposited by the account holder. Section 2 eliminates the $1,000 annual limit for these grants. Under current law, unchanged by that section, the grant amount is limited to $3,000 per account holder for the duration of the account holder's participation in the program. That section also allows participants to use the funds for any combination of the listed purposes.

Section 2 also requires that state matching IDA funds forfeited by an IDA account holder be kept in the local reserve fund for a new account holder to use, instead of being returned to DOL's IDA reserve fund. It also requires that state matching IDA funds be returned to the IDA reserve fund if they remain unused after five years for any reason, rather than just because the IDA participant stopped making contributions.

§§ 16 & 22—Incumbent Working Training Program

These sections rename the Twenty-First Century Skill Training program the Incumbent Worker Training Program. Under current law, unchanged by the Act, the program's purposes are to (1) sustain high-growth occupation and economically vital industries and (2) assist workers in obtaining skills to start or move up their career ladders. By law, "incumbent workers" means individuals who are employed in this state, but who are in need of additional skills, training, or education to upgrade employment.

These sections require that 50% of funds appropriated for the Incumbent Worker Training Program be used for companies that have not received this funding in the previous three years. They also require the DOL Commissioner to (1) allocate funds for the program on a regional basis and (2) prescribe the program's application form. The DOL Commissioner may designate an entity to administer the program in each region, repealing the language of Conn. Gen. Stat. § 31-3kk that required incumbent working training funds to be administered by regional workforce development boards.

§ 18—DOL Unemployment Information Sharing

This section requires DOL to share unemployment information with (1) nonpublic entities with which it contracts to administer the unemployment system and (2) third parties if the individual or employer to whom the information pertains provides written, informed consent.

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§§ 3, 4, 13 & 20–22—Repealers

These sections:

1. Repeal the language of Conn. Gen. Stat. § 31-3g that established the Advisory Council on Displaced Homemakers (§ 3);
2. Repeal the requirement for employers to report to the DOL Commissioner their experiences with leaves of absence (§ 4);
3. Repeal the language of Conn. Gen. Stat. § 31-59 that established the DOL Commissioner's authority to appoint a wage board, as well as the statutes at Conn. Gen. Stat. §§ 31-61, 31-62, 31-64, 31-65 that defined wage boards and their functions (§§ 13, 22);
4. Repeal the requirement that the DOL Commissioner make annual reports and recommendations to the Governor on manpower requirements, resources, use and training, and on economic developments and trends affecting such items (§ 20);
5. Repeal the requirement that the DOL Commissioner make annual recommendations to the Governor and General Assembly concerning the appropriation of funds received under the federal Workforce Investment Act of 1998 for young adult programs for teenage parents, those at risk of dropping out of school and young adults who attend technical high schools, adult education programs or other programs to assist such persons in attaining a high school diploma or its equivalent (§ 21);
6. Repeal the tax credit for hiring people receiving benefits from the temporary family assistance program (§ 22);
7. Repeal the requirement that the Connecticut Employment and Training Commission annually submit to OPM and the General Assembly's joint standing committees on employment and training a report card of each program emphasizing employment placement included in the Commission's annual inventory (§ 22);
8. Repeal the requirement that the DOL Commissioner make annual reports to the Governor on child labor law violations (§ 22);
9. Repeal the requirements that the DOL commissioner make annual reports to all state departments with a list of employers disqualified from bidding on state projects by NLRB decisions (§ 22);
10. Repeal requirements that DOL publish monthly reports with a list of information concerning all recipients of unemployment compensation benefits (§ 22).

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24. PUBLIC ACT 13-141. AN ACT CONCERNING THE REQUIREMENT FOR ELECTRONIC FILING OF QUARTERLY UNEMPLOYMENT TAX RETURNS.
Effective January 1, 2014

Beginning with the first calendar quarter of 2014, the Act requires all employers subject to the state's unemployment law, or their reporting agents, to submit their quarterly wage reports to DOL on magnetic tape, diskette, or other electronic means prescribed by the department. It also requires all employers, or their agents, that directly reimburse the unemployment system for benefits paid to former employees (e.g. state and local governments) to pay electronically. Under current law, both requirements apply only to employers with 250 or more employees, although employers are exempt from the electronic reporting requirement if they can show that they are technologically incapable of meeting it.

The Act allows employers, or their agents, to request a waiver from the electronic reporting and electronic reimbursement requirements. It requires them to submit a written request for a waiver on a DOL-prescribed form at least thirty days before the wage report or reimbursement payment is due. The DOL Commissioner must grant the request upon a finding that the requirement would cause an undue hardship. The Commissioner must promptly notify the employer or agent of her decision, which cannot be further reviewed or appealed. If granted, a waiver is good for one year.

25. PUBLIC ACT 13-176. AN ACT CONCERNING EMPLOYEE ACCESS TO PERSONNEL FILES.
Effective October 1, 2013

The Act modifies an employer's responsibility for allowing employee access to requested personnel files.

§ 1—Employee Access to Personnel Files

This section requires an employer to:

1. Allow a current employee to inspect and copy his or her personnel file within seven business days after receipt of a written request. This amends the current law, which required the employer to allow an employee to inspect his or her personnel file within a reasonable amount of time, and did not specifically permit an employee to copy his or her file.
2. Allow a former employee to inspect or copy his or her personnel file within ten business days after receipt of a written request, provided that the request is received within one year after that employee's termination date. The inspection must take place during regular business hours, at a location agreed upon by both

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parties. If the parties cannot agree on a location, the employer can satisfy the requirements in this subsection by mailing a copy of the personnel file to the former employee within ten business days of the written request.

3. Provide an employee with a copy of any disciplinary action not later than one business day after the date of the action. Employers must immediately provide a copy of any documented notice of termination of employment.

§ 2—Discipline, Termination, and Evaluation Documents

Within any documented disciplinary action, notice of termination, or performance evaluation, an employer must include a conspicuous notice informing the employee of his or her right to submit a written statement explaining his or her position if he or she disagrees with what has been documented. Any such employee statement must be maintained as part of the employee's personnel file and must accompany any disclosure of the file that is made to a third party.

§ 3—Penalties

This section changes the required civil penalties of $500 for a first offense, and $1000 for subsequent violations by now requiring DOL to determine the appropriate civil penalty by considering any factors that the he or she deems relevant, including the level of assessment necessary to ensure immediate and continued compliance with the Personnel Files Act, the impact caused by the violation, and the employer's record of past violations. DOL may issue a penalty of up to $500 for the first violation, and up to $1,000 for subsequent violations involving the same current or former employee.

26. PUBLIC ACT 13-288. AN ACT IMPROVING THE TIMELINESS AND EFFICIENCY OF THE DEPARTMENT OF LABOR'S UNEMPLOYMENT INSURANCE TAX OPERATIONS.
Effective October 1, 2013

The Act requires any employer that becomes subject to the state's unemployment law to electronically notify the DOL Commissioner within thirty days after becoming subject to the law. It also requires an employer to electronically notify the commissioner within thirty days after acquiring substantially all of the assets, organization, trade, or business, including employees, of another employer that is subject to the state's unemployment law. In both instances, the Commissioner must determine the manner in which the electronic notice will be provided. The Act establishes a $50 civil penalty per violation for violating either notice requirement.

The Act also establishes a $25 fee for employers that fail to submit their required quarterly wage reports under a proper state unemployment compensation registration

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number. Existing law, unchanged by the Act, imposes a $25 fee on employers who do not submit these reports in a timely manner.

V. ACTS CONCERNING HOUSING AND REAL PROPERTY

27. PUBLIC ACT 13-9. AN ACT CONCERNING ENFORCEMENT PROTECTION FOR NONCONFORMING STRUCTURES.
Effective October 1, 2013

The Act requires that structures violating zoning regulations be deemed nonconforming under the same circumstances as buildings violating zoning regulations. The Act allows municipalities to define "structure," but provides a definition that would apply in the absence of a municipal definition. As per the Act, a structure is any combination of materials, other than a building, that is affixed to the land, including, without limitation, signs, fences, walls, pools, patios, tennis courts and decks. The Act places the burden of proving that a structure qualifies as a nonconforming structure on the property owner.

28. PUBLIC ACT 13-35. AN ACT PROHIBITING RESIDENTIAL LANDLORDS FROM REQUIRING TENANTS TO PAY RENT BY ELECTRONIC FUNDS TRANSFER.
Effective October 1, 2013

The Act prohibits landlords from requiring that rent or security deposits be paid by electronic funds transfer for residential leases or rental agreements executed on or after October 1, 2013. The Act defines "electronic funds transfer" as any transfer initiated through an electronic terminal, telephone, computer, or magnetic tape that authorizes a financial institution to debit or credit an account. That definition does not include transfer originated by check, draft, or similar paper instrument.

29. PUBLIC ACT 13-36. AN ACT CONCERNING THE POWER OF MUNICIPAL FAIR RENT COMMISSIONS
Effective October 1, 2013

The Act defines "rental charge" (used with reference to "excessive rental charges") to include all fees imposed by a landlord, in addition to rent.

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30. PUBLIC ACT 13-61. AN ACT CONCERNING PROPERTY TAX EXEMPTIONS FOR RENEWABLE ENERGY SOURCES.
Effective June 3, 2013 and applicable to assessment years commencing on and after October 1, 2013

The Act exempts Class I renewable energy sources (e.g. energy derived from solar power, wind power, or a fuel cell), hydropower facilities, or solar thermal or geothermal renewable energy sources from property taxes in the following instances:

1. For assessment years commencing on and after October 1, 2013, if the installation occurred on or after January 1, 2010, the installation was for commercial or industrial purposes, the nameplate capacity of the source or facility does not exceed the load for the location where the generation is located, and the source or facility is located in a distressed municipality, which is a municipality with a population between 125,000 and 135,000.
2. For assessment years commencing on and after October 1, 2013, any municipality may abate up to 100% of property tax for the source provided the installation occurs between January 1, 2010, and December 31, 2013, the installation is for commercial or industrial purposes, the nameplate capacity of the source or facility does not exceed the load for the location where the generation is located, and the source or facility is not located in a distressed municipality.
3. For assessment years commencing on and after October 1, 2014, if the installation occurs on or after January 1, 2014, the installation is for commercial or industrial purposes, the nameplate capacity of the source or facility does not exceed the load for the location where the generation is located.

31. PUBLIC ACT 13-65. AN ACT INCREASING ACCESS TO AFFORDABLE HOUSING.
Effective July 1, 2013

The Act increases the maximum amount of mortgage purchases and loans that CHFA can make that are not insured or guaranteed by a (1) federal or state entity, (2) congressionally chartered public corporation, (3) Connecticut-licensed mortgage insurance company, or (4) CHFA from $1.5 billion to $2.25 billion at any one time.

32. PUBLIC ACT 13-116. AN ACT CONCERNING THE COMMERCIAL PROPERTY ASSESSED CLEAN ENERGY PROGRAM.
Effective June 6, 2013

The Clean Energy Finance and Investment Authority is required to establish a C-PACE program for qualifying commercial property, defined as properties meeting the Authority's standards for the commercial sustainable energy program, which already

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exists under current law. The new C-PACE program would allow these qualifying properties to finance energy improvements by paying a special assessment on the participant's property tax bill if the municipality participates in the program.

The Act adds (1) district heating and cooling and (2) solar thermal or geothermal system projects to the types of energy efficiency and renewable energy improvements that may be financed under the C-PACE program.

33. PUBLIC ACT 13-246. AN ACT CONCERNING MUNICIPAL AUTHORITY TO PROVIDE TAX ABATEMENTS TO ENCOURAGE RESIDENTIAL DEVELOPMENT AND ESTABLISHING THE RENTSCHLER FIELD IMPROVEMENT DISTRICT IN THE TOWN OF EAST HARTFORD.
Effective October 1, 2013

Under current law, towns may offer property tax exemptions for certain economic development projects. The first two sections of the Act (1) decrease the minimum cost of improvements eligible for the 50% tax exemption from $25,000 to $10,000, (2) allow for the exemption to apply to mixed-use developments, and (3) amend the definition of "rehabilitation area" by explicitly articulating that multiple properties within a municipality can qualify as a single rehabilitation area.

34. PUBLIC ACT 13-298. AN ACT CONCERNING IMPLEMENTATION OF CONNECTICUT'S COMPREHENSIVE ENERGY STRATEGY AND VARIOUS REVISIONS TO THE ENERGY STATUTES.
Effective June 20, 2013

The Act generally addresses and makes changes to Connecticut's energy strategy.

§ 35—Virtual Net Metering

This section expands eligibility for virtual net metering to state or agricultural customer hosts. Virtual net metering is a process where the amount of electricity generated by a customer that owns a class I, or now a class III renewable resource is tracked to calculate the amount of electricity that the resource provides to the power grid. By law, the customer receives a net metering credit on its electric bill when it generates more electricity than it uses in a billing period.

Current law allows municipalities to share billing credits with up to five other municipal accounts. This section expands this provision to include state accounts, and it allows municipal or state accounts that are connected to a microgrid to share virtual net metering credits with up to five non-state or municipal critical facilities, including hospitals. A microgrid is a group of connected electricity users and generates that act as a single

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controllable entity with respect to a larger grid, and can operate independently or as part of a larger grid.

Additional legislation related to the state's comprehensive energy strategy was passed in portions of another Act during the same session, §§ 117–119 of Public Act 13-247 (An Act Implementing Provisions of the State Budget for the Biennium Ending June 30, 2015 Concerning General Government), which are summarized here:

§§ 117–18—Furnace Replacement Program
Effective June 19, 2013

These sections require that electric distribution and gas companies, by September 1, 2013, develop a residential furnace and boiler replacement program funded by the systems benefits charge outlined in Conn. Gen. Stat. § 16-245*l*. The programs must be reviewed and approved or modified by DEEP, in consultation with the ECMB, within sixty days of receipt of the plan for said program. The programs must continue for three years. By January 1, 2014, the companies must retain an expert third-party administrator to develop the program.

The third-party administrator shall be responsible for extending loans and administering the residential furnace and boiler replacement program to assist residential retail end use customers in funding heating furnace or boiler equipment replacements that meet all of the program requirements, including the following provisions:

1. The total projected direct cost savings to the eligible residential retail end use customer resulting from the heating furnace or boiler replacement, calculated on an annual basis commencing from the month that the replacement furnace or boiler is projected to be in service, shall be greater than the total cost of the replacement funds over the term of the program in order to qualify for the program.
2. The eligible customer shall pay a contribution of not less than 10% of the total cost of the replacement or conversion of the heating furnace or boiler and any additional amounts that are required in order to meet the program requirements.
3. Eligible customers shall have six consecutive months of timely utility payments and shall not have any past due balance owed to any electric distribution company or gas company.

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4. The term of the repayment of the replacement funds shall be the lesser of (1) the simple payback period of the replacement funds plus two years, or (2) ten years.
5. The replacement furnace or boiler shall meet or exceed federal Energy Star standards.

Program participants shall repay the furnace or boiler replacement funds through a monthly charge on the customer's residential electric or gas utility bill. If the premises are sold, the amount of replacement funds remaining to be repaid shall be transferred to subsequent service account holders at such premises, unless the seller and buyer agree that the loan will not be transferred.

By January 1, 2016, the DEEP and the ECMB shall engage an independent third party to evaluate and submit a report, in accordance with section 11-4a, to the General Assembly's joint standing committee revenue and bonding regarding the status of the program. Such report shall also include an evaluation of the program developed pursuant to § 58 of Public Act 13-298, as amended by house amendment schedule A.

§ 119—Phase-out Period for Electric Bill Credits for Installing Renewable Systems
Effective July 1, 2013

Public Act 13-298 gives certain electric company customers who install renewable generating systems under their property a partial credit on the transmission and distribution charges on their electric bills. The bill credit phases down over three years. This section begins the phase-down period based on when the system begins operation, rather than tying the phase-down to specific dates.

VI. ACTS CONCERNING LICENSING AND TRAINING REQUIREMENTS FOR PROFESSIONALS

35. PUBLIC ACT 13-76. AN ACT REQUIRING LICENSED SOCIAL WORKERS, COUNSELORS AND THERAPISTS TO COMPLETE CONTINUING EDUCATION COURSE WORK IN CULTURAL COMPETENCY.
Effective October 1, 2013, and applicable to license registration periods beginning on and after October 1, 2014

The Act requires social workers, professional counselors, alcohol and drug counselors, and marriage and family therapists licensed by DPH to complete a minimum of one

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contact hour of continuing education coursework in cultural competency during each registration period. The Act does not alter the overall number of continuing education hours required during each registration period for any of these licensed professionals.

36. PUBLIC ACT 13-157. AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIANS AND PSYCHOLOGISTS.
Effective October 1, 2013

In addition to defining a professional corporation as a corporation that is organized for the sole and specific purpose of rendering professional service and that has as its shareholders only individuals who themselves are licensed or otherwise legally authorized to render the same professional services as the corporation, the Act also defines varied services that can be offered jointly in one professional services corporation.

The Act now allows for a professional services corporation to offer both the services of a physician and psychologist.

37. PUBLIC ACT 13-217. AN ACT CONCERNING CONTINUING EDUCATION COURSES FOR PHYSICIANS.
Effective July 1, 2013

The Act reduces the frequency with which physicians must take mandatory CME topics from one contact hour in each mandatory topic every two years to one contact hour in each mandatory topic during the first license renewal period that requires CME, and once every six years after that. The Act does not change the requirement that a physician who applies for license renewal must have completed at least fifty contact hours of CME during the previous twenty-four months.

The Act adds behavioral health to the list of mandatory topics. It also requires physicians to retain records of attendance or certificates of completion for CME activities for six years rather than three.

VII. ACTS CONCERNING PROBATE

38. PUBLIC ACT 13-81. AN ACT CONCERNING PROBATE COURT OPERATIONS.
Effective October 1, 2013

The Act makes revisions to probate statutes, including several changes that affect conservatorships.

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§ 11—Hearing Attendance

This section requires that if a conserved person notifies the Probate Court that he or she wants to attend a hearing, but is unable to do so, the Probate Court must schedule the hearing at a place that would allow the conserved person to attend.

§ 12—Safeguards for Voluntary Conservatorships

This section extends safeguards that are currently available under involuntary conservatorships to voluntary conservatorships. The safeguards:

1. Prohibit a conservator from terminating a tenancy or lease, or selling or disposing of real property or household furnishings of a person under conservatorship, unless the Probate Court finds that the person under the conservatorship agrees to the action.
2. Require a conservator to file a report with the Probate Court before causing a person under conservatorship to be placed in a skilled nursing facility, an intermediate care facility, a residential care home, an extended care facility, a nursing home, a rest home, or a rehabilitation hospital or facility. The Probate Court must hold a hearing to consider the report. The report must contain information about alternatives that have been considered to avoid such placement and give reasons why the placement is necessary.
3. Allow the person under conservatorship to request a hearing on the person's placement in an institution for long-term care that determines whether a less restrictive alternative would be a better option for that person. The Probate Court can order that the person be placed in a less restrictive and more integrated setting if it finds that the person's physical, mental, and psychosocial needs would be better met in that environment.
4. Allow the person under conservatorship to waive his or her right to a hearing.

39. PUBLIC ACT 13-212. AN ACT CONCERNING ACCESS TO JOINTLY OWNED ASSETS THAT ARE LOCATED IN A SAFE DEPOSIT BOX.
Effective October 1, 2013

The Act establishes a process for an interested party to retrieve jointly owned stocks, bonds, annuities, and certificates of deposit kept in a safe deposit box solely owned by a deceased person whose estate is not subject to probate proceedings. The interested party may apply to the Probate Court for an order to open the safe deposit box and obtain an inventory of the financial instruments contained therein. The Probate Court must issue an order approving or denying the application within ten days. If the order is approved, the

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box must be opened and inventoried in the presence of a bank officer, and the bank officer must identify the items in the safe deposit box for the court.

The Probate Court may then issue an order authorizing the removal of the financial instruments from the safe deposit box. A bank officer must be present when the box is opened. Within ten days of receiving the order, the bank officer must return the order identifying the financial instruments, and the person who removed them.

VIII. ACTS CONCERNING GOVERNMENT STUDIES AND TASK FORCES

40. SPECIAL ACT 13-3. AN ACT ESTABLISHING A TASK FORCE TO CONSIDER IMPEDIMENTS TO FAIR HOUSING CHOICE.
Effective May 28, 2013

The Act forms a task force to consider legislative solutions to address impediments to fair housing choice. The task force must submit a report on its findings and recommendations to the joint standing committees of the General Assembly handling matters related to planning, development, and housing by February 5, 2014. The task force will be terminated as of the date that it submits the report, or on February 5, 2014, whichever is later.

41. SPECIAL ACT 13-7. AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW-INCOME RESIDENTS.
Effective June 3, 2013

The Act requires the Council on MAP Oversight to study health care access for Medicaid recipients, including burdens for providers, the availability of provider education on providing care to Medicaid recipients, and the impact of Medicaid reimbursement rates on access to providers. By January 1, 2014, the Council must recommend strategies to improve recipients' access to health care providers, improve health outcomes, reduce spending rates, particularly for Medicaid recipients with the costliest needs, and reduce racial and ethnic disparities in health outcomes.

42. SPECIAL ACT 13-11. AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMER'S DISEASE AND DEMENTIA.
Effective June 18, 2013

The Act creates a task force to study the care provided to persons diagnosed with Alzheimer's disease and dementia in the state. It requires that the task force submit a report no later than January 1, 2014 on its findings and recommendations to the General Assembly's joint standing committees on public health and aging.

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The task force shall analyze and make recommendations that shall include but are not limited to (1) services provided to persons diagnosed with Alzheimer's disease and dementia, including persons with early-stage and early-onset of Alzheimer's disease, and such persons' family members and caregivers, (2) the transition of such persons from one health care facility to another, (3) the placement of such persons in community based settings or health care facilities other than nursing home facilities, and (4) the implementation of legislative policy changes, coordination between state agencies and private community-based health care, and case management services to better serve such persons diagnosed with Alzheimer's disease and dementia along with their family members and caregivers.

The task force shall be composed of the following members:

1. The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to aging and public health, or the chairpersons' and ranking members' designees;
2. One appointed by the speaker of the House of Representatives, who shall be a person diagnosed with Alzheimer's disease;
3. One appointed by the president pro tempore of the Senate, who shall be a family member of, and caregiver for, a person diagnosed with Alzheimer's disease;
4. One appointed by the majority leader of the House of Representatives, who shall be a representative of an organization that advocates for persons with Alzheimer's disease and dementia who are living in long-term care facilities;
5. One appointed by the majority leader of the Senate, who shall be a physician whose practice is focused on the treatment of elderly patients;
6. One appointed by the minority leader of the House of Representatives, who shall be a representative of a community-based health care provider;
7. One appointed by the minority leader of the Senate, who shall be a member of the Alzheimer's Association, Connecticut Chapter;
8. One appointed by the Governor, who shall be a representative of a long-term care facility;
9. The chairperson of the Long-Term Care Planning Committee, established pursuant to section 17b-337 of the general statutes;
10. The DSS Commissioner, DPH Commissioner, DESPP Commissioner, DOA Commissioner, DOL Commissioner and DOB Commissioner, or said commissioners' designees; and
11. The Probate Court Administrator or the Administrator's designee.

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43. SPECIAL ACT 13-13. AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE.
Effective July 1, 2013

The Act establishes a Task Force on Family Medical Leave Insurance and requires that the task force study the feasibility of establishing an insurance program to provide short-term benefits to workers who are unable to work due to (1) pregnancy or the birth of a child, (2) a non-work-related illness or injury, or (3) the need to care for a seriously ill child, spouse or parent.

44. PUBLIC ACT 13-55. AN ACT CONCERNING AN ADVISORY COUNCIL ON PALLIATIVE CARE.
Effective October 1, 2013

The Act creates a Palliative Care Advisory Council within DPH to analyze the current state of palliative care in Connecticut and advise DPH on matters related to improving palliative care and the quality of life for people with serious or chronic illnesses. The Act requires the Council to submit annual reports on its findings and recommendations to the DPH Commissioner and the General Assembly's joint standing committee on public health. The first report is due by January 1, 2015.

The Council will be composed of the following members, who serve three-year terms and must be appointed by December 31, 2013:

1. Two appointed by the Governor, one of whom shall be a physician certified by the ABHPM and one of whom shall be a registered nurse or advanced practice registered nurse certified by the National Board for Certification of Hospice and Palliative Nurses;
2. Seven appointed by the DPH Commissioner, each of whom shall be a licensed health care provider, with each appointee having experience or expertise in the provision of one either (1) inpatient palliative care in a hospital, (2) inpatient palliative care in a nursing home facility, (3) palliative care in the patient's home or a community setting, (4) pediatric palliative care, (5) palliative care for young adults, (6) palliative care for adults or elderly persons, or (7) inpatient palliative care in a psychiatric facility;
3. One appointed by the speaker of the House of Representatives, who shall be a licensed social worker experienced in working with persons with serious or chronic illness and their family members;
4. One appointed by the president pro tempore of the Senate, who shall be a licensed pharmacist experienced in working with persons with serious or chronic illness;

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5. One appointed by the minority leader of the House of Representatives, who shall be a spiritual counselor experienced in working with persons with serious or chronic illness and their family members; and
6. One appointed by the minority leader of the Senate, who shall be a representative of the American Cancer Society or a person experienced in advocating for persons with serious or chronic illness and their family members.

45. PUBLIC ACT 13-109. AN ACT CONCERNING LIVABLE COMMUNITIES.
Effective July 1, 2013

The Act requires COA to establish a "Livable Communities" initiative that will work with community leaders to allow residents to age in place. A "livable community" is defined as a community with affordable and appropriate housing, infrastructure, community services and transportation options for residents of all ages. The Act defines "age in place" as meaning to allow residents to remain in their own homes and communities regardless of age or disability.

COA must build partnerships with (1) municipal leaders, (2) representatives of municipal senior and social services offices, (3) community stakeholders, (4) planning and zoning boards and commissions, (5) representatives of philanthropic organizations, and (6) representatives of social services and health organizations to (1) plan informational forums on livable communities, (2) investigate innovative approaches to livable communities nationwide, and (3) identify various public, private and philanthropic funding sources to design such communities.

No later than January 1, 2014, COA must also establish a single portal on its Internet web site for information and resources concerning the Livable Communities initiative.

COA must report on this initiative annually to the General Assembly's joint standing committees on aging, housing, human services, and transportation; the first report is due July 1, 2014.

IX. MISCELLANEOUS ACTS OF INTEREST

46. PUBLIC ACT 13-7. AN ACT CONCERNING TECHNICAL AND OTHER REVISIONS TO STATUTES CONCERNING THE DEPARTMENT OF REHABILITATION SERVICES.
Effective July 1, 2013

Prior to 2012, DORS was known as the Bureau of Rehabilitative Services. DORS administers the services previously provided by the Board of Education and Services for

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the Blind, the Commission on the Deaf and Hearing Impaired, DSS's Bureau of Rehabilitation Services, the Workers' Rehabilitation Program, and the Driver Training Program for People with Disabilities.

§ 1—Assistance for the Blind

This section changes references to the "blind" to "legally blind," and removes the requirement that the Department's maximum expenditure for any one legally blind person not exceed $960 in a fiscal year.

§ 3—Assistive Technology and Adaptive Equipment Loans

This section expands DORS capability to authorize loans for the purchase of assistive technology and adaptive equipment and services to include senior citizens, or the family members of individuals with a disability or senior citizens. This section also changes the loan term from five years to ten years, and specifies that the interest rate should be fixed and should not exceed 6%.

Also related to assistive technology was a provision of another Act passed in the same session, § 108 of Public Act 13-184 (An Act Concerning Expenditures and Revenue for the Biennium Ending June 30, 2015), which is summarized here:

> **§ 108—Department of Rehabilitation Services Assistive Technology Revolving Fund**
> *Effective July 1, 2013*
>
> This section authorizes DORS to establish and administer the Assistive Technology Revolving Fund, and it adds senior citizens, and family members of senior citizens to those who are eligible to receive a loan for the purchase of technology and adaptive equipment and services. This section extends the terms of the loan from a maximum of five years to a maximum of ten years at a 6% interest rate.
>
> This section also authorizes DORS, through the Connecticut Tech Act project, to provide assistive technology evaluation and training services upon the request of any person, public entity or private entity if individuals who provide the assistive services are available. DORS may charge a reasonable fee to recoup costs of the project.

§ 5—DORS Annual Report

This section requires the commissioner to submit an annual report to the Governor that details the services provided by DORS to individuals who (1) are blind or visually

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impaired, (2) are deaf or hearing impaired, or (3) receive vocational rehabilitation services.

§ 6—Purchase of Wheelchairs and Adaptive Equipment

This section increases the amount that DORS may spend directly, and without a purchase order, on wheelchairs and placement equipment from $3,500 to $20,000 per unit, and on adaptive equipment, including equipment to modify vehicles, from $10,000 to $120,000 per unit. It eliminates the provision that allowed the purchase of modified vehicles costing up to $25,000. With regard to purchasing modified vehicles, while DORS has had the authority to purchase modified vehicles costing up to $25,000, in practice DORS only pays for the necessary adaptations and modifications to a vehicle and does not actually purchased modified vehicle. Thus, while this Act removes DORS's authority to purchase modified vehicles up to $25,000, there will likely be little practical effect on DORS's current procedures.

47. PUBLIC ACT 13-14. AN ACT CONCERNING EXPENSES RELATING TO THE SALE OF NONPROFIT HOSPITALS.
Effective May 17, 2013

When reviewing the proposed agreement for the sale of a non-profit hospital, the AG may contract with experts or consultants to assist in determining the fair market value of a hospital's assets. This act increases the amount that the AG may bill the purchaser for such services from $300,000 to $500,000.

48. PUBLIC ACT 13-18. AN ACT CONCERNING GRANTS FROM THE BIOMEDICAL RESEARCH TRUST FUND FOR STROKE RESEARCH.
Effective July 1, 2013

The Act expands the purposes for which DPH may award grants to nonprofit colleges, universities, or hospitals from the Biomedical Research Trust Fund to include research related to strokes in addition to research relating to heart disease, cancer, Alzheimer's disease, diabetes, and other tobacco-related diseases.

49. PUBLIC ACT 13-47. AN ACT CONCERNING THE SEXUAL ASSAULT OF A PERSON WHO IS PHYSICALLY HELPLESS OR WHOSE ABILITY TO CONSENT IS OTHERWISE IMPAIRED.
Effective October 1, 2013

The Act eliminates the term "mentally defective" and replaces it with the term "impaired because of mental disability or disease" throughout. The term "impaired because of mental disability or disease" means that a person suffers from a mental disability or

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disease that renders the person incapable of understanding the nature of his or her conduct.

Under existing law, a person who is unconscious or unable to communicate unwillingness to sexual intercourse or sexual conduct is also considered physically helpless. The Act expands the term "physically helpless" to include a person who is, for any reason, physically unable to resist an act of sexual intercourse.

50. PUBLIC ACT 13-139. AN ACT CONCERNING INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES.
Effective October 1, 2013

The Act solely updates terminology used in numerous statutes regarding the provision of developmental disability services by substituting the term "intellectual disability" for "mental retardation."

51. PUBLIC ACT 13-180. AN ACT CONCERNING DISCLOSURE OF INDEPENDENT EXPENDITURES AND CHANGES TO OTHER CAMPAIGN FINANCE LAWS AND ELECTION LAWS.
Effective June 18, 2013

The Act modifies laws that affect elections, campaign finance, the CEP and the SEEC. Of relevance, the Act clarifies that the definition of "Entity" includes not-for-profit corporations, specifically stating that tax-exempt organizations and tax-exempt political organizations are to be considered "Entities."

52. PUBLIC ACT 13-226. AN ACT CONCERNING THE SILVER ALERT SYSTEM AND MAINTAINING THE PRIVACY OF A MISSING PERSON'S MEDICAL INFORMATION.
Effective October 1, 2013

The Silver Alert system was established in 2009 to help locate missing seniors who are age sixty-five or older or missing mentally impaired adults who are at least eighteen years of age. The system is administered by the Missing Children Information Clearinghouse, a division of DESPP.

The Act requires the Missing Children Information Clearinghouse to establish procedures to maintain the confidentiality of a missing person's medical information that is collected, discovered, or otherwise obtained. A missing adult's medical information must not be disseminated to the public without the consent of the missing person's spouse, parent, sibling, child, or next of kin.

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53. PUBLIC ACT 13-271. AN ACT CONCERNING DISTRACTED DRIVING AND REVISIONS TO THE MOTOR VEHICLE STATUTES.
Effective July 1, 2013

The Act makes a number of changes to the motor vehicle laws. In relevant part, it increases the fee for an individual who is sixty-five years of age or older to renew his or her driver's license for two years from $22 to $24.

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