

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

2017 REGULAR SESSION OF
THE CONNECTICUT GENERAL ASSEMBLY¹

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¹ This Review is Book 1 of 2. Book 2 will summarize key legislation from the 2017 June Special Session of the Connecticut General Assembly, including the Budget and Implementer Acts, once passed.

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TABLE OF ACRONYMS

ABLE	Achieving a Better Life Experience
AG	Attorney General
APRN	Advanced Practiced Registered Nurse
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CHRO	Connecticut Commission on Human Rights and Opportunities
CMEB	Connecticut Medical Examining Board
CPT E/M	Current Procedural Terminology Evaluation and Management
DCF	Department of Children and Family Services
DCP	Department of Consumer Protection
DDS	Department of Developmental Services
DECD	Department of Economic and Community Development
DEEP	Department of Energy and Environmental Protection
DME	Durable Medical Equipment
DMHAS	Department of Mental Health and Addiction Services
DMV	Department of Motor Vehicles
DNR	Do Not Resuscitate
DOA	Department of Aging
DOE	Department of Education
DOH	Department of Housing
DOI	Department of Insurance
DOL	Department of Labor

DORS	Department of Rehabilitation Services
DPH	Department of Public Health
DSS	Department of Social Services
DRS	Department of Revenue Services
FDA	Food and Drug Administration
IV	Intravenous Line
LTC	Long-Term Care
LTCPC	Long-Term Care Planning Committee
MRC	Managed Residential Community
MOLST	Medical Order for Life-Sustaining Treatment
OPA	Office of Protection and Advocacy for Persons with Disabilities
OPC	Office of the Probate Court
OPM	Office of Policy Management
PA	Physician Assistant
PBM	Pharmacy Benefits Manager
RCH	Residential Care Home
RN	Registered Nurse
VA	United States Department of Veterans' Affairs

INTRODUCTION

This Review summarizes legislation enacted in the 2017 Regular Session of the Connecticut General Assembly. As of this writing (August 4, 2017), the Connecticut General Assembly is in the midst of a 2017 June Special Session to develop a biennial budget and accompanying implementing legislation. It is possible that the legislation ultimately passed in the 2017 June Special Session may add to, amend or repeal provisions summarized in this Review. We will summarize all relevant legislation from the 2017 June Special Session, and any other subsequent special sessions that may be called, in a Supplemental Review of Key Legislation Relating to Providers of Services to the Elderly.

REVIEW OF KEY LEGISLATION

I. SPENDING BILLS

1. PUBLIC ACT 17-51. AN ACT CONCERNING DEFICIT MITIGATION FOR THE FISCAL YEAR ENDING JUNE 30, 2017.

Effective June 13, 2017

§ 1

This Section reduces the amount of regional services grant payments from the Municipal Revenue Sharing Fund for the fiscal year that ended June 30, 2017 by \$750,000.

§ 2

This Section establishes that no funds shall carry forward from the fiscal year that ended June 30, 2017 into the following fiscal year, unless approved by OPM.

§§ 4, 7, 8, 13, 31, 44, 59, 62, & 64

These Sections make the following appropriations to the General Fund for the fiscal year that ended June 30, 2017:

- up to \$208,997 from the Tobacco and Health Trust Fund;
- up to \$200,000 from the UConn – Medicaid Partnership account in DSS;
- up to \$875,000 from the State of Connecticut Health and Educational Facilities Authority;
- up to \$50,000 from the support program for shared populations account administered by DMHAS;
- up to \$2,138 from the biomedical research projects accounts administered by DEEP;

- up to \$3,400,000 from the Probate Court Administration Fund;
- up to \$400,000 from the preferred provider network account administered by DOI;
- up to \$310,000 from the utilization review fees account administered by the DOI; and
- up to \$200,000 from the Connecticut Health Club Guaranty Fund.

This Act also requires OPM to annually publish a recommended amortization schedule to reduce any negative unassigned balance by June 30, 2028.

2. SPECIAL ACT 17-3. AN ACT MAKING DEFICIENCY APPROPRIATIONS FOR THE FISCAL YEAR ENDING JUNE 30, 2017.

Effective June 1, 2017

This Act distributes \$19,496,939 from the FY16–17 General Fund. In relevant part, \$7,600,000 is appropriated from the General Fund to DDS as follows:

- \$5,500,000 is designated for Personal Services;
- \$1,000,000 is designated for Other Expenses; and
- \$1,100,000 is designated for Workers’ Compensation Claims.

II. SPECIFIC ACTS OF INTEREST

3. PUBLIC ACT 17-34. AN ACT CLARIFYING THE ROLE OF THE OFFICE OF THE LONG-TERM CARE OMBUDSMAN IN THE MANDATED REPORTING OF ABUSE OF ELDERLY PERSONS AND DELETING OBSOLETE STATUTORY PROVISIONS.

Effective June 8, 2017

§ 1

This Section amends the statute mandating reports of suspected abuse, neglect, exploitation or abandonment of an elderly person by clarifying that representatives of the Office of the LTC Ombudsman, including the State Ombudsman or designee, regional ombudsman, and residents’ advocate, appointed by the State Ombudsman, are not “resident advocate” mandatory reporters required to report suspected elder abuse, neglect, exploitation or abandonment.

§ 3

This Section eliminates the requirement that DOA and DSS, along with nutrition service stakeholders, study alternative sources of funding for nutrition services programs and submit a summary report on their findings and recommendations to the Joint Committee on Aging by July 1, 2016. This report has already been submitted and can be found [here](#).

4. PUBLIC ACT 17-53. AN ACT CONCERNING NOTICE REQUIREMENTS FOR HOME HEALTH CARE REGISTRIES.
Effective October 1, 2017

Prior to this Act, a home health care registry had four calendar days after the date on which it supplied, referred, or placed an individual with a consumer to provide the consumer with written notice specifying the legal liabilities of the registry to the individual supplied or referred. This written notice must now be provided to the consumer before the commencement of such services and the services may not commence until the registry receives a signed copy of the notice from the consumer. This Act includes an exception for bona fide emergencies, but the registry must note the specific nature of the emergency on a form approved by DCP, the form must be signed by the consumer or an authorized representative of the consumer, and the registry must provide the written notice no later than four calendar days after the date on which it supplies, refers, or places an individual with a consumer.

This Act also requires that the written notice provided to the consumer pursuant to this statute must be written in boldface type, in addition to being written in plain language, which includes using short sentences and paragraphs and everyday words organized in a clear and coherent manner.

5. PUBLIC ACT 17-62. AN ACT REQUIRING EMERGENCY GENERATORS IN CERTAIN HOUSING FOR THE ELDERLY.
Effective October 1, 2017

This Act requires any privately-owned multifamily housing project within a municipality with a population between 130,000 and 135,000 to install and maintain at least one emergency power generator capable of providing a minimum of four to twelve hours of sufficient electrical power to each unit for heating, water, lighting, critical medical equipment and to each passenger elevator. "Privately-owned multifamily housing project" means real property whose occupancy is age-restricted, is at least fifteen stories high, and is subject, in whole or in part, to a mortgage insured under the National Housing Act. Based on these criteria, currently, this Act would only apply to one New Haven Housing Authority housing project consisting of five buildings.

6. PUBLIC ACT 17-70. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR THE STATE-WIDE ADOPTION OF THE MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT PROGRAM.

Effective October 1, 2017

§ 1

This Section requires DPH to establish a state-wide program implementing the use of MOLST by licensed individual and institutional health care providers. As with the MOLST pilot that is currently in place, patient participation in state-wide MOLST must be voluntary. This Section authorizes DPH to promulgate regulations to ensure that: (i) such orders are transferrable among health care institutions; (ii) voluntary participation in the program is documented in writing, signed by the patient, and witnessed by a third party; (iii) participating patients are notified of the benefits and risks of the various methods for documenting end-of-life treatment (including life-sustaining treatment); and (iv) physicians, APRNs, and PAs who issue such orders receive appropriate training. DPH is authorized to implement policies and procedures to administer MOLST until regulations are adopted.

Additionally, provider training must discuss (i) the importance of talking with patients about personal treatment goals and the benefits and risks associated with them; (ii) methods for presenting end-of-life options; (iii) factors that might affect MOLST; and (iv) procedures for properly effectuating MOLST.

§ 2

This Section establishes a MOLST advisory council to meet at least annually to receive updates on the MOLST program and advise DPH on program improvements. The council's membership shall be appointed by DPH no later than January 1, 2018 as follows:

- a public health practitioner;
- two physicians, one of whom works in the emergency department;
- an APRN;
- a PA;
- an emergency medical service provider;
- two patient advocates, one of whom shall be an advocate for persons with disabilities;
- a hospital representative;
- a LTC facility representative; and
- any person or representative from any other organization who is familiar with the issues concerning MOLST.

7. PUBLIC ACT 17-95. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING FACILITIES GUIDELINES FOR TECHNICAL REVIEW OF FACILITY CONSTRUCTION AND RENOVATION.
Effective October 1, 2017

This Act establishes that any health care institution that is planning a construction project or building alteration must provide the plans for the project to DPH for review. The project must comply with the nationally-established facility guidelines for health care construction that are in place at the time the institution provides the plan, as approved by DPH. DPH must post references to the guidelines, including the effective date of the guidelines, on its website. DPH may not require a healthcare institution to include matters outside the scope and applicability of the guidelines with the institution's plan.

8. PUBLIC ACT 17-96. AN ACT CONCERNING A PROTECTION AND ADVOCACY SYSTEM FOR PERSONS WITH DISABILITIES.
Effective June 30, 2017, unless otherwise noted

In 2016, the General Assembly eliminated OPA and the Board of Advocacy and Protection for Persons with Disabilities and replaced these entities with a nonprofit entity designated by the Governor to serve as the Connecticut protection and advocacy system. The Governor has appointed Disability Rights Connecticut, Inc. (DRC) to serve in that role.

This Act mainly affects membership on certain committees and task forces and requirements for approval for State Building Code waivers. A majority of the Sections remove references to OPA and the Board of Advocacy for Persons with Disabilities from the statute. At times, it replaces the OPA with DRC.

§§ 12 & 13

Under current law, DDS keeps a registry of any DDS employee terminated or separated from his or her job because of substantiated abuse or neglect. While the report of alleged abuse and subsequent investigation are not matters of public record, DDS is authorized to release the information in certain instances. These Sections allow DDS to make the registry available to DSS.

§ 15

Under current law, a person with an intellectual disability who is unable to provide for himself or herself can be placed in DDS care. DDS can place the protected person in an appropriate setting that meets the person's needs in the least restrictive environment possible. These Sections make minor changes to the procedure by which an interested person can petition the Probate Court for placement. Under current law, all records pertaining to a petition to the Probate Court for placement in DDS are confidential. This

Section allows the Probate Court to make the records available to the parties in the case and their attorneys, DDS, and the office of the Probate Court Administrator. If the Probate Court appoints a legal representative, the name of the appointed representative and the party is public record. The Probate Court may also disclose the records after holding a hearing with all the parties present.

§ 19

Effective July 1, 2017

This Section adds the executive director of DRC as a member of the LTC Advisory Council.

§ 20

Effective July 1, 2017

Under current law, before effecting any transfer or discharge of a resident from a chronic and convalescent nursing home or rest home with nursing supervision, the facility must notify, in writing, the resident and the resident's conservator or guardian of the proposed transfer or discharge, the effective date of the transfer or discharge, the location to which the resident is to be transferred or discharged, the right to appeal, and the procedures for appealing. The notice must include the name, mailing address, and telephone number of the State LTC Ombudsman. If the resident is mentally ill or developmentally disabled, this Section requires the notice to include the name, mailing address, and telephone number of DRC; previously OPA's contact information had to be included in the notice.

§ 21

Effective July 1, 2017

Under current law, a nursing home that refuses to readmit a resident must notify the hospital, the resident, and the resident's guardian or conservator. Now, pursuant to this Section, the notice must also include the name, mailing address and telephone number of DRC (in place of OPA).

§ 41

Effective July 1, 2017

Under this Section, DRC must report to the Governor by July 1, 2018, and annually thereafter, on the status of services for persons with disabilities, the operation of the organization, and any administrative and legislative recommendations concerning the protection of persons with disabilities.

§ 43

No later than June 30, 2017, OPA must transfer all closed case files to OPM. Files that are not “closed case files” must be transferred to DRC, DDS, or other agencies, as applicable. As it handles incoming files, OPM must ensure client confidentiality, that client information is not unlawfully disclosed, and that documents are not viewed by non-attorneys.

9. PUBLIC ACT 17-123. AN ACT REQUIRING THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING LONG-TERM CARE.

Effective October 1, 2017

§ 1

This Section requires DSS to maintain a data collection system to develop a strategic plan for LTC, which must include:

- establishing a process for identifying and reporting on individuals who gave consent to participate in the Money Follows the Person (MFP) project;
- informing stakeholders on the resources available to MFP participants regarding plans for transitioning into the community and other options for applicants who are ineligible;
- ensuring accurate reporting methods for MFP participation;
- establishing a benchmark length of time that MFP participants can hold a status of “transition in progress” before they are placed in the community; and
- identifying steps to reduce premature death for MFP participants with chronic disease who have transitioned into the community.

§ 2

This Section requires the LTCPC to include in its LTC plan the current number of persons receiving LTC supports and services in the community and institutions. The LTCPC must also evaluate data on the average Medicaid expenditures for nursing homes and for in-home and community-based services; such data will assist with short- and long-term Medicaid expenditure forecasting.

The LTCPC must also submit a report, not later than January 1, 2018, and annually thereafter, to the Joint Committees on Aging and Human Services regarding the number of persons receiving LTC services in the community and in institutions.

Finally, this Section also enables DOA to require any organization or institution that is a recipient of a grant or has entered into a contract with DOA to collect and report data or other designated program outcome measures (*e.g.*, fall prevention program) to the agency.

10. PUBLIC ACT 17-135. AN ACT CONCERNING MEDICAID PROVIDER AUDITS AND ELECTRONIC VISIT VERIFICATION.

Effective as noted

§ 1

Effective July 1, 2017

This Section prohibits DSS from applying an agency policy, guideline, bulletin, or manual provision to make determinations in an audit of a service provider unless the policy, guideline, bulletin, or manual provision, together with the effective date, was promulgated and distributed to a provider prior to a provision of a service included in the claim being audited.

§ 2

Effective June 27, 2017

This Section prohibits DSS from extrapolating overpayments due to errors related to the implementation of a state-required electronic visit verification system by a nonmedical home care provider from January 1, 2017 to May 1, 2017, and by a medical home health care provider from April 1, 2017 to August 1, 2017.

For purposes of this Section, “electronic visit verification” means the system required pursuant to the federal 21st Century Cures Act that verifies the date, time, and site of a provider visit and services offered to a client in a home and community-based service program administered by DSS and funded under Medicaid. “Nonmedical provider” means a Medicaid-enrolled provider of home care who is not licensed by DPH and “medical home health care provider” means a Medicaid-enrolled provider licensed by DPH with Medicare certification to provide medically skilled home health care services under the supervision of a registered nurse.

This Section also requires DSS to submit a report to the Joint Committee on Human Services on the implementation of the state-required electronic visit verification system not later than July 1, 2018. The report must include (i) any problems experienced in implementation of the system; (ii) recommendations to resolve the identified problems and (iii) cost savings identified as a result of the system.

11. PUBLIC ACT 17-146. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Effective October 1, 2017, unless otherwise noted

§ 1

This Section now requires the payment of license application fees for DPH licensed institutions.

§ 6

This Section amends the statute requiring DPH to promulgate regulations governing the transfer of a DNR order to include a definition of a DNR order. DNR order is defined as an order written by a licensed physician or APRN for a particular patient “to withhold cardiopulmonary resuscitation of such patient, including chest compressions, defibrillation or breathing, or ventilation of such patient by an assistive or mechanical means, including, but not limited to, mouth-to-mouth, bag-valve mask, endotracheal tube or ventilator.”

§ 7

This Section authorizes licensure boards and commissions, as well as DPH for professions without boards or commissions, to summarily take action against a practitioner who has been subject to disciplinary action by the federal government.

§ 8

Under current law, an occupational therapist assistant must be supervised by a licensed occupational therapist. This Section requires “supervision” to include (i) continuous availability or direct communication between the assistant and the licensed occupational therapist; (ii) availability of the supervisor on a regular basis; and (iii) a pre-determined plan for emergency situations and the designation of an alternate licensed occupational therapist to oversee or participate in the work of the occupational therapist assistant in the absence of the regular licensed occupational therapist.

§§ 9–11

Under current law, professional counselors and psychology students may practice without a license as part of a supervised course of study. This Section clarifies that these exemptions from licensure requirements must terminate if the person does not successfully complete the licensing examination or one year after completion of the work experience, whichever is earlier.

§12

This Section allows DPH, or its contractor, to purchase medically necessary and appropriate DME and other DPH-approved goods and services, so long as they are identical to the goods and services covered under the state's Medicaid and HUSKY programs. Payment for these goods and services shall not exceed the state Medicaid rate for these services. (See also § 73 of Public Act 17-202 summarized on page 14.)

§ 17

This Section allows the Quality of Care Advisory Committee to meet at the discretion of DPH instead of at least semiannually.

§ 18

This Section clarifies that the Public Health Preparedness Advisory Committee's purpose is to advise DPH concerning emergency responses to public health emergencies, not just develop a plan for such responses.

§ 19

Under current law, a LTC facility cannot employ any individual until a background search is completed and the facility receives appropriate notice from DPH. Current law allows for conditional supervised employment for up to a period of sixty days during the time the facility is waiting to hear back from DPH. This Section allows DPH to extend the sixty-day time period in order to consider an individual's written request to waive a disqualifying offense.

§ 22

Effective June 23, 2017

This Section permits an alcohol and drug counselor to provide counseling services to an individual diagnosed with a co-occurring mental health condition not related to an alcohol and drug dependency. Such counseling services, however, must be within the counselor's scope of practice.

§ 25

Effective June 23, 2017

This Section adds the director of the Connecticut Chapter of We the Deaf People as the sixteenth member of the Advisory Board for Persons who are Deaf or Hard of Hearing.

§ 31

Effective June 23, 2017

Under current law, a RN may delegate the administration of medications that do not require an injection to homemaker-home health aides certified in medication administration. This Section requires that any homemaker-home health aide certified in the administration of medication prior to June 30, 2015 be recertified prior to July 1, 2018.

§ 32

Effective June 23, 2017

Under current law, RCHs must ensure that an appropriate number of its personnel become certified in the administration of medication. This Section requires that any personnel certified in the administration of medication prior to June 30, 2015 be recertified prior to July 1, 2018.

§ 35

Current law requires a person in control of a building to post a sign indicating that smoking is prohibited by state law. This Section specifies that signs are not required in every room, only in generally visible places.

§ 36

Current law prohibits the use of a “vapor product” in any area of a health care institution. This section clarifies that “vapor product” does not include a medicinal or therapeutic product used by a licensed health care provider to treat a patient in a health care setting or by a patient, as prescribed or directed by a licensed health care provider, in any setting.

§§ 40 & 41

Effective June 23, 2017

These Sections require that by October 1, 2017 any hospital that has been certified as a comprehensive stroke center, a primary stroke center or an acute stroke-ready hospital by the American Heart Association, the Joint Commission, or any other certifying organization submit the certification to DPH annually. DPH is required to post a list of the certified stroke centers on its website and, by January 1, 2018, DPH must send a copy of the list to the medical director of each emergency medical services provider in the state.

These Sections also give DPH the authority to remove a hospital from the list if (i) the hospital requests such removal, (ii) the department is informed that a hospital’s certification has expired or been suspended or revoked or (iii) the department does not receive attestation of certification from the hospital on or before October first.

Finally, the Connecticut Emergency Medical Services Advisory Board must provide DPH recommendations on the adoption of a nationally recognized standardized stroke triage assessment tool and prehospital care protocols related to the assessment, treatment and transport of stroke patients. Each emergency medical services provider must implement the stroke triage assessment tool and prehospital care protocols.

§ 45

Effective June 23, 2017

This Section requires DPH, within available appropriations and in consultation with DSS and the Insurance Department, to convene a working group to implement a mobile integrated health care program. This program must permit a paramedic to provide community-based health care (i.e., use of patient-centered mobile resources outside the hospital setting) and make recommendations regarding transportation by an emergency medical services provider of a patient to a destination other than an emergency department. The purpose of the working group is to:

- classify areas in Connecticut that would benefit from the program;
- recognize patient care interventions that a paramedic might provide;
- identify additional education or training that paramedics may need in order to provide community-based health care;
- detect potential costs or savings associated with community-based healthcare;
- recognize any potential reimbursement issues;
- develop minimum requirements for the implementation of the program;
- identify any statute or regulation that may be impacted by the program; and
- identify other successful similar programs implemented elsewhere in the country.

Membership of the working group shall consist, among others, of:

- a representative of the Connecticut Hospital Association;
- a Chairperson of the Connecticut Emergency Medical Services Medical Advisory Committee;
- a representative of the Community Health Center Association of Connecticut;
- a representative from a primary care provider that self-identifies as an urgent care facility;
- a representative from the Connecticut commercial health insurance industry;
- a representative of the Connecticut Association for Healthcare at Home;
- a representative of a licensed agency providing hospice care;
- a representative of the Connecticut Nurses Association;
- a representative of the Connecticut College of Emergency Physicians;
- the Commissioners of DSS and DPH, or their designees; and

- the Secretary of OPM;

By January 1, 2019, DPH must report the working group's recommendations to implement the program to the Joint Committees on Public Health, Human Services, and Insurance.

§ 46

Effective June 23, 2017

This Section creates a task force to study the projected shortage in the psychiatry workforce in the State, including examining the causes of and potential solutions for avoiding or reducing the projected shortage. The task force must submit a report on its findings and recommendations to the Joint Committee on Public Health no later than July 1, 2018.

12. PUBLIC ACT 17-188. AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL CHANGES TO THE PUBLIC HEALTH STATUTES.

Effective October 1, 2017.

This Act makes only minor technical changes to various public health statutes.

13. PUBLIC ACT 17-202. AN ACT CONCERNING THE USE OF RESPECTFUL AND PERSON-FIRST LANGUAGE

Effective October 1, 2017

This Act makes technical changes to the general statutes to reflect respectful person-first language and inclusive language. For example, "handicapped persons" is changed to "persons with disabilities" and "elderly" is changed to "older." Sections of note include the following:

§ 54

This Section replaces the word "elderly" for "older" throughout the statute that created and governs DOA. This Section also removes the previous requirement for DSS to administer DOA programs until the Commissioner of DOA was appointed.

§ 61

This Section renames "personal care attendant" to "personal care assistant" in a center for independent living, defined as a consumer-controlled, community-based, nonprofit corporation which provides consumers or their families with independent living services.

§ 73

This Section clarifies that DPH or its contractor may purchase medically necessary and appropriate DME and other DPH approved goods and services identical to those covered under Connecticut Medicaid and HUSKY Programs at a price that does not exceed the Connecticut Medicaid payment rate for the same goods and services. (See also § 12 of Public Act 17-146 summarized on page 10.)

§ 75

Under current law, a licensed occupational therapy assistant must be supervised by a licensed occupational therapist. Of relevance, this Section defines “supervision” to mean the overseeing of, or participating in, the work of an occupational therapy assistant by a licensed occupational therapist while maintaining continuous communication, performing practice reviews on a regular basis, and keeping plans in place for emergency situations, including designating an alternative licensed occupational therapist to oversee or participate in the work of the occupational therapy assistant. (See also § 8 of Public Act 17-146 summarized on page 9.)

§ 85

This Section designates October as Disability Employment Awareness Month.

14. SPECIAL ACT 17-14. AN ACT CONCERNING THE PATIENT BILL OF RIGHTS FOR LONG-TERM CARE RESIDENTS.

Effective June 7, 2017

This Act requires DPH and DSS to study whether the required patient bill of rights for residents in LTC facilities adequately protects resident rights related to room transfers within the same facility. The results of the study shall be submitted in a report to the Joint Committees on Aging and Public Health by January 1, 2018.

III. ACTS CONCERNING HEALTH INSURANCE

15. PUBLIC ACT 17-154. AN ACT CONCERNING PARTICIPATING PROVIDER DIRECTORIES AND PROVIDERS ACCEPTING NEW PATIENTS ON AN OUTPATIENT SERVICES BASIS.

Effective January 1, 2018

Under current law, an insurer is required to post on its website a current participating provider directory for each of its network plans that includes whether a health care provider is accepting new patients. The insurer must also provide a printed copy of the directory upon request of a covered individual.

This Act requires insurers to now also specify whether a health care provider is accepting new patients on an outpatient service basis for each health care provider listed in the health carrier's electronic participating provider directory. This information must also be available in print upon request.

16. PUBLIC ACT 17-157. AN ACT CONCERNING REIMBURSEMENTS TO HEALTH CARE PROVIDERS FOR SUBSTANCE ABUSE SERVICES.

Effective January 1, 2018

This Act requires individual and group health insurance policies to directly pay out-of-network health care providers for the treatment or diagnosis of substance use disorders. This Act establishes that an insured who receives a diagnosis or treatment of this kind effectively assigns his or her reimbursement benefits to the provider and that the provider is not permitted to seek compensation, charge, collect a deposit, or bill the insured for such services except for any copayments, deductibles, or other established out-of-pocket expenses.

17. PUBLIC ACT 17-198. AN ACT CONCERNING CAPTIVE INSURANCE COMPANIES, SHORT-TERM INSURANCE, PERSONAL AND COMMERCIAL RISK INSURANCE, PREFERRED PROVIDER NETWORKS, AND MAKING MINOR AND TECHNICAL CHANGES TO CERTAIN INSURANCE-RELATED STATUTES.

Effective June 30, 2017, unless otherwise noted

§ 4

Effective October 1, 2017

This Section establishes that an insurance company, fraternal benefit society, hospital service corporation, medical service corporation, or health care center cannot issue a short-term care policy without providing a full and fair written disclosure of the benefits and limitations of the policy, at the time of application or solicitation for purchase.

A "short-term care policy" is a group health insurance policy (excluding a Medicare supplement policy) that provides benefits on an expense-incurred, indemnity, or prepaid basis for necessary care provided by a licensed health care provider in a setting other than an acute care hospital, for a maximum of 300 days.

At the time of the application, each applicant must sign an acknowledgement of this written disclosure. The written disclosure must include:

- a statement in twelve-point bold face type that the policy does not provide long-term coverage;
- a statement that the policy may be subject to rate increases in the future;

- an explanation of potential future premium rate revisions and the policyholder's option in the event of a premium rate revision; and
- the premium rate or rate schedule applicable of the short-term care policy that will be in effect until the center files a request with the commissioner for a premium rate revision.

This Section prohibits any insurance company, fraternal benefit society, hospital service corporation, medical service corporation, or health care center from refusing to accept or refusing to make a reimbursement pursuant to a claim for benefits submitted by, or prepared with the assistance of an MRC solely because the claim was submitted by the MRC. This Section also provides that any of the above-referenced entities that issue a short-term care policy must, upon written authorization of the insured, disclose information to an MRC to determine the insured's eligibility for an insurance benefit. Upon acceptance or denial of the claim, the center must provide a copy of the acceptance or the denial to the MRC.

§ 31

This Section establishes that a health benefit plan, which is an insurance policy or contract issued to pay for the costs of health care services, does not include benefits for LTC, nursing home care, home health care, or community-based care, if these benefits are provided for under a separate insurance policy and are not an integral part of the health plan.

18. PUBLIC ACT 17-228. AN ACT CONCERNING STEP THERAPY FOR PRESCRIPTION DRUGS PRESCRIBED TO TREAT STAGE IV METASTATIC CANCER.

Effective January 1, 2018

Under current law, no insurance company, hospital service corporation, medical service corporation, health care center, or other entity delivering, issuing for delivery, renewing, amending, or continuing an individual or group health insurance policy or contract that provides coverage for prescription drugs may require the use of step therapy for any prescribed drug for longer than sixty days. This Act prohibits requiring step therapy for cancer treatment, prescribed in compliance with FDA indication, for an insured who has been diagnosed with stage IV metastatic cancer.

IV. ACTS CONCERNING EMPLOYMENT AND BUSINESS RESPONSIBILITIES

19. PUBLIC ACT 17-27. AN ACT CONCERNING WITHHOLDING WORKERS' COMPENSATION INCOME FOR CHILD SUPPORT.

Effective January 1, 2018

This Act expands upon an employer's responsibility to notify Support Enforcement Services or the employee's dependents about withholding for the purposes of child support. In addition to notifying the employee's dependent or Support Enforcement Services of an employee's claim for workers' compensation or unemployment benefits, an employer must now also include a copy of the income withholding order in its first report of occupational illness or injury to the employer's workers' compensation benefits carrier. The carrier must withhold funds in accordance with the order and submit such withholdings to DSS.

20. PUBLIC ACT 17-55. AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR FERTILITY PRESERVATION FOR INSURED DIAGNOSED WITH CANCER.

Effective January 1, 2018

Under current law, the definition of infertility means the condition of a presumably healthy individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period. This Act expands the range of people eligible for infertility coverage under certain individual and group health insurance policies issued on or after January 1, 2018 by changing the definition of infertility to remove the presumption of health and add that the treatment is medically necessary.

21. PUBLIC ACT 17-79. AN ACT CONCERNING RECOMMENDATIONS BY THE DEPARTMENT OF MOTOR VEHICLES REGARDING INSURANCE POLICIES FOR CERTAIN VEHICLES, YOUTH INSTRUCTION PERMITS, OPERATOR LICENSES, COMMERCIAL MOTOR VEHICLE OPERATION, ADMINISTRATIVE FEES, DIVERSION PROGRAMS, STUDENT TRANSPORTATION VEHICLES, ABANDONED MOTOR VEHICLES, HARTFORD WHALER LICENSE PLATES AND OTHER CHANGES TO MOTOR VEHICLE STATUTES.

Effective as noted

§ 8

Effective October 1, 2017

This Section establishes that a person is disqualified from operating a commercial motor vehicle for 120 days if convicted of three serious traffic violations (i) arising from separate incidents in a three-year period while operating a commercial motor vehicle or (ii) while operating a noncommercial motor vehicle, provided the violations resulted in a suspension of such person's class D license.

§ 12

Effective July 1, 2017

Under current law, the application for a certificate of title of a vehicle must be filled out entirely by the owner and not automatically populated by any database. This Section establishes that such application can contain information provided by the owner or information acquired through databases used by DMV.

§ 23

Effective June 27, 2017

Under current law, the initial application or renewal application for removable windshield placards for qualifying individuals must include certification by a licensed physician, a PA, an APRN, or a member of the driver training unit for persons with disabilities that the applicant meets the definition of a person with a disability which limits or impairs the ability to walk. Qualifying individuals include: any person who is blind, any person with a disability, a parent or guardian of any person who is blind or any person with a disability, if such person is under eighteen years old, a parent or guardian of any person who is blind or any person with a disability provided such person cannot complete an application, and any organization which certifies that the vehicle for which the placard is requested is primarily used to transport persons who are blind or persons with disabilities.

This Section establishes that now the initial application or renewal application may be certified by a psychiatrist who is employed by or under contract with the VA that the applicant is a veteran who has post-traumatic stress disorder certified as service-connected by the VA and the applicant meets the definition of a person with a disability which limits or impairs the ability to walk.

22. PUBLIC ACT 17-108. AN ACT CONCERNING LIMITED LIABILITY COMPANIES AND BUSINESS CORPORATIONS.

Effective October 1, 2017, unless otherwise noted

This lengthy Act makes various changes to statutes governing business corporations and limited liability companies. It does not revise statutes governing nonstock corporations.

For business corporations, this Act establishes, among other things, standards for director liability that are separate from those for director conduct, outlines a statutory process for corporations to ratify and validate defective corporate actions, and allows the certificate of incorporation or bylaws to require that any or all internal corporate claims be brought exclusively in certain courts as long as personal and subject matter jurisdiction are met. Of note, the certificate of incorporation cannot prohibit bringing an internal corporate claim in the courts of this State or requiring resolution through arbitration.

§ 44

Effective July 5, 2017

The Secretary of the State must report by January 1, 2018, to the Joint Committee on the Judiciary on potential funding sources that may be available to the Secretary for modification and updates to the CONCORD commercial records database.

23. PUBLIC ACT 17-114. AN ACT INCREASING THE MINIMUM AMOUNT OF INSURANCE COVERAGE REQUIRED TO ISSUE A MOTOR VEHICLE OPERATOR'S LICENSE OR CERTIFICATE OF MOTOR VEHICLE REGISTRATION.

Effective January 1, 2018

This Act increases the amount of insurance a person must maintain to receive or retain a driver's license or vehicle registration. This Act increases the minimum amount of personal injury or death liability coverage for any one person from \$20,000 to \$25,000 and for more than one person from \$40,000 to \$50,000. Additionally, this Act increases the minimum amount of coverage for property damage from \$10,000 to \$25,000.

The requirements of this Act apply to any automobile liability insurance policy delivered, issued for delivery, renewed, amended, or endorsed on or after January 1, 2018.

24. PUBLIC ACT 17-118. AN ACT CONCERNING PREGNANT WOMEN IN THE WORKPLACE.

Effective October 1, 2017

This Act expands the employment protections provided to pregnant women under Connecticut's anti-discrimination law. Under Connecticut law, an employer includes the state, municipalities, and any private employer with three or more employees. As a result, more small employers are subject to Connecticut anti-discrimination provisions than under federal law, which prohibits an employer with fifteen or more employees from discriminating against an employee on the basis of pregnancy, child birth or related medical conditions.

This Act provides definitions for certain terms that were not previously defined:

- "Pregnancy" is now defined as including a pregnancy-related condition, such as lactation, in addition to pregnancy or child birth.
- "Reasonable accommodation" is now defined as being permitted to sit while working, taking more frequent or longer breaks or periodic rest, assistance with manual labor, job restructuring, light duty assignments, modified work schedules, temporary transfers to less strenuous or hazardous work, time off to recover from childbirth, or break time and appropriate facilities for expressing breast milk.

- “Undue hardship” is now defined as an action requiring significant difficulty or expense when considered in light of factors such as the nature and cost of the accommodation, the overall financial resources of the employer, the overall size of the business of the employer, the number, type, and location of its facilities, and the effect on expenses and resources of such accommodation upon the operation of the employer.

Under current law, an employer is prohibited from terminating a woman’s employment because of her pregnancy, refusing to grant the employee reasonable leave for disability resulting from the pregnancy, failing to reinstate the employee to her original job or equivalent. This Act establishes several additional specific acts as discriminatory practices in violation of this Act, including:

- segregating or classifying an employee in a way that would deprive her of employment opportunities due to her pregnancy;
- discriminating against an employee or person seeking employment on the basis of her pregnancy in the terms or conditions of her employment;
- failing or refusing to make a reasonable accommodation for an employee or person seeking employment due to her pregnancy, unless the employer can demonstrate that such accommodation would impose an undue hardship on such employer;
- denying employment opportunities to an employee or person seeking employment if such denial is due to the employee’s request for a reasonable accommodation due to her pregnancy;
- forcing an employee or person seeking employment affected by pregnancy to accept a reasonable accommodation, if such employee or person seeking employment does not have a known limitation related to her pregnancy, or does not require a reasonable accommodation to perform the essential duties related to her employment;
- requiring an employee to take a leave of absence if a reasonable accommodation can be provided in lieu of such leave; and
- retaliating against an employee in the terms, conditions, or privileges of her employment based upon such employee’s request for a reasonable accommodation.

An employer must provide written notice of the right to be free from discrimination in relation to pregnancy, childbirth, and related conditions, including the right to a reasonable accommodation. This notice must be provided to new employees at the commencement of employment, existing employees within 120 days after October 1, 2017, and within ten days of notification by an employee of her pregnancy. An employer can comply with these requirements by displaying an informational poster in both English and Spanish in a conspicuous place that is accessible to employees at the employer’s place of business. This Act allows DOL to adopt regulations to establish additional requirements concerning the means by which employers shall provide such notice.

Finally, this Act requires the CHRO to develop courses of instruction and to conduct ongoing public education efforts to inform employers, employees, employment agencies, and persons seeking employment about their rights and responsibilities under this Act.

25. PUBLIC ACT 17-127. AN ACT CONCERNING DISCRIMINATORY PRACTICES AGAINST VETERANS, LEAVES OF ABSENCE FOR NATIONAL GUARD MEMBERS, APPLICATION FOR CERTAIN MEDICAID PROGRAMS AND DISCLOSURE OF CERTAIN RECORDS TO FEDERAL MILITARY LAW ENFORCEMENT.

Effective October 1, 2017

§§ 1–13

Under current law, discrimination on the basis of a person’s religion, national origin, alienage, color, race, sex, gender identity or expression, sexual orientation, blindness, or mental or physical disability is prohibited. These Sections extend such prohibitions on discrimination in areas such as employment, public accommodations, the sale or rental of housing and the granting of credit, based on a person’s status as a veteran.

§ 15

This Section allows any active duty member of the armed forces to apply on behalf of a spouse or child for Medicaid programs for which such spouse or child is eligible.

26. PUBLIC ACT 17-137. AN ACT PROTECTING PERSONAL INFORMATION OF MEMBERS OF THE ARMED FORCES AND VETERANS.

Effective October 1, 2017

Current law requires any person in possession of personal information of another to safeguard this data, and any computer files and documents containing this information, from misuse by third parties. Current law also requires such person to destroy, erase, or make unreadable such data, computer files, or documents prior to disposal. This Act modifies the definition of “personal information” to include any military identification information. As defined by this Act, “military identification information” means information identifying a person as a member of the armed forces or as a veteran including, but not limited to, a selective service number, a military identification number, discharge documents, a military identification card or a military retiree identification card.

27. PUBLIC ACT 17-141. AN ACT CONCERNING THE PROVISION OF NOTICE OF A CLAIM FOR COMPENSATION BY AN EMPLOYEE TO AN EMPLOYER OR A WORKERS' COMPENSATION COMMISSIONER.

Effective October 1, 2017

Current law requires private-sector employees seeking workers' compensation to submit written notice of a claim for compensation to either a workers' compensation commissioner or their employer's last known residence or place of business.

This Act allows, but does not require, an employer to post a copy of where to send such notice in the workplace where other labor law posters required by DOL are prominently displayed. If an employer opts to post this information, the employer must forward to the Workers' Compensation Commission the address of where to send such notice and the Commission must post such address on its website. This Act requires the employer to verify that the information posted at the workplace is consistent with the information on the Commission's website. An employee opting to mail a written workers compensation claim to his or her employer must send the notice by certified mail.

Current law requires an employer, if it chooses, to contest liability within twenty-eight days of receiving notice of a claim. This Act clarifies that if an employer opts to post an address of where notice of a claim for compensation by an employee shall be sent, the twenty-eight-day period begins on the date when the employer receives written notice of a claim for compensation at the posted address.

28. PUBLIC ACT 17-147. AN ACT CONCERNING STATE TAXATION AND COLLECTION, TAX GAP COMPLIANCE, TAX PREPARERS AND FACILITATORS, CHANGES TO THE TAX AND RELATED STATUTES, A MENTAL HEALTH COMMUNITY INVESTMENT ACCOUNT AND MUNICIPAL BONDS.

Effective as noted

§ 1

Effective July 1, 2018

Under current law, DRS first applies any partial tax payments to any penalties owed by the taxpayer. This Section modifies how the remainder, after payment of penalties, is applied by now requiring DRS to apply any excess first to the tax and then to the interest.

§ 2

Effective July 1, 2017

This Section requires taxpayers, in taxable years commencing on or after January 1, 2017, to include, to the extent not properly includable in gross income for federal income tax purposes, adjusted gross income in an amount equal to that required to be recognized under

a non-qualified deferred compensation plan that is attributable to services performed in Connecticut.

§ 3

Effective October 1, 2017

This Section provides that permits issued by DRS to engage in business as a seller in Connecticut issued on or after October 1, 2017, shall expire biennially on the anniversary date of the issuance of such permit unless renewed. Under current law, any permits issued by DRS between October 1, 2013, and October 1, 2017, will expire on the fifth anniversary date of the issuance unless renewed.

§ 4

Effective January 1, 2018

This Section establishes that persons required to collect sales and use taxes may remit such taxes on an annual basis if they collect less than \$1,000 within a twelve-month period. Persons who collect between \$1,000 and \$4,000 are still required to remit quarterly and those collecting more than \$4,000 must remit monthly, except for certain financial institutions. Each person required to remit such taxes on an annual basis must file their annual return on or before January 31st for the sales reported during the previous calendar year.

In addition, this Section requires each person obligated to file monthly or quarterly returns to file such returns electronically with DRS and make their weekly remittances by electronic funds transfer. DRS is required to send a written notice to the taxpayer with the following information:

- a statement informing the taxpayer of their options to remit their weekly payments either by establishing a separate bank account or through a certified service provider;
- a form for the taxpayer to choose their remittance option; and
- a list of all certified service providers and the contact information for each provider.

Taxpayers choosing to use a certified service provider must return the form to DRS no later than two business days after receipt. If the taxpayer does not return the form within the time period, then the taxpayer has thirty days after receiving notice to establish a separate bank account to be used exclusively for their weekly remittances. Any taxpayer that makes a withdrawal from the separate account for any purpose other than to remit taxes due to DRS will be guilty of larceny; each unauthorized withdrawal will constitute a separate offense. The account must be in the taxpayer's name and be designated as "Trustee, Special Fund in Trust for the State of Connecticut, Department of Revenue Services, Under Section 12-408 of the Connecticut General Statutes."

Furthermore, any taxpayer who has established a separate bank account for weekly remittances must provide to DRS, upon request, the name of the financial institution where the bank account is established, the account number and any other account-related information and provide, as trustee, written consent to the financial institution for the disclosure of account-related information to DRS. Once the separate account is established, the taxpayer has two business days to deposit the taxes due into the account.

If the taxpayer fails to remit taxes, DRS may withdraw the funds from the account upon a determination by DRS that collection would otherwise be jeopardized by a delay. Once DRS sends notice to the financial institution, the institution must make payment available to DRS in the full amount due or the available funds, whichever is less, by the bank's midnight deadline. DRS's collection authority is limited to only the amount of the tax due and does not extend to the collection of any penalty or interest that may also be owed by the taxpayer. If the financial institution refuses to make payment available to DRS, DRS may ask the AG to take action to compel the institution to pay the amount.

DRS is required to provide written notice to the taxpayer of the taxpayer's right to file a claim with DRS contemporaneously with the service of notice on the financial institution.

DRS is prohibited from waiving any penalties imposed on taxpayers required to remit sales tax on a weekly basis. No action taken by DRS in accordance to this Section shall constitute a collection action.

§ 5

Effective October 1, 2017

This Section authorizes DRS to require employers and payers to deposit security to ensure compliance if such employer or payers are required to deduct and withhold taxes, but are past due for a period of at least ninety days, and administrative or judicial remedies have been exhausted or have failed, for filing required withholding tax returns. DRS has the discretion to impose the security requirement and to determine the amount of the security required, up to six times the employer's or payer's estimated liability for the prior or the forthcoming twelve-month period. DRS may sell the security at a public auction if it becomes necessary to recover any taxes, amounts required to be collected, any interest, or penalty due. Notice of such sale may be served personally or by mail upon the taxpayer. Upon any sale, any surplus above the amounts due must be returned to the taxpayer.

§ 6

Effective January 1, 2018

This Section requires payers of pension or annuity distributions to deduct and withhold from the taxable portion of any distribution, a tax in an amount substantially equal to the

tax reasonably estimated to be due from the payee during the calendar year. This Section applies to the following distributions:

- employer pension;
- annuity;
- profit-sharing plan;
- stock bonus;
- deferred compensation plan;
- individual retirement arrangement; and
- endowment of a life insurance contract.

§ 7

Effective January 1, 2018

This Section establishes that each payer and person other than a payer that is required to deduct and withhold taxes from non-payroll amounts shall provide each payee a written statement showing the amount paid, the amount deducted and withheld from such payments, and any other information that DRS requires by January 31st of the next year.

§ 24

This Section changes the date on which tax returns are due from the first day of the month following the due date of the company's corresponding federal income tax return from the income year to the fifteenth day, and in the case of companies that are not required to file a federal income tax return for the income year, from the first day of the fourth month to the fifteenth day of the fifth month. This change is applicable to income years commencing on or after January 1, 2017.

§ 39

Effective July 1, 2017

This Section establishes that DRS cannot consider any waiver requests for penalties applicable under Connecticut tax statutes received more than one year from the date of notice, which is the filing date of the tax return.

§§ 42 & 43

Effective July 1, 2017

This Section creates the "Mental Health Community Investment Account" to be expended by DMHAS, in consultation with nonprofit mental health organizations, for the purposes of improving services and programs in Connecticut, including but not limited to, residential services, job training and placement services, educational programs and support groups, designed to support individuals diagnosed with mental health conditions. Taxpayers are

authorized to contribute any part of a refund to the Mental Health Community Investment Account.

§ 44

This Section modifies when DRS may require a person to deposit a security for owed sales and use taxes to whenever such person owes taxes that have been payable for ninety days or more and any administrative or judicial remedies have been exhausted or lapsed and such person has failed to file three or more returns. Under current law, the commissioner has broad discretion to require security whenever he deems it necessary to insure compliance.

§ 46

Effective July 1, 2017

This Section requires a person who is given written notice by DRS to produce books, papers, or records for examination or investigation by the provided deadline. If a person does not produce such books, papers, or records by the required deadline, DRS may impose a \$500 penalty per violation.

29. PUBLIC ACT 17-158. AN ACT CONCERNING THE CREATION OF A SMALL BUSINESS HOTLINE.

Effective October 1, 2017

This Act requires DECD to create a state-wide small business hotline to provide entrepreneurs and small business owners with networking resources, information regarding business formation and development, and technical and financial assistance from state agencies. DECD must report on the use of the hotline by January 1, 2019, to the Joint Committee on Commerce.

30. PUBLIC ACT 17-207. AN ACT CONCERNING THE WORKFORCE DEVELOPMENT SYSTEM IN THE STATE OF CONNECTICUT.

Effective July 11, 2017

§ 1

This Section permits DOL to establish a working group to review business support services in the State. The group can review support services from DOL, DECD and the Workforce Development Board and consider ways to improve them, including the development of shared marketing materials and a shared database of such services.

§ 2

This Section requires DOL on or before December 1, 2017, and annually thereafter, to report to the Governor and the Joint Committees on Labor and Public Employees, Commerce, and Higher Education and Employment on various aspects of job training programs and services.

§ 5

This Section requires the Connecticut Employment and Training Commission (CETC) to develop a plan for implementing the Connecticut Early College Opportunity Program, a collaboration between a district's high school, a local community college and a company or business entity where a student can earn an industry-recognized two-year postsecondary degree in addition to a high school diploma. The CETC must report the plan by January 1, 2018, to the Joint Committee on Higher Education and Employment.

§§ 8 & 9

Section 8 establishes the Workforce Training Authority and Section 9 creates the Workforce Training Authority Fund. The fund can be used to provide training assistance to eligible recipients as approved by the Workforce Training Authority. Training assistance can be awarded for developing and implementing training programs to recruit businesses to the State and for training or retraining people in the State to achieve any workforce goals.

The Workforce Training Authority must establish an application process for the development and implementation of training programs that receive assistance from the Workforce Training Authority Fund. The process must (i) include a requirement that applicants operate in Connecticut or are willing to relocate operations to the State and (ii) establish eligibility requirements for training. Training assistance funds can be used for costs related to facilities, necessary furniture, fixtures and supplies, compensation, and apprenticeship.

V. ACTS CONCERNING HOUSING AND REAL PROPERTY

31. PUBLIC ACT 17-22. AN ACT CONCERNING THE POSSESSIONS OF DECEASED TENANTS.

Effective October 1, 2017

Under current law, upon the death of a tenant, a landlord must notify the tenant's next of kin that the landlord intends to remove the tenant's property. This Act expands upon this notification by requiring the landlord to also send the notice to the tenant's designated emergency contact, if known. In addition, the notice must instruct the recipient on how to

contact the Probate Court, in addition to the landlord, to reclaim the deceased tenant's possessions.

Current law requires the landlord to file an affidavit with the Probate Court. This affidavit must now include the emergency contact, if known. Current law also requires that the landlord file an inventory with Probate Court and store the tenant's possessions. If possessions are not reclaimed sixty days after filing the affidavit, the landlord can obtain a certificate from the Probate Court indicating that he or she has complied with the law. The landlord can file this certificate with the Superior Court and apply for a judgment stating that the right to occupy has terminated due to the occupant's death. If granted, the landlord can obtain an execution and a state marshal can remove the possessions and place them in storage designated by the municipality for that purpose.

Before removing the possessions, the state marshal must give the CEO of the municipality twenty-four-hours' written notice of the removal and a copy of the inventory of the items. The state marshal must also use reasonable efforts to locate the occupant's next of kin and give notice of the date, time, and location of the removal.

Finally, if the possessions are not reclaimed within fifteen days of their removal and storage, this Act allows the municipality to sell them at a public auction. Prior to the sale, the municipality must make reasonable efforts to notify the next of kin. An executor or administrator may reclaim the possessions at any time upon payment of storage expenses. This Act also allows the proceeds of the sale to be used to pay the municipality a reasonable amount for storage expenses. Any remaining proceeds must be turned over to the estate of the deceased occupant. If there are no estate proceedings commenced within thirty days of the sale, the funds can be turned over to the State Treasurer.

32. PUBLIC ACT 17-39. AN ACT CLARIFYING THE CONTINUATION OF NONCONFORMING USES, BUILDINGS OR STRUCTURES.

Effective July 1, 2017

Under current law, municipal zoning regulations cannot prohibit the continuance of a nonconforming use, building, or structure solely based on nonuse. This Act clarifies that municipal zoning regulations cannot terminate or deem abandoned a nonconforming use, building, or structure unless the owner voluntarily discontinues it without an intent to reestablish it, and further, that demolishing a nonconforming use, building, or structure is not, by itself, evidence of an owner's intent to abandon it.

33. PUBLIC ACT 17-61. AN ACT CONCERNING A STATE-WIDE WAITING LIST FOR RESIDENTIAL PLACEMENT FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

Effective July 1, 2018

This Act creates a state-wide comprehensive residential waiting list to be maintained by DDS that will include the number of individuals with intellectual disabilities who have requested residential funding or services from DDS and have been determined to be in need of such services but are unable to receive the funding or services because of insufficient appropriations. This waiting list shall be organized by geographic region, identify the type of residential funding or services each individual is requesting, and include the estimated time period that the residential funding or services would be accepted by such individual. This waiting list must be updated at least quarterly.

This Act establishes that on or before August 1, 2018, and annually thereafter, DDS must, in consultation with each individual with an intellectual disability who is eligible to receive residential funding or services from DDS and has an individual plan, and the individual's legal representative, assess the individual's need for future residential funding or services from the department. The assessment must include an indication of the time period when the individual would accept each support or service.

This Act requires DDS, on or before December 1, 2018, and at least annually thereafter, to review the residential waiting list with the advisory and planning councils.

This Act also requires DDS to report on its website annually the number of individuals in need of services that are unmet.

34. PUBLIC ACT 17-155. AN ACT CONCERNING TEMPORARY HEALTH CARE STRUCTURES.

Effective October 1, 2017

§ 1

This section allows a property owner who is a caregiver or a mentally or physically impaired person to place a temporary health structure on his or her property despite any single-family zoning regulations prohibiting such use. A "temporary health care structure" is defined as "a transportable residential structure that provides an environment in which a caregiver may provide care for a mentally or physically impaired person." Also, a temporary health care structure is (i) assembled at a location other than the site of installation; (ii) has one occupant who is mentally or physically impaired; (iv) is not larger than 500 gross square feet; (v) is not attached to a permanent foundation; and (vi) complies with the applicable provisions of State Building Code, Fire Safety Code and Public Health Code.

In order to install a temporary health structure on a property, the owner must obtain a permit from the municipality and send notice of the permit application to abutting property owners. The municipality can: (i) require that a temporary health care structure be accessible to emergency vehicles and be connected to private water or septic systems or to water, sewer and electric utilities that serve the primary resident; (ii) prohibit more than one temporary health structure on any one lot zoned for single family dwellings; (iii) prohibit any signage or advertising from being posted on the exterior of the structure; and (iv) require that the temporary health care structure be removed 120 days after the mentally or physically impaired person no longer occupies it. The municipality cannot deny the applicant if he or she complies with the aforementioned requirements.

A municipality is permitted to: (i) opt-out of this requirement if its legislative body votes to do so; (ii) revoke a permit if the permit holder violates any requirements mentioned in this Act; (iii) inspect the structures to ensure compliance; and (iv) require permittees to post a bond of up to \$50,000 to ensure compliance.

35. PUBLIC ACT 17-169. AN ACT CONCERNING DISCLOSURES BY REAL ESTATE BROKERS AND REAL ESTATE SALESPERSONS IN COMMERCIAL TRANSACTIONS AND NOTICES OF COMMISSION RIGHTS.

Effective January 1, 2018

§ 1

Under current law, a real estate broker or salesperson must give written disclosure of who he or she represents in a real estate transaction. The disclosure is required at the beginning of the first personal meeting regarding the prospective purchaser's or lessee's specific needs in the transaction, or at the beginning of the first personal meeting with the seller concerning the real property. This Section preserves this timing for residential transactions but delays the disclosure in commercial transactions by allowing such disclosure to be made any time before the prospective purchaser or lessee signs the purchase contract or lease.

§ 2

Under current law, a real estate broker must file a notice of commission rights within thirty days of the execution of a lease or the tenant's occupancy of the premises. This Section now requires real estate brokers to file such notice within sixty days of the (i) execution of the lease, (ii) tenant's occupancy, or (iii) rent commencement date specified in the lease, whichever is the latest.

36. PUBLIC ACT 17-170. AN ACT CONCERNING THE AFFORDABLE HOUSING LAND USE APPEALS PROCEDURE.

Effective July 24, 2017

This Act amends statutes governing affordable housing, which is housing that is receiving or will receive financial assistance under any government program for the construction and rehabilitation of low and moderate income housing, and housing occupied by persons receiving federal rental assistance. The Act specifies that a municipality's moratorium on affordable housing shall be for four years. If the municipality has 20,000 or more dwelling units and previously qualified for a moratorium, any subsequent moratorium must be for a period of five years. The moratorium does not apply to applications for certain assisted housing for low income individuals. The Act makes changes to affordable housing unit equivalent points for purposes of a municipality's applications for a certificate of affordable housing completion. The Act adds that if at least 60% of the total restricted units submitted by a municipality applying for a certificate of affordable housing are elderly units, they shall be awarded an additional one-half point. Restricted family units with at least three bedrooms located within an approved incentive housing development will be awarded an additional one-fourth point. A "family unit" is defined as a dwelling unit whose occupancy is not restricted by age. A "restricted" family unit is a dwelling unit restricted to persons and families whose income is equal to or less than eighty per cent of the median income.

§ 2

Each municipality must adopt an affordable housing plan and revise such plan every five years thereafter to specify how the municipality intends to increase the number of affordable housing developments. The municipality may hold public hearings to inform residents of the process of preparing a housing plan. Thirty-five days prior to the public hearing, the municipality must file the final plan with the office of the town clerk and publish it on the municipality's website. The municipality is required to review and maintain the plan as it deems necessary. If the municipality fails to amend the plan after five years, the municipality must submit a letter to DOH explaining why the plan was amended.

37. PUBLIC ACT 17-171. AN ACT CONCERNING THE PROVISION OF ESSENTIAL SERVICES BY LANDLORDS.

Effective October 1, 2017

Under current law, a landlord is required to supply heat, running water, hot water, electricity, gas, and other essential services to tenants. This Act allows the tenant to procure reasonable substitute housing during the period of the landlord's noncompliance, if the landlord fails to supply an essential service within forty-eight hours of the breach. Under current law, the time period is two business days.

38. PUBLIC ACT 17-176. AN ACT CONCERNING THE CLOSURE OF CERTAIN BUILDING PERMITS.

Effective October 1, 2017

This Act establishes that a building permit shall be deemed closed if a certificate of occupancy has not been issued nine years after such building permit was issued for the construction or alteration of a one-family or two-family dwelling, or for a structure located on the same parcel as a one-family or two-family dwelling. After the nine-year period, no enforcement action can be brought based on work completed or begun pursuant to the open building permit. Neither the municipality nor its officers are liable for any claims related to the closure of a building permit pursuant to this Act.

39. PUBLIC ACT 17-177. AN ACT PROHIBITING THE DISCLOSURE OF IDENTIFYING INFORMATION OF DEPARTMENT OF HOUSING PROGRAM PARTICIPANTS.

Effective July 10, 2017

This Act prohibits all DOH employees or contractors that work for the agency from soliciting, receiving, disclosing or making use of any list of the names of or any information about individuals applying for or receiving assistance from DOH or participating in one of the agency's programs. Disclosures of information related to the administration of agency programs or non-identifying data used for research purposes are excluded from this prohibition.

40. PUBLIC ACT 17-182. AN ACT CONCERNING REMEDIES IN LAWSUITS AGAINST PROPERTY OWNERS BY SUBCONTRACTORS AND THE RELEASE OF RETAINAGE WITHHELD IN PRIVATE CONSTRUCTION CONTRACTS.

Effective as noted

§ 1

Effective October 1, 2017

Current law allows contractors and subcontractors to sue property owners for nonpayment on a construction contract. This Section clarifies that such claim is limited to the amount owed to the contractor or subcontractor for work performed on the contract up until the day notice of the lawsuit is provided.

If a lawsuit is commenced, the defending party must place the amount of the claim in an interest-bearing escrow account. Under current law, a property owner can refuse to do so on the grounds that the contractor has not substantially performed the work or supplied the materials according to the terms of the contract. This Section now also allows a property owner to refuse to place such funds in an escrow account only if the property owner believes the funds are not due under the contract.

§ 2

Effective July 1, 2017

Current law limits retainage in construction contracts to five percent of the estimated amount of a progress payment for the life of a project. This Section requires a property owner to pay all retainage fees no later than thirty days after the issuance of a certificate of final completion or thirty days after the property owner's written acceptance of the project completion.

41. PUBLIC ACT 17-201. AN ACT CONCERNING THE COMMERCIAL PROPERTY ASSESSED CLEAN ENERGY PROGRAM.

Effective October 1, 2017

Connecticut Green Bank's Commercial Property Assessed Clean Energy Program (C-PACE) provides financing for energy efficiency or renewable energy improvements on certain commercial properties in participating municipalities. The property owner repays the cost of the improvements through an assessment on the property, backed by a lien.

This Act amends the definition of "energy improvements" to include any improvement, renovation, or retrofitting of qualifying commercial real property to reduce energy consumption or improve energy efficiency, which, in turn, expands the purposes for which C-PACE financing may be used.

This Act also allows third-party capital providers to provide financing in the form of leases and power purchase agreements, in addition to loans.

Finally, this Act also establishes that in the event that a benefit assessment lien is foreclosed, or a lien for taxes of the municipality on real property is foreclosed or enforced by levy and sale, the benefit assessment lien shall be extinguished only with regard to any past due installments as of the date of the judgment of foreclosure or levy and sale. Any unpaid installment payments of the benefit assessment lien that are due after the date of the judgment or levy and sale survive and remain with the property.

42. PUBLIC ACT 17-222. AN ACT CONCERNING MINOR REVISIONS TO THE RENTERS REBATE PROGRAM.

Effective July 1, 2017

Under current law, the renters rebate program provides reimbursements for Connecticut renters who are elderly or totally disabled and whose incomes do not exceed certain limits. Persons renting an apartment or room, or living in cooperative housing, or a mobile home may be eligible for this program.

This Act changes the date by which OPM must approve program applications and determine any percent reductions to claims, from September 30th to October 15th. This Act also eliminates the requirement that OPM approve applications and submit to the State Comptroller within 120 days after receipt of the application and certificates of grant from the assessor or agent.

43. PUBLIC ACT 17-236. AN ACT CONCERNING THE DEPARTMENT OF BANKING'S ENFORCEMENT AUTHORITY, THE ISSUANCE OF CERTAIN REPORTS, REQUIRING THE RETURN OF CERTAIN PORTIONS OF SECURITY DEPOSITS AND MAKING MINOR REVISIONS TO THE BANKING STATUTES.

Effective October 1, 2017

§ 17

Under current law, a landlord may not demand a security deposit of more than one month's rent from a tenant age sixty-two years and older. This Section requires any landlord who has received a security deposit greater than one month's rent from a tenant who becomes sixty-two years of age after paying the security deposit to return, upon the tenant's request, the portion that exceeds one month's rent.

VI. ACTS CONCERNING LICENSING AND TRAINING REQUIREMENTS FOR PROFESSIONALS

44. PUBLIC ACT 17-10. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING ENFORCEMENT ACTIONS TAKEN AGAINST A LICENSED HEALTH CARE PROFESSIONAL.

Effective October 1, 2017

Under current law, DPH and its licensing boards may restrict a practitioner's practice only if he or she is first placed on probationary status. This Act allows DPH to restrict or limit a practitioner's practice, upon a finding of good cause, without first putting the person on probationary status, as an additional disciplinary remedy.

45. PUBLIC ACT 17-77. AN ACT MAKING CHANGES TO DEPARTMENT OF CONSUMER PROTECTION STATUTES AND BANNING CERTAIN AUTOMATED TICKET PURCHASING SOFTWARE.

Effective July 1, 2017

§ 6

This Section allows DCP to revoke, suspend, or deny any license or registration issued by DCP if the licensee owes moneys to any guaranty fund or account maintained by DCP.

§ 9

Current law allows DCP to, among other things, revoke or suspend a permit, license, or registration to practice or operate a pharmacy. This Section now allows DCP to place conditions on such permits, licenses, or registrations to practice pharmacy, operate a pharmacy, or the registration of a pharmacy intern or pharmacy technician. DCP may refuse to issue a temporary permit to practice pharmacy, a license to operate a pharmacy or a registration of a pharmacy intern or pharmacy technician if the applicant failed to demonstrate adherence to applicable provisions of United States Pharmacopeia dealing with pharmaceutical compounding of sterile and nonsterile preparations.

§ 11

Current law requires any person or entity seeking a certificate of registration as a homemaker-companion agency to certify to DCP that it maintains a surety bond. This Section requires that such surety bond be of at least \$10,000 and must include coverage for theft by an employee of the agency from a person for whom the homemaker or companion services are provided.

§ 12

This Section allows an individual to apply for reinstatement of a DCP-issued license, permit, certification, or registration that has lapsed for a period longer than the length of time allowing automatic reinstatement. Upon receipt of such application, DCP may reinstate the lapsed license without examination if the application was made no later than three years after the date allowing for automatic reinstatement. The applicant will be responsible for all late fees. If three or more years have lapsed, the applicant must apply for a new license, permit, certification or registration.

§ 13

This Section provides that the person who maintains physical custody of food that later becomes adulterated can be held liable for the cost of investigating, containing, removing, monitoring, mitigating, and disposing of the adulterated food. DCP may seize, condemn, destroy, or render unsalable any adulterated food it believes is unsafe.

46. PUBLIC ACT 17-94. AN ACT CONCERNING EDUCATIONAL AND PROFESSIONAL STANDARDS FOR PROFESSIONAL COUNSELORS.
Effective October 1, 2017

§ 2

Under current law DPH requires professional counselors to complete continuing education on certain mandatory topics. This Section expands the mandatory topics for professional counselors to include three hours of continuing education in professional ethics annually, but does not expand the total number of continuing education hours a professional counselor must complete.

§ 3

This Section establishes that professional counselor licensure applicants are required to:

1. graduate with a degree in clinical mental health counseling from an institution accredited by the Council for Accreditation of Counseling and Related Educational Programs or complete:
 - at least sixty semester hours in specific coursework in a related mental health field at a regionally accredited institution of higher education;
 - a 100-hour practicum taught by a licensed or certified professional counselor; and
 - a 600-hour clinical mental health counseling internship;
2. acquire 3,000 hours of postgraduate experience under professional supervision, including a minimum of one-hundred hours of direct professional supervision. An applicant who is licensed outside of Connecticut, however, can substitute three years of work experience in place of the post-degree supervised experience requirements; and
3. pass the licensure examination.

“Under professional supervision” means the practice of professional counseling under the supervision of a licensed professional counselor, physician, who is board certified in psychiatry, an APRN, who is certified as a psychiatric and mental health clinical nurse specialist or nurse practitioner, a psychologist, a marital and family therapist, or a clinical social worker. “Direct professional supervision” means “face-to-face consultation between one supervisor, who is a professional, and one person receiving supervision that consists of not less than a monthly review with a written evaluation and assessment by the supervisor of such person’s practice of professional counseling.”

Applicants who enrolled in a graduate program on or before July 1, 2017, can apply for licensure under the current requirements.

47. PUBLIC ACT 17-128. AN ACT CONCERNING PSYCHOLOGY TECHNICIANS.
Effective October 1, 2017

This Act modifies the definition of “psychology technician” to include a person who holds a bachelor’s or graduate degree in psychometrics. Further, a psychology technician’s responsibilities are expanded to include obtaining and documenting a patient’s test responses, although a psychologist must remain onsite at the facility and be available during the commission of objective psychological or neuropsychological testing services by a psychology technician. The psychologist supervising or directing the psychology technician: (i) must verify that the psychology technician meets the education and training requirements; (ii) must maintain documentation of such verification; (iii) must make such documentation available to DPH upon request; and (iv) may not supervise and direct more than three psychology technicians who are providing testing services simultaneously. Notably, the restriction does not apply to the activities and services of a person enrolled in a doctorate program in psychology and who provides psychological testing under the supervision of a licensed psychologist or a person holding a certificate as a school psychologist or school psychological examiner.

48. PUBLIC ACT 17-178. AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES’ RECOMMENDATIONS REGARDING REVISIONS TO THE PROFESSIONAL ASSISTANCE PROGRAM FOR REGULATED PROFESSIONALS.
Effective October 1, 2017

Under current law, health care professionals licensed by DPH must notify DPH within thirty days of being diagnosed with a mental illness or a behavioral or emotional disorder. This Act removes this notification requirement.

VII. ACTS CONCERNING PROBATE

49. PUBLIC ACT 17-7. AN ACT CONCERNING CONSERVATOR ACCOUNTABILITY.
Effective as noted.

§ 1
Effective January 1, 2018

This Section authorizes the Probate Court Administrator to audit the account of a conservator of the estate. The account to be audited may be selected randomly or by some other criteria the Administrator deems effective to deter and detect fiduciary malfeasance. Conservators must cooperate with the audits and audit results must be reported to the

Probate Court no later than ninety days after an auditor receives notice of the assignment, unless the court grants a request made by the auditor to extend the deadline. The audit report must be sent to all parties and is admissible evidence. The Probate Court must pay for the cost of the audit from the Probate Court Administration Fund.

§ 2

Effective July 1, 2017

This Section requires the Probate Court Administrator to consult with the Connecticut Probate Assembly to adopt standards of practice that provide guidance to court-appointed conservators in the performance of their duties.

§§ 3 & 4

Effective July 1, 2018

These Sections establish that when the Probate Court is determining whether a conservator has breached a fiduciary duty, it may consider evidence of the conservator's failure to adhere to the standards of practice promulgated by the Probate Court Administrator; however, such failure shall not, by itself, constitute a breach of fiduciary duty.

50. PUBLIC ACT 17-91. AN ACT ADOPTING THE CONNECTICUT RECOGNITION OF SUBSTITUTE DECISION-MAKING DOCUMENTS ACT AND REVISING THE CONNECTICUT UNIFORM POWER OF ATTORNEY ACT.

Effective as noted

§§ 3 & 4

Effective October 1, 2017

This Section provides that an out-of-state substitute decision-making document for property is valid if the execution of the document complied with the law of the jurisdiction indicated in the document at the time of execution or, if no jurisdiction is indicated, the law of the jurisdiction where the document was executed.

If a substitute decision-making document is for health care or personal care and executed outside of Connecticut, it is valid if the document complies with the law of the jurisdiction indicated within it, or complies with the laws of Connecticut.

The law of the state or jurisdiction indicated in the substitute decision-making document will govern its meaning and effect and the authority of the decision maker.

This Section also clarifies that a photocopy or an electronic copy of an original substitute decision-making document, if documented, has the same effect as the original.

§ 5

Effective October 1, 2017

This Section clarifies that if a person in good faith accepts a substitute decision-making document that is invalid, without actual knowledge that it is invalid, then he or she may assume, without inquiry, that the document is still in effect. Such person may request and without further investigation rely on the following: (i) the decision maker's assertion of fact concerning the individual for whom a decision will be made; (ii) a translation of the document; and (iii) a legal opinion regarding any matter of law concerning the document.

§ 6

Effective October 1, 2017

A person who is asked to accept a substitute decision-making document must do so within a reasonable amount of time if the document meets all requirements. A person is not required to accept the document if the person:

- knows that the decision maker's authority terminated;
- in good faith believes that the document is invalid; or
- believes the decision maker will abuse, neglect, exploit or abandon the individual for whom the decisions are being made.

A person who refuses to accept a substitute decision-making document can be subject to a court order mandating acceptance and can also be liable for any attorney's fees and legal costs incurred.

§ 10

Effective October 1, 2017

Sections 1 to 9 of this Act apply to a substitute decision-making document created before or after October 1, 2017.

§ 11

Effective July 1, 2017

This Section makes changes to the Connecticut Uniform Power of Attorney Act. Particularly, it expands the list of activities that a power of attorney can perform on behalf of the principal. First, the power of attorney may now exercise all powers the principal might have over a digital device, digital asset, user account, and electronically stored information. In particular, this Section clarifies that a power of attorney is allowed to access any user account or digital asset that the principal owns, change or circumvent the principal's username and password in order to gain access to the user accounts and information, transfer or withdraw funds and open new user accounts if necessary.

Furthermore, the principal can give the power of attorney the authority to access, manage, control, and delete any electronically stored information to the extent that such actions are allowed under state and federal law.

This Section also permits a power of attorney to act as the owner of any intellectual property interests and authorizes the power of attorney to exercise any and all powers the principal would have with respect to such intellectual property.

§ 12

Effective July 1, 2017

This Section makes changes to the long and short forms that can be used to create a durable statutory power of attorney.

The short form now specifies that an agent cannot use the principal's property to benefit the agent or a dependent unless the principal has included that authority under special instructions noted in the document. Also, the short form now includes an optional provision that can be included if the principal plans on designating a conservator for the estate and whether a bond for the conservator is required.

The long form makes all the changes seen in the short form and also allows a principal to give the power of attorney the authority to act as the owner of any intellectual property interests owned by the principal.

§ 14

Effective July, 1, 2017

This Section allows a financial institution acting as a custodian of digital assets to charge a fee for the cost of disclosing digital assets.

51. PUBLIC ACT 17-136. AN ACT CONCERNING PROBATE COURT OPERATIONS.

Effective January 1, 2018 unless otherwise noted

§ 2

Effective October 1, 2017

Under current law, if a party to an action in any court, or a person whose property rights may be affected by such action, is confined by court order to any institution for persons with psychiatric disabilities in this State, a copy of all process, notices, and documents required to be served upon such confined person by means other than personal service must be sent by certified or registered mail to the institution and to the superintendent of the institution. If the institution where such person is confined is the party initiating the action

or proceeding, a copy of all process, notices, or documents may be sent by first class mail to the superintendent of the institution rather than by registered or certified mail.

§ 9

This Section establishes that on and after January 1, 2018, the fee will be \$225 to file any of the following motions related to power of attorney: motion to compel an account by an agent, motion to review the conduct of any agent, motion to construe the power of attorney, and motion to mandate acceptance of the power of attorney, and motion to authorize a guardian to manage the finances of an adult with an intellectual disability. On and after January 1, 2018, it will cost \$150 to register either a conservator of the person or a conservator of the estate order from another state, or to register both types of orders for the same person at the same time.

§§ 13 & 14

Under current law, when a person who is under voluntary or involuntary representation becomes a settled inhabitant of any town in the State in a probate district other than the one in which a conservatorship or guardianship was appointed, the Probate Court where the conservatorship or guardianship was appointed must, upon motion, transfer the file to the probate district in which the person under the conservatorship or guardianship now resides. This Section establishes that upon issuance of an order to transfer the file, the transferring court must transmit a digital image of each document in the court file to the new court using the document management system maintained by the OPC Administrator. The transferee court must assume jurisdiction over the conservatorship or guardianship.

§ 20

This Section broadens who must provide periodic accountings to the Probate Court to include conservators, or the person authorized to manage the finances of a conserved person, and guardians of adults with intellectual disabilities who are authorized to manage the finances of a protected person. These periodic accountings must occur at least once during each three-year period, or more if required by the court or trust. At the end of the three-year period from the date of the last allowance of a periodic account, there must be a hearing on all periodic accounts that were not previously allowed and the final account.

VIII. ACTS CONCERNING HEALTH PROVIDER SERVICES

52. PUBLIC ACT 17-109. AN ACT CONCERNING THE RETURN OF PRESCRIPTION DRUGS TO PHARMACIES.

Effective July 6, 2017

This Act requires DCP to promulgate regulations before July 1, 2018 to allow select pharmacies to accept and dispose of unused prescription drugs. This Act instructs such regulations to allow for fifty such retail pharmacies in the first year of the program and an additional fifty each following year. The regulations must establish a tracking and monitoring system and specify the locations within the pharmacies where the unused drugs will be accepted and stored. DCP and DEEP must also establish a process to securely destroy the unused prescription drugs.

53. PUBLIC ACT 17-115. AN ACT CONCERNING CONSUMER PROTECTION IN EYE CARE.

Effective October 1, 2017

Under this Act, a provider may not use test results from a remote refractive device as the sole basis for issuing an initial prescription or renewing an initial prescription. A “remote refractive device” is an automated instrument designed to be used on a computer or Internet-based device that can be used either in person or remotely to conduct a test to determine the refractive status of the eye. Under this Act, a provider may only issue or renew an initial prescription after performing an in-person evaluation and eye examination.

54. PUBLIC ACT 17-131. AN ACT PREVENTING PRESCRIPTION OPIOID DIVERSION AND ABUSE.

Effective as noted

§ 1

Effective June 30, 2017

This Section allows DCP to provide other state agencies with controlled substance prescription information so long as the information was obtained for a study of disease prevention and control related to opioid abuse or the study of morbidity and mortality caused by overdoses of controlled substances.

§ 2

Effective June 30, 2017

Under current federal and state law, only those who are in lawful possession of a controlled substance are permitted to dispose of it. This Section allows a RN employed by a home health care agency, with the permission of the patient’s designated representative, to

oversee the destruction and disposal of a patient's controlled substances. The RN must maintain documentation, either written or electronic, of such destruction or disposals for a period of three years. This record must also be kept in the patient's medical record. Nothing in this Section shall prevent the RN and patient's designated representative from depositing the patient's controlled substances in a statutorily-authorized prescription drug drop box. Despite this apparent carve out permitting an RN to take possession of a prescription for disposal in a drop box, we would caution against any RN from taking possession of a prescription for a controlled substance for any reason.

§ 3

Effective January 1, 2018

This Section requires that a practitioner prescribing a controlled substance send an electronic copy of the prescription to the pharmacy. Moreover, this Section requires that any electronically transmitted prescription be printed out in hard copy or created as an electronic record and be appropriately filed for at least three years.

This Section also provides several exceptions to the general requirements of electronic transmittal. Electronic transmission is not required if:

- there is a temporary technological or electrical failure;
- the prescribing practitioner determines it would be impractical for the patient to obtain, in a timely fashion, the substance prescribed by an electronic transmittal and that such delay would adversely impact the patient's medical condition;
- it is dispensed by an out-of-state pharmacy;
- the use of an electronically transmitted prescription may negatively impact patient care; or
- the prescribing practitioner is able to demonstrate he or she lacks technological capacity to transmit the prescriptions.

If a prescribing practitioner issues but does not transmit the prescription electronically due to technical failure, he or she must document the reasons for failing to electronically transmit the prescription in the patient's record as soon as practicable, but in no instance less than seventy-two hours after the technological failure. Any prescription issued in a form other than an electronically-transmitted prescription may be issued as a written order, oral order or faxed order. Any oral or fax order must be reduced to writing promptly. Under this Section, orders that are duplicates, carbon or photographic copies, or printer or rubber-stamped orders are invalid.

Further, each pharmacy must accept an electronically-transmitted prescription for a controlled substance from a practitioner and maintain all records for at least three years. Prescriptions that were transmitted electronically can be stored electronically as long as the files are maintained in the pharmacy computer system and meet the three-year requirement.

This Section establishes that a prescription for a controlled substance issued to an inanimate object is invalid.

§ 4

Effective October 1, 2017

This Section requires that DPH, in consultation with DCP and DMHAS, create a form that individuals may complete to indicate that such person does not want to be issued a prescription for an opioid drug. The form must be posted on DPH's website. A practitioner must document receipt of the form in the patient's medical record. The form must include a provision whereby the patient can appoint a guardian or health care proxy to override a previously-recorded voluntary non-opioid directive form. A guardian or health care proxy acting in good faith cannot be held liable for revoking or overriding the form.

This Section limits liability for pharmacists, prescribers, and emergency personnel who, despite acting in good faith and reasonable care, fail to comply with a patient's directive form. This Section, however, explicitly notes that a prescriber will be liable if he or she willfully fails to comply with the patient's form.

§ 5

Effective July 1, 2017

This Section requires a prescribing practitioner to discuss with the patient the risks associated with the use of the opioid drug that is being prescribed and why the prescription is necessary. The risks discussed must include, but not be limited to, the risks of addiction and overdose and the dangers of taking opioids with alcohol, benzodiazepines and other depressants.

§ 6

Effective July 1, 2017

On or before October 1, 2017, DPH must post information on its website concerning the ability of a prescribing practitioner to become certified to prescribe medicine for opioid use disorder that can be taken at home. The information can include a list of educational requirements, available courses and information regarding waivers from such requirements.

§ 7

Effective July 1, 2017

This Section requires the Alcohol and Drug Policy Council to develop a one-page fact sheet that communicates the risks of taking an opioid drug, the symptoms of opioid use disorder, and services available for persons who are affected by opioid use disorder. The Council

must develop strategies to encourage health care providers and pharmacists to disseminate the one-page fact sheet. Health care providers and pharmacists can disseminate the fact sheet to individuals who are being treated for opioid use disorder or are issued a prescription for an opioid drug or antagonist.

The Council must also submit, by February 1, 2018, recommendations for statutory or policy changes that would enable first responders or health care providers to safely dispose of a person's opioid drugs upon his or her death. The Council must also create a working group to examine substance abuse treatment referral programs established by municipality police departments. The working group must: (i) submit a report on its findings by February 1, 2018, to the Joint Committees on Public Health and Public Safety; (ii) study the feasibility of developing a marketing campaign regarding the risks of taking opioid drugs, symptoms of opioid use disorder, and the availability of opioid antagonists in Connecticut; (iii) establish a publicly-accessible electronic information portal; and (iv) submit a report on its findings by January 1, 2019, to the Joint Committee on Public Health.

§ 12

Effective July 1, 2017

This Section allows a prescribing practitioner authorized to prescribe an opioid antagonist to enter into an agreement for a standing order with a pharmacy allowing the licensed pharmacist to dispense an opioid antagonist. The pharmacy must provide DCP with a copy of every medical protocol standing order agreement entered into with a prescribing practitioner. A pharmacist can only dispense an opioid antagonist if there is a valid medical protocol standing order and if the pharmacist has been trained and certified. Finally, the pharmacist who dispenses an opioid antagonist must provide appropriate training regarding the administration of the opioid antagonist, maintain a record of the dispensing and training, and send a copy of the record of such dispensing to the prescribing practitioner.

55. PUBLIC ACT 17-216. AN ACT CONCERNING REVISIONS TO CERTAIN CRIMINAL JUSTICE STATUTES AND THE REPORTING OF THE DEATH OF ANY PERSON IN STATE CUSTODY.

Effective October 1, 2017

§ 3

This Section clarifies that in any prosecution involving the assault of a health care employee, it is an affirmative defense that the defendant is a person with a disability and the defendant's conduct was a clear and direct manifestation of that disability. For the purposes of this Section, mental disability does not include any abnormality manifested only by repeated criminal or antisocial conduct.

56. PUBLIC ACT 17-234. AN ACT ALLOWING CERTAIN HOSPITAL PERSONNEL TO ADMINISTER A SALINE FLUSH TO AN INTRAVENOUS LINE.

Effective October 1, 2017

This Act redefines “phlebotomist” to require that the person be acting on an order of a licensed physician, PA, APRN or podiatrist. Further, a phlebotomist responsible for drawing blood may flush a peripheral IV with prepackaged normal saline, in a single use pre-filled syringe, at a hospital. The phlebotomist must maintain a certification from the American Society of Phlebotomy Technicians, National Center for Competency Testing, or American Medical Technologists and be trained under a protocol approved by the hospital. The hospital-approved protocol must indicate the level of supervision and training required and include education about aseptic technique and infection control. The hospital must maintain the documented protocol for at least two years from the date of implementation. Flushing a peripheral IV is not considered the administration of a medication.

57. PUBLIC ACT 17-241. AN ACT CONCERNING CONTRACTS BETWEEN A PHARMACY AND A PHARMACY BENEFITS MANAGER, THE BIDIRECTIONAL EXCHANGE OF ELECTRONIC HEALTH RECORDS AND THE CHARGING OF FACILITY FEES BY A HOSPITAL OR HEALTH SYSTEM.

Effective October 1, 2017, unless otherwise noted.

§ 1

This Section prohibits insurers or PBMs from contractually prohibiting or penalizing pharmacists that disclose certain information to individuals, such as prescription costs or the availability of any equivalent medications or alternative methods of purchasing the prescription medication. In addition, no insurer or PBM may require an individual to pay an amount greater than the lowest of his or her applicable copay, the allowable claim amount, or the price if the individual had purchased the prescription medication without using his or her health insurance. Any provision of the contract that violates this Section is void and unenforceable. This Section authorizes DOI, upon request, to audit contracts for pharmacy services.

§ 3

Current law provides that contracts between health care providers and health care carriers may not prohibit the disclosure of billed or allowed amounts, reimbursement rates or out-of-pocket costs, or any data that is disclosed to the all-payer claims database program. This Section now extends this prohibition to contracts between health care providers and vendors of data or analytical services to evaluate and manage health care services provided to the health carrier’s plan participants. Any provision of the contract that violates this Section is void and unenforceable, but does not otherwise render the entire contract void

or unenforceable. Information used to assist consumer and institutional purchasers, however, may be used to help them make informed decisions regarding their health care.

§ 4

Current law requires that a hospital, to the fullest extent practicable, use its electronic health records system to provide for secure exchange of patient electronic health records between the hospitals and any other provider maintaining electronic health records that can be exchanged and are providing health care services to a patient whose records are on the exchange. This Section requires that a hospital send or receive an electronic health record upon the request of a patient, or with the patient's consent and authorization of a healthcare provider. Such transfer must constitute a secure exchange and not violate any state or federal laws.

§ 5

This Section adds a notice requirement, requiring that hospitals and health systems provide their patients with a phone number that they may call for additional information regarding the patient's potential financial liability, including an estimate of the facility fee likely to be charged based on the scheduled professional medical services. The requirement applies to the following types of hospitals and health systems:

- Hospitals or health systems that charge a facility fee using CPT E/M codes for outpatient services provided at a hospital-based facility where a professional fee is also expected to be charged;
- Hospitals or health systems that charge a facility fee without using CPT E/M codes for outpatient services provided at a hospital-based facility located outside the hospital campus; and
- Hospital-based facilities when scheduling services for which a facility fee may be charged.

IX. MISCELLANEOUS ACTS OF INTEREST

58. PUBLIC ACT 17-20. AN ACT CONCERNING A SOCIAL WORK IN-HOME SUPPORT PROGRAM.

Effective July 1, 2017

This Act renames DSS's community-based services program as the "Social Work In-Home Support" program. The program serves the same function: providing home care services to people with disabilities, ages eighteen to sixty-four, who meet certain eligibility requirements concerning income and medical need. The Act also provides that individuals participating in a Medicaid home and community-based services program shall not be

eligible for the Social Work In-Home Support program, unless a particular service is not available under the Medicaid program.

59. PUBLIC ACT 17-93. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATION REGARDING ADOPTION OF A MODEL FOOD CODE.

Effective October 1, 2017 unless otherwise noted

§ 1

Effective July 1, 2018

This Section removes provisions that are now addressed in the Food Code, including the provision that the Public Health Code may include regulations pertaining to retail food establishments, food service establishments, catering food service establishments, and itinerant food vending establishments, and the various exceptions to these regulations. Remaining sections of this Act set forth Food Code requirements effective July 1, 2018.

§§ 2 & 3

These Sections establish that DPH must adopt and administer the FDA's Food Code, and any Food Code Supplements, by July 1, 2018, and define several terms that are used in the Food Code. In particular, Section 2 defines classes of "food establishments." Of relevance, class 4 food establishments include retail food establishments that serve a population highly susceptible to food-borne illnesses, including, but not limited to, hospital patients and nursing home patients or residents.

§ 4

This Section establishes that on and after July 1, 2018, no person, firm, or corporation shall operate or maintain a food establishment where food or beverages are served to the public without obtaining a valid permit or license to operate from the director of health of the town, city or borough where the food establishment is located. Food establishments must comply with the Food Code and will be inspected by a certified food inspector. DPH may, in consultation with DCP, grant a variance from the requirements of the Food Code if DPH determines the variance would not result in a health hazard or nuisance. No permit to operate a food establishment will be issued unless the applicant provides the director of health of the town, city or borough where the food establishment is located with proof of registration with DPH and a written application for a permit.

This Section also requires that each class 2, class 3, and class 4 food establishment employ a certified food protection manager. A certified food inspector will verify that the food protection manager is certified upon inspection of the food establishment. The food protection manager must satisfactorily pass a test for such certification.

§ 5

This Section establishes that as of July 1, 2018, all food inspectors must obtain a certification from DPH. DPH must develop a training and verification program for food inspector certification. Food inspector certifications are subject to renewal every three years. A certified food inspector must conduct inspections of food establishments in a form and manner prescribed by DPH to determine compliance with the Food Code. The director of health must ensure all food establishments are inspected at a frequency determined by their risk classification and a food establishment's risk classification shall be evaluated annually. Class 4 food establishments must be inspected every ninety days.

§ 6

This Section requires the director of health to complete an investigation if he or she has reasonable cause to suspect the possibility of food-borne illness or food-borne outbreak. The director must take action to control the illness or outbreak, including securing employee morbidity histories, requiring medical and laboratory examinations of an employee, modifying a menu, or any other restriction or action deemed necessary. This Section also establishes that violation of Sections 3-8 of this Act constitute a class C misdemeanor. In addition, any person who provides false information during an investigation, refuses to cooperate with an investigation, or otherwise impedes an investigation that is conducted under Sections 4 or 5 of this Act is guilty of a class C misdemeanor.

§ 7

This Section establishes that the owner or operator of a food establishment aggrieved by an order to correct any inspection violations, or to hold, destroy, or dispose of unsafe food, may appeal the order to the director of health within forty-eight hours after the issuance of the order. The director of health may vacate, modify, or affirm the order. An owner or operator of a food service establishment aggrieved by the affirmation and modification of the order of the director of health may appeal to DPH.

§ 8

This Section establishes that the employment of a certified food manager is not required for (i) an operator of a soup kitchen that relies exclusively on services provided by volunteers; (ii) any volunteer who serves meals from a nonprofit organization, including a temporary food service establishment and a special event sponsored by a nonprofit civic organization; or (iii) any person who serves meals to individuals at a registered congregate meal site funded under Title III of the Older Americans Act of 1965 that were prepared under supervision of a certified food manager. This Act also does not prohibit the sale or distribution of food at a noncommercial function, defined as a function where food is sold

or distributed by a person not regularly engaged in the business of selling such food for profit.

§ 9

This Section allows DPH to announce to the public the identity of a food establishment that was the source of a food-borne illness or food-borne outbreak that has been verified by DPH for the purpose of reducing morbidity and mortality from any cause or condition of such illness or outbreak. DPH, however, must limit the disclosure of personally-identifiable health data to the minimal amount necessary.

§ 10

Effective June 30, 2017

This Section establishes that from June 30, 2017, to June 30, 2018, a food service establishment may request a variance from the DPH from the requirements of the Public Health Code to utilize the process of sous vide and sushi rice. The commissioner shall review the request for variance and provide the food establishment with notification regarding the status of its request not later than thirty days after receipt of the request.

§ 15

This Section establishes that any person who donates an item of food for use or distribution by a political subdivision of the state or senior center and any nonprofit organization or nonprofit corporation that distributes donated food to a political subdivision of the state or senior center free of charge or for a nominal fee shall not be liable for civil damages or criminal penalties resulting from the nature, age, condition or packaging of the food, unless the donor, at the time of making the donation, or the nonprofit organization or nonprofit corporation at the time of distributing the food, knew, or had reasonable grounds to believe, that the food was adulterated or not fit for human consumption.

60. PUBLIC ACT 17-120. AN ACT PROTECTING THE INTERESTS OF CONSUMERS DOING BUSINESS WITH FINANCIAL PLANNERS.

Effective July 5, 2017

This Act establishes that a financial planner cannot, in connection with an agreement with a consumer to provide financial planning or investment advice for compensation, use a certificate, professional designation, or form of advertising that expresses or implies that such person has special training, education, or experience in advising or serving senior citizens unless such person has obtained such a certificate. Further, financial planners must disclose to consumers, upon request, whether such financial planner has a fiduciary duty to the consumer for each recommendation that the financial planner makes.

This Act defines “financial planner” as a person offering individualized financial planning or investment advice to a consumer for compensation where such activity is not otherwise regulated by state or federal law.

61. PUBLIC ACT 17-124. AN ACT REGARDING THE OFFICE OF THE STATE TREASURER’S RECOMMENDED REVISIONS TO THE ACHIEVING A BETTER LIFE EXPERIENCE PROGRAM.

Effective July 5, 2017

Under current federal and state law, the State Treasurer must establish a qualified “Achieving a Better Life,” or “ABLE” program. Under the ABLE program, the Treasurer administers individual ABLE accounts to pay the qualified disability expenses related to the blindness or disability of a designated beneficiary. The Act allows the State Treasurer to contract with any state with a qualified ABLE program that was established under the federal ABLE Act and provide Connecticut residents access to such state’s program.

62. PUBLIC ACT 17-149. AN ACT EXTENDING THE DEADLINE FOR APPROVAL OF PUBLIC-PRIVATE PARTNERSHIP PROJECTS.

Effective July 7, 2017

This Act extends the ability of the State to enter into public-private partnerships with private contractors from the original deadline of January 1, 2016, to January 1, 2020.

A public-private partnership agreement is an agreement between a state executive branch or quasi-public agency and a private entity to finance, design, construct, develop, operate or maintain certain facilities, including health and housing facilities. The Governor can approve up to five public-private partnership agreements upon a finding that such agreement will create jobs and economic growth.

63. PUBLIC ACT 17-161. AN ACT PERMITTING NONPROFIT ORGANIZATIONS TO SELL RAFFLE TICKETS ONLINE.

Effective October 1, 2017

Under current law, certain sponsoring organizations, such as veterans’, civic, fraternal and charitable organizations acting under a permit in a municipality, may sell or promote the sale of raffle tickets. This Act authorizes these organizations to promote and sell raffle tickets on their websites, but prohibits all sponsoring organizations from operating an online raffle.

64. PUBLIC ACT 17-183. AN ACT ESTABLISHING A MUNICIPAL GRANT PORTAL.
Effective July 10, 2017

This Act requires OPM to establish and maintain an electronic portal for the purpose of posting all state-funded municipal grant applications which shall be known as the Municipal Grant Portal. The Municipal Grant Portal must include all state-funded municipal grant applications and municipal reimbursement request forms, a searchable database for locating information regarding state-funded municipal grants, and features to encourage the active recruitment and participation of municipalities in the state-funded municipal grant application process.

65. PUBLIC ACT 17-208. AN ACT CONCERNING CERTAIN AUTHORITIES OF THE DEPARTMENT OF AGRICULTURE RELATING TO THE FOOD SAFETY MODERNIZATION ACT.
Effective July 1, 2017

This Act authorizes the Connecticut Department of Agriculture to enforce the rules adopted under the federal Food Safety Modernization Act and to consult and collaborate with any federal or state agency, municipality, or subdivision concerning the application to food safety standards for produce farms.

Furthermore, subject to the federal act, the Department of Agriculture is authorized to inspect a produce farm and, upon request of the owner or operator, to inspect produce farms that are not subject to the federal act, to ensure compliance. Such inspection must occur at a reasonable hour. Upon completion of such inspection, the Department of Agriculture may issue an inspection certificate to the produce farm, indicating the date and place of the inspection and other information as the Department of Agriculture deems necessary.

The Department of Agriculture may enforce this Act by issuing orders for the embargo, destruction, quarantine and release of produce and may issue emergency cease and desist orders to respond to public health hazards. Owner or operators subject to any Department of Agriculture order may request a hearing. Lastly, owner/operators of produce farms that are subject to the requirements of the federal act must maintain all records pursuant to the federal act and make them available to the Department of Agriculture upon request.

66. SPECIAL ACT 17-7. AN ACT AMENDING THE CHARTER OF THE ODD FELLOWS HOME OF CONNECTICUT.
Effective June 27, 2017

This Act amends the statutory charter of the Odd Fellows Home of Connecticut, which requires that the estate, property, food, rents, income, and profits of the Odd Fellows Home be exempted from all taxation. The Act creates an exception, specifying that for property tax purposes, if the otherwise taxable real and personal property held by the Odd Fellows

Home, at any one time, on or after October 1, 2017, exceeds \$25 million in value, the excess value over \$25 million is not exempted pursuant to the Act. Any assessed value at or below the \$25 million threshold is exempted for property tax purposes. The Act expressly states that it does not prohibit the Odd Fellows Home of Connecticut from pursuing other tax exemptions that may be available for the property value in excess of \$25 million.

67. HOUSE JOINT RESOLUTION NO. 43. RESOLUTION CONFIRMING THE NOMINATION OF THEODORE M. DOOLITTLE OF WEST HARTFORD TO BE HEALTHCARE ADVOCATE.

This House Joint Resolution confirms the nomination of Theodore M. Doolittle of West Hartford as the Healthcare Advocate for the term ending January 9, 2021, or until a successor is appointed and has qualified, whichever is longer.

68. LETTER REGARDING ANNUAL INFLUENZA PREVENTION INFORMATION.

On May 18, 2017, LeadingAge Connecticut entered into a partnership with the Connecticut Assisted Living Association to annually deliver information regarding seasonal influenza prevention to members providing assisted living services. This partnership was created in lieu of proposed legislation concerning the matter. The information provided will be guided by the official information regarding seasonal influenza disseminated by DPH and the CDC.

X. ACTS CONCERNING GOVERNMENT STUDIES AND TASK FORCES

69. PUBLIC ACT 17-30. AN ACT CONCERNING AN ADVISORY BOARD FOR PERSONS WHO ARE DEAF OR HARD OF HEARING.

Effective June 6, 2017.

§ 1

This Section renames the Commission on the Deaf and Hearing Impaired to the “Advisory Board for Persons who are Deaf or Hard of Hearing” and specifies that this Board’s mission is to monitor services for persons who are deaf or hard of hearing, to refer individuals with complaints concerning the qualification and registration of interpreters, and make recommendations to the Governor for technical assistance, public policy and interpreter requirements. The Board must also periodically meet with the commissioners of certain state agencies, including DPH, DSS, DMHAS, DOE, DDS, DCF and DOL, to discuss best practices and gaps in services for persons who are deaf or hard of hearing.

§ 2

This Section decreases the Board’s membership from twenty-one to fifteen and changes the Board’s composition, including removing the commissioners of DPH, DMHAS, DOE, DDS, DCF and DOL, and adding the commissioner of DORS.

70. PUBLIC ACT 17-33. AN ACT CONCERNING THE COUNCIL ON MEDICAL ASSISTANCE PROGRAM OVERSIGHT.

Effective October 1, 2017

This Act eliminates a subcommittee within the Council on Medical Assistance Program Oversight that studied and made annual recommendations to the council on evidence-based best practices concerning Medicaid cost savings.

71. PUBLIC ACT 17-74. AN ACT CONCERNING COMMUNITY HEALTH WORKERS.

Effective October 1, 2017

This Act requires the director of the State innovation model initiative program management office to study the feasibility of creating a community health worker certification program, including requirements for certification and renewal, methods for administration of the program, and requirements for program curricula. The director must submit recommendations to the Joint Committees on Public Health and Human Services by October 1, 2018.

For purposes of this study, a “community health worker” is defined as a public health outreach professional who serves as a liaison between individuals within the community and health care and social services providers to facilitate access to services to improve quality and culture competence of care delivery and address social determinants in health care delivery. The community health worker also increases health knowledge and self-sufficiency in the community.

72. PUBLIC ACT 17-85. AN ACT ESTABLISHING A HEALTH DATA COLLABORATIVE WORKING GROUP.

Effective June 30, 2017

This Act establishes a health data collaborative working group to study and make recommendations on, among other items:

- initiatives to support development for precision medicine and personalized health;
- health data access, privacy and security; and
- advancements in health data and population health.

The working group’s membership will include, among others:

- a Health Information Technology Officer;
- a representative from the insurance industry; and
- a representative from the health care industry.

The working group must submit a report on its findings by January 1, 2018, and annually thereafter, to the Commission on Economic Competitiveness and the Joint Committees on Commerce, Public Health, Energy, and Technology.

73. PUBLIC ACT 17-151. AN ACT AUTHORIZING THE HEALTH CARE CABINET TO RECOMMEND METHODS TO STUDY AND REPORT ON TOTAL STATE-WIDE HEALTH CARE SPENDING.

Effective October 1, 2017

The Health Care Cabinet advises the Governor on the development of an integrated health care system in Connecticut. This Act requires the Health Care Cabinet to also advise the Governor on total state-wide health care spending, including methods to collect, analyze and report health care spending data.

74. SPECIAL ACT 17-15. AN ACT CONCERNING COMMUNITY REENTRY BY PERSONS WHO WERE INCARCERATED.

Effective October 1, 2017

This Act requires the Commission on Equity and Opportunity to complete a study and publish a report by January 1, 2018, to the Joint Committees on Labor and Public Employees recommending ways to provide persons recently released from correctional facilities with enhanced employment opportunities. The Act also provides tax breaks to employers who provide employment opportunities to those persons recently released from correctional facilities.

75. SPECIAL ACT 17-17. AN ACT ESTABLISHING A TASK FORCE TO STUDY PUBLIC HEALTH PREVENTION EFFORTS.

Effective July 11, 2017

This Act establishes a task force, composed of various members appointed by the state legislature, to study public health prevention efforts and make recommendations for, among other items, improvements to insurance coverage for prescribed preventive measures and incentives for environmental protection systems. The task force must submit a report of its findings by July 1, 2018, to the Joint Committee on Public Health.

76. SPECIAL ACT 17-19. AN ACT CONCERNING A STUDY OF CERTAIN TENANTS OF STATE-FUNDED PUBLIC HOUSING PROJECTS.

Effective June 7, 2017

This Act requires DOH to designate three state-funded housing projects that provide services to elderly tenants and younger tenants with disabilities for the purposes of conducting a study. The study shall include, but not be limited to: a census of the occupants; the rents charged to elderly tenants and younger tenants with disabilities; an assessment of the support services available to assist the elderly tenants and younger tenants with disabilities; an estimate of any additional state appropriations needed; and the number of eviction proceedings initiated against elderly tenants and young tenants with disabilities for any reason during the five years prior to June 7, 2017. DOH shall convene meetings of stakeholders to receive information relating to the study and shall report the findings of the study to the Joint Committee on Housing on or before March 1, 2018.

77. SPECIAL ACT 17-21. AN ACT ESTABLISHING A WORKING GROUP TO REVIEW THE LICENSURE AND CERTIFICATION PROCESS FOR CERTAIN NONPROFIT COMMUNITY PROVIDERS.

Effective July 10, 2017

This Act creates a working group comprised of two representatives from each of DCF, DDS, and DMHAS, and six representatives of nonprofit community providers, three of whom will be appointed by OPM and three of whom will be designated by the Connecticut Community Nonprofit Alliance. The working group must review the current licensure and certification process for:

- psychiatric clinics and child guidance clinics;
- extended day treatment facilities and residential child care facilities;
- community-based residential facilities; and
- behavioral health facilities, alcohol or drug treatment facilities or outpatient clinics.

The working group must also review the ability of the participating departments to coordinate required documentation and inspections to reduce the administrative burden on both the departments and the nonprofit community providers. The working group must consult with DSS when licensure of a facility is a requirement for Medicaid reimbursement. The working group must submit a progress report by September 15, 2017, and a final report by December 31, 2017, to the Joint Standing Committees of Children, Government Administration, Human Services and Public Health.