

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

2018 REGULAR AND SPECIAL SESSIONS OF THE
CONNECTICUT GENERAL ASSEMBLY

PREPARED BY:

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

&

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

TABLE OF CONTENTS

I. SPENDING BILLS..... 1

1. PUBLIC ACT 18-81. AN ACT CONCERNING REVISIONS TO THE STATE BUDGET FOR FISCAL YEAR 2019 AND DEFICIENCY APPROPRIATIONS FOR FISCAL YEAR 2018. 1

II. SPECIFIC ACTS OF INTEREST 3

2. PUBLIC ACT 18-6. AN ACT ALIGNING THE OFFICE OF THE LONG-TERM CARE OMBUDSMAN WITH THE OLDER AMERICANS ACT. 3

3. PUBLIC ACT 18-55. AN ACT CONCERNING TECHNICAL REVISIONS TO HUMAN SERVICES STATUTES. 4

4. PUBLIC ACT 18-76. AN ACT CONCERNING AUDITS OF MEDICAL ASSISTANCE PROVIDERS. 4

5. PUBLIC ACT 18-91. AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY. 5

6. PUBLIC ACT 18-96. AN ACT CONCERNING REPORTS OF ABUSE OR NEGLECT OF PERSONS WITH INTELLECTUAL DISABILITY OR AUTISM SPECTRUM DISORDER. 7

7. PUBLIC ACT 18-99. AN ACT EXPANDING ACCESS TO THE MONEY FOLLOWS THE PERSON DEMONSTRATION PROJECT AND REPEALING OBSOLETE STATUTES. 8

8. PUBLIC ACT 18-169. AN ACT CONCERNING CHILD CARE LICENSING, CERTAIN MUNICIPAL PENSION DEFICIT FUNDING BONDS, RECIPROCAL LICENSING OF ITINERANT FOOD VENDING ESTABLISHMENTS, FUNCTIONS OF THE DEPARTMENT OF REHABILITATION SERVICES, BUSINESS DEDUCTIONS AND TAXATION OF CERTAIN WAGES AND INCOME, ORAL HEALTH ASSESSMENTS REQUESTED BY LOCAL OR REGIONAL BOARDS OF EDUCATION, PROPERTY TAX TREATMENT OF CERTAIN CONVERTED CONDOMINIUM AND COMMON INTEREST COMMUNITY UNITS, AND PAYMENT OF CERTAIN GRANTS, ADVANCES AND TRANSFERS..... 9

III. ACTS CONCERNING HEALTH INSURANCE..... 11

9. PUBLIC ACT 18-10. AN ACT MANDATING INSURANCE COVERAGE OF ESSENTIAL HEALTH BENEFITS AND EXPANDING MANDATED HEALTH BENEFITS FOR WOMEN, CHILDREN AND ADOLESCENTS. 11

10. PUBLIC ACT 18-13. AN ACT CONCERNING THE CONNECTICUT LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION.	14
11. PUBLIC ACT 18-41. AN ACT CONCERNING PRESCRIPTION DRUG COSTS.....	14
IV. ACTS CONCERNING EMPLOYMENT AND BUSINESS RESPONSIBILITIES	16
12. PUBLIC ACT 18-8. AN ACT CONCERNING PAY EQUITY.....	16
13. PUBLIC ACT 18-20. AN ACT ALLOWING APPLICANTS FOR SECURITY OFFICER LICENSES TO WORK AS SECURITY OFFICERS.	16
14. PUBLIC ACT 18-49. AN ACT CONCERNING AN AFFECTED BUSINESS ENTITY TAX, VARIOUS PROVISIONS RELATED TO CERTAIN BUSINESS DEDUCTIONS, THE ESTATE AND GIFT TAX IMPOSITION THRESHOLDS, THE TAX TREATMENT OF CERTAIN WAGES AND INCOME AND A STUDY TO IDENTIFY BEST PRACTICES FOR MARKETING THE BENEFITS OF QUALIFIED OPPORTUNITY ZONES.....	17
15. PUBLIC ACT 18-161. AN ACT CONCERNING THIRD-PARTY FINGERPRINTING SERVICES, MINIMUM STANDARDS AND PRACTICES FOR THE ADMINISTRATION OF LAW ENFORCEMENT UNITS AND REPORTS OF POLICE PURSUITS.	17
16. SPECIAL ACT 18-5. AN ACT CONCERNING MINIMUM EMPLOYEE WAGES FOR PROVIDERS OF STATE-ADMINISTERED SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITIES.	18
V. ACTS CONCERNING HOUSING AND REAL PROPERTY.....	18
17. PUBLIC ACT 18-38. AN ACT PROVIDING PROTECTIONS FOR CONSUMERS APPLYING FOR REVERSE MORTGAGES.....	18
18. PUBLIC ACT 18-88. AN ACT REQUIRING TIMELY PAYMENT OF FUEL VENDORS IN THE CONNECTICUT ENERGY ASSISTANCE PROGRAM.....	19
19. PUBLIC ACT 18-160. AN ACT IMPOSING A SURCHARGE ON CERTAIN INSURANCE POLICIES AND ESTABLISHING THE HEALTHY HOMES FUND...	19
20. PUBLIC ACT 18-179. AN ACT CONCERNING THE WRITTEN RESIDENTIAL DISCLOSURE REPORT, THE CAPTIVE INSURANCE COMPANY ESTABLISHED FOR ASSISTING WITH CRUMBLING FOUNDATIONS AND FUNDING FOR LEAD REMOVAL, REMEDIATION AND ABATEMENT.....	20
21. SPECIAL ACT 18-12. AN ACT REQUIRING THE COMMISSIONER OF HOUSING TO MAKE RECOMMENDATIONS REGARDING CERTAIN STATE-FUNDED PUBLIC HOUSING PROJECTS.....	21

VI.	ACTS CONCERNING LICENSING AND TRAINING REQUIREMENTS FOR PROFESSIONALS	21
	22. PUBLIC ACT 18-40. AN ACT CONCERNING DEPARTMENT OF CONSUMER PROTECTION LICENSE STREAMLINING.....	21
VII.	ACTS CONCERNING PROBATE	23
	23. PUBLIC ACT 18-45. AN ACT CONCERNING PROBATE COURT OPERATIONS..	23
VIII.	ACTS CONCERNING HEALTH PROVIDER SERVICES	23
	24. PUBLIC ACT 18-74. AN ACT CONCERNING BIOLOGICAL PRODUCTS.....	23
	25. PUBLIC ACT 18-77. AN ACT LIMITING AUTO REFILLS OF PRESCRIPTION DRUGS COVERED UNDER THE MEDICAID PROGRAM AND REQUIRING THE COMMISSIONER OF SOCIAL SERVICES TO PROVIDE CHIP DATA TO THE HEALTH INFORMATION TECHNOLOGY OFFICER.....	24
	26. PUBLIC ACT 18-148. AN ACT CONCERNING TELEHEALTH SERVICES.	25
	27. PUBLIC ACT 18-168. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.	25
IX.	MISCELLANEOUS ACTS OF INTEREST	30
	28. PUBLIC ACT 18-16. AN ACT CONCERNING CHANGES TO PHARMACY AND DRUG CONTROL STATUTES.	30
	29. PUBLIC ACT 18-22. AN ACT CONCERNING REVISIONS TO THE CONNECTICUT ANTITRUST ACT AND DISCOVERY CONDUCTED BY THE ATTORNEY GENERAL IN WHISTLE-BLOWER AND FALSE CLAIMS ACTIONS.....	31
	30. PUBLIC ACT 18-26. AN ACT CONCERNING MINOR AND TECHNICAL CHANGES TO THE TAX AND RELATED STATUTES.....	32
	31. PUBLIC ACT 18-27. AN ACT CONCERNING THE PARTICIPATION OF NONPROFIT ENTITIES IN WORKER COOPERATIVES.	32
	32. PUBLIC ACT 18-48. AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS REGARDING TECHNICAL REVISIONS TO THE PUBLIC HEALTH STATUTES.....	33
	33. PUBLIC ACT 18-94. AN ACT ADOPTING THE REVISED UNIFORM ARBITRATION ACT.....	33
	34. PUBLIC ACT 18-141. AN ACT CONCERNING REVISIONS TO DEPARTMENT OF CONSUMER PROTECTION STATUTES.....	33
	35. PUBLIC ACT 18-153. AN ACT CONCERNING THE CUSTODY AND CONTROL OF A DECEDENT'S BODY.....	34

36. HOUSE RESOLUTION 8 AND SENATE RESOLUTION 7. RESOLUTION PROPOSING APPROVAL OF A MEMORANDUM OF AGREEMENT BETWEEN THE PCA WORKFORCE COUNCIL AND THE NEW ENGLAND HEALTH CARE EMPLOYEES UNION, DISTRICT 1199, SEIU.....	34
X. ACTS CONCERNING GOVERNMENT STUDIES AND TASK FORCES	34
37. PUBLIC ACT 18-23. AN ACT CONCERNING THE AUTISM SPECTRUM DISORDER ADVISORY COUNCIL.....	34
38. PUBLIC ACT 18-133. AN ACT DECREASING THE MEMBERSHIP OF THE COMMISSION ON WOMEN, CHILDREN AND SENIORS.	35
39. SPECIAL ACT 18-2. AN ACT ESTABLISHING A TASK FORCE TO STUDY THE NEEDS OF PERSONS WITH INTELLECTUAL DISABILITY AND PILOT PROGRAMS TO ESTABLISH AND EVALUATE ALTERNATIVE SERVICE MODELS FOR PERSONS WITH INTELLECTUAL DISABILITY.	35
40. SPECIAL ACT 18-3. AN ACT ESTABLISHING A TASK FORCE TO STUDY BEST PRACTICES FOR PROVIDING TRANSPORTATION FOR PERSONS WITH DISABILITIES, SENIOR CITIZENS AND VETERANS.....	36
41. SPECIAL ACT 18-6. AN ACT REQUIRING THE HEALTH INFORMATION TECHNOLOGY OFFICER TO ESTABLISH A WORKING GROUP TO EVALUATE ISSUES CONCERNING POLYPHARMACY AND MEDICATION RECONCILIATION.	37

TABLE OF ACRONYMS

AG	Attorney General
APRN	Advanced Practiced Registered Nurse
CMS	Centers for Medicare and Medicaid Services
DCP	Department of Consumer Protection
DDS	Department of Developmental Services
DMHAS	Department of Mental Health and Addiction Services
DOA	Department of Aging
DOH	Department of Housing
DOI	Department of Insurance
DORS	Department of Rehabilitation Services
DPH	Department of Public Health
DSS	Department of Social Services
DRS	Department of Revenue Services
DOT	Department of Transportation
FDA	Food and Drug Administration
HSPU	Health Systems Planning Unit
LTC	Long-Term Care
LTCPC	Long-Term Care Planning Committee
MRC	Managed Residential Community
OHCA	Office of Health Care Access
OHS	Office of Health Strategy

OPM	Office of Policy Management
PA	Physician Assistant
RCH	Residential Care Home
RN	Registered Nurse
VA	United States Department of Veterans' Affairs

I. SPENDING BILLS

1. PUBLIC ACT 18-81. AN ACT CONCERNING REVISIONS TO THE STATE BUDGET FOR FISCAL YEAR 2019 AND DEFICIENCY APPROPRIATIONS FOR FISCAL YEAR 2018.

Effective July 1, 2018

This Act makes adjustments to the State budget for the fiscal year ending June 30, 2019. Of relevance:

- OPM:
 - OPM will now be responsible for the Renters' Rebate Program, which provides rent and utility reimbursements to low income older adults or totally disabled renters. OPM is no longer required to annually recover fifty percent (50%) of the program costs (up to \$250,000) from municipalities.
 - Reduction in the Reimbursement Property Tax Disability Exemption from \$374,065 to \$364,713.
- DOH:
 - Reduction in the Elderly Rental Registry and Counselors from \$1,035,431 to \$1,014,722.
 - Reduction in the Elderly Congregate Rent Subsidy from \$1,982,065 to \$1,942,424.
- DMHAS:
 - Reduction in the Nursing Home Screening program from \$636,352 to \$623,625.
 - Reduction in the Nursing Home Contract from \$417,953 to \$409,594.
- DSS:
 - Overall reduction in Medicaid from \$2,616,365,000 to \$2,608,368,000.
 - Increase in the Old Age Assistance from \$38,026,302 to \$39,826,302.
 - Increase in the Aid To The Disabled program from \$59,707,546 to \$61,107,546.

- DORS:
 - Programs for Senior Citizens was moved from DSS to DORS. The funding was split between Programs for Senior Citizens and Elderly Nutrition. Programs for Senior Citizens will receive \$3,268,993 and Elderly Nutrition will receive \$4,626,390.
 - The \$376,023 that had been allotted to DSS for fall prevention has been reassigned to DORS.

§ 13

Effective July 1, 2018

This Section reduces the Medicare Savings Program eligibility thresholds:

- For Qualified Medicare Beneficiaries program: from 100% of the federal poverty level (FPL) to 211% of the FPL.
- For Specified Low-Income Medicare Beneficiary program: from at or above 100% to 120% of the FPL to at or above 211% to 213% of the FPL.
- For Qualifying Individual program, from at or above 120% to 135% of the FPL to at or above to 231% to 246% of the FPL.

§ 69

Effective July 1, 2018

This Section requires OPM to allocate available FY 2019 funds to provide a 1% cost of living adjustment to certain human services providers. The increase is to be applied to “state-administered human services,” which includes services administered by various agencies, including DOH, DPH, DSS, DRS and DMHAS that include, but are not limited to, medical services, nutrition and housing services.

II. SPECIFIC ACTS OF INTEREST

2. PUBLIC ACT 18-6. AN ACT ALIGNING THE OFFICE OF THE LONG-TERM CARE OMBUDSMAN WITH THE OLDER AMERICANS ACT.

Effective May 14, 2018

§ 1

This Act moves the Office of the LTC Ombudsman from OPM to DORS and revises applicable statutes to reflect the change in the agency housing the LTC Ombudsman. The Act also makes certain changes in statutes governing the LTC Ombudsman to make them consistent with federal requirements under the Older Americans Act. In some sections, the Act also replaces various statutory references to “older” or “elderly” persons, and instead opts for language such as “individuals who reside in long-term care facilities.”

This Section also introduces the concept of a “resident representative,” which is defined as “(A) an individual chosen by the resident to act on behalf of the resident in order to support the resident in decision making, accessing medical, social or other personal information of the resident, managing financial matters, or receiving notifications; (B) a person authorized by state or federal law to act on behalf of the resident in order to support the resident in decision making, accessing medical, social or other personal information of the resident, managing financial matters, or receiving notifications; (C) a legal representative, as used in Section 712 of the Older Americans Act; or (D) the court-appointed guardian or conservator of a resident.”

For purposes of this Section, a “resident” is an individual who resides in a “long-term care facility,” which is a nursing home, adult care home or board and care home.

§ 2

This Section authorizes the LTC Ombudsman to remove a resident advocate for failing to comply with specified requirements of the position.

§ 3

This Section requires the LTC Ombudsman to develop policies and procedures pertaining to communicating and documenting informed consent in connection with resident complaints including, but not limited to, the use of auxiliary aids and services or the use of a resident representative.

§ 7

This Section amends the medical records provisions of the LTC Ombudsman statutes to remove references to “legal guardian” and replace it with “resident’s representative.” It does not change existing law governing the LTC Ombudsman’s access to resident records. The Ombudsman must obtain the consent of the resident or the resident’s legal representative to obtain and review resident records unless (i) the resident is unable to consent and has no legal representative, or (ii) access to the records is necessary to investigate a complaint, the resident representative refuses to give permission and there is reason to believe the representative is not acting in the resident’s best interests and the LTC Ombudsman approves access to the records.

§ 11

Finally, this Section revises the qualifications for the LTC Ombudsman. Under current law, the Ombudsman cannot be employed by, or participate in, the management of an LTC facility while serving as LTC Ombudsman. This Section revises this requirement to provide that the LTC Ombudsman not have been employed by an LTC facility within the last twelve (12) months.

3. PUBLIC ACT 18-55. AN ACT CONCERNING TECHNICAL REVISIONS TO HUMAN SERVICES STATUTES.

Effective October 1, 2018

This Act makes a few technical revisions to Connecticut statutes related to human services, such as replacing “deaf or hard of hearing individuals” with “persons who are deaf or hard of hearing”.

4. PUBLIC ACT 18-76. AN ACT CONCERNING AUDITS OF MEDICAL ASSISTANCE PROVIDERS.

Effective July 1, 2018

This Act amends Conn. Gen. Stat. § 176-99(d) governing Medicaid audits of fee-for-service providers (excluding nursing homes).

§ 1

This Section expands the information that Medicaid auditors are required to provide prior to starting an audit. Medicaid auditors now must also notify the provider of the types of information that will be reviewed in the upcoming audit. This Section also clarifies that DSS may not apply any updated medical payment codes in an audit unless such codes were promulgated and distributed to providers before the services that are the subject of the audit were provided.

§ 2

This Section requires DSS auditors and contractors to accept facsimile images, an electronically maintained document, or original pen and ink document as sufficient proof of a written order. It also requires that DSS auditors and contractors accept, as sufficient proof of delivery of a contracted item or service, a receipt signed by the recipient of medical assistance or a nursing facility representative, or, if applicable, a shipping invoice and delivery tracking. DSS auditors and contractors may seek additional information when the documentation provided is not legible, is contradicted by other sources of information reviewed in the audit or a good faith determination has been made that the provider may be engaging in vendor fraud.

§ 3

This Section requires that:

- The information that DSS must post on its internet website related to Medicaid audits must include standard audit procedures.
- The medical or dental professional who DSS must employ or consult with must be experienced in the use and review of electronic medical records.
- The DSS Commissioner must ensure that Medicaid auditors review any electronic medical record associated with a patient chart included in the audit.

5. PUBLIC ACT 18-91. AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY. *Effective May 14, 2018, unless otherwise noted*

This extensive Act makes various minor technical changes to the general statutes to effectuate the 2017 establishment of the Office of Health Strategy (“OHS”). The Act also transfers OHCA from DPH to OHS and renames OHCA the Health Systems Planning Unit (“HSPU”). Sections of note include the following:

§ 1

This Section adds to OHS’s responsibilities the promotion of effective health planning and the provision of quality health care in Connecticut in a manner that ensures all residents access to cost-effective health care services, avoids the duplication of such services and improves the availability and financial stability of these services. This Section also requires OHS to seek funding for and oversee the all-payer claims database program, establish and maintain consumer health information on its website and designate an unclassified individual to serve as health information technology officer.

§ 4

This Section requires OHS to consult with the Health Information Technology Advisory Council to maintain written procedures for the administration of the all-payer claims database. These written procedures must include (1) reporting requirements for reporting entities and (2) requirements regarding notice to a reporting entity that has failed to comply with reporting requirements. This Section also clarifies that no action taken by OHS shall be understood to preempt, supersede or affect the authority of DOI to regulate Connecticut's insurance industry.

§ 11

This Section requires the OHS executive director to appoint a member who is an expert in state health care reform initiatives to the State Health Information Technology Advisory Council and a member who is a licensed physician. This Section also requires the health information technology officer or their designee to serve on the council.

§§ 14–60

These Sections amend applicable statutes to effectuate placement of OHCA under OHS and the renaming of OHCA as HSPU, clarifying that if the words “Office of Health Care Access” are used or referred to in any public or special act of 2018 or any statutes amended in 2018, such words shall refer to the Health Systems Planning Unit within the Office of Health Strategy. For transition purposes, Section 15 provides that DPH retains independent decision-making authority over the Certificate of Need applications that are pending before OHCA and have been deemed completed by OHCA before the effective date of this Section. Once DPH makes its final decision on the last pending Certificate of Need application, the Office of Health Strategy will have independent authority on any further action required on such Certificates of Need.

§ 62

Effective July 1, 2018

This Section moves the Health Care Cabinet, which advises the Governor on matters concerning the development of an integrated health care system for Connecticut, from the Lieutenant Governor's office to OHS. This Section also requires the OHS executive director or its designee to serve as the chairperson of the Health Care Cabinet.

§ 69

This Section requires the executive director of OHS to appoint one member from OHS's HSPU (formerly OHCA) to the LTCPC.

§ 80

This Section repeals the following sections of note:

- The authorization for OHCA to permit up to four (4) demonstration projects allowing chronic disease hospitals to establish and operate new long-term acute care hospitals or satellite facilities;
- The requirement that OHCA promote effective health planning in Connecticut;
- The requirement that the Lieutenant Governor designate an individual to serve as Health Information Technology Officer; and
- The requirement that OHCA adopt regulations designed to allow state professional standard review organizations to extend its review of certain inpatient services to services received by all patients.

These repeals are consistent with the transfer of responsibility from OHCA to OHS.

6. PUBLIC ACT 18-96. AN ACT CONCERNING REPORTS OF ABUSE OR NEGLECT OF PERSONS WITH INTELLECTUAL DISABILITY OR AUTISM SPECTRUM DISORDER. *Effective July 1, 2018*

This Act amends the statute governing mandatory reporting of suspected abuse or neglect concerning people with intellectual disabilities by including licensed behavior analysts among those required to report reasonable suspicions or beliefs of abuse or neglect.

In addition, this Act requires mandatory reporters to report their reasonable suspicions of abuse or neglect within forty-eight (48) hours, instead of seventy-two (72) hours, after they have developed such suspicion or belief.

In addition, this Act clarifies that unsuccessful attempts to make an initial report of such reasonable suspicions or beliefs of abuse or neglect on a weekend, holiday, or after normal business hours will not be deemed a violation of a mandatory reporter's duty to report, provided that reasonable attempts to report are made as soon as possible after the initial attempt. This Act defines "reasonable manner" and "reasonable attempts" as efforts that include, but are not limited to, reaching out to DSS by phone, e-mail or in person.

7. PUBLIC ACT 18-99. AN ACT EXPANDING ACCESS TO THE MONEY FOLLOWS THE PERSON DEMONSTRATION PROJECT AND REPEALING OBSOLETE STATUTES.

Effective June 6, 2018

§ 1

This Section amends the Money Follows the Person (MFP) demonstration project to expand access to the project by removing the five thousand dollars (\$5,000) person cap on the number of individuals who may be served by MFP.

§ 2

This Section repeals the following relevant provisions:

- The requirement that DSS submit a plan to increase the Medicaid rate for private psychiatric residential treatment facilities to CMS;
- The requirement that DSS establish and operate a two-year, state-funded pilot program that allows Medicaid recipients to directly hire an RN and respiratory therapist for no more than ten (10) ventilator-dependent Medicaid recipients who receive medical care at home and reside in Fairfield County;
- DSS's authorization to establish a two-year pilot program to pay the full or partial premium of qualified unemployed people who are eligible to continue insurance coverage provided through their former employer;
- The requirement that DSS apply for a Medicaid waiver to provide coverage for family planning services to adults with a household income below one hundred eighty-five percent (185%) of the federal poverty level and who are not otherwise eligible for Medicaid services;
- The requirement that DSS, in consultation with DMHAS, establish and include assertive community treatment teams and community support services within the definition of optional adult rehabilitation services within the Medicaid state plan. The community treatment teams provide robust multidisciplinary services to adults with severe psychiatric disabilities which include the following individuals: homeless people; those diverted or discharged from in-patient programs, nursing homes, or correctional facilities; and people who are at risk of incarceration; and
- The requirement that DSS establish a pilot program to provide additional benefits for people with severe disabilities who (1) require transfer assistance, (2) apply for or

receive aid under the state supplement program and (3) receive transfer assistance from unrelated individuals who reside with them. “transfer assistance” means help provided to a person with a severe physical disability by an individual who physically lifts such person or utilizes a hoist lift, transfer board or other device in order to move such person between surfaces or to or from a bed, chair or wheelchair within such person’s residence.

8. PUBLIC ACT 18-169. AN ACT CONCERNING CHILD CARE LICENSING, CERTAIN MUNICIPAL PENSION DEFICIT FUNDING BONDS, RECIPROCAL LICENSING OF ITINERANT FOOD VENDING ESTABLISHMENTS, FUNCTIONS OF THE DEPARTMENT OF REHABILITATION SERVICES, BUSINESS DEDUCTIONS AND TAXATION OF CERTAIN WAGES AND INCOME, ORAL HEALTH ASSESSMENTS REQUESTED BY LOCAL OR REGIONAL BOARDS OF EDUCATION, PROPERTY TAX TREATMENT OF CERTAIN CONVERTED CONDOMINIUM AND COMMON INTEREST COMMUNITY UNITS, AND PAYMENT OF CERTAIN GRANTS, ADVANCES AND TRANSFERS.

Effective June 14, 2018

§ 7

This Section makes a technical amendment to the statute requiring that DOH design, implement, operate and monitor a congregate housing program. The Section requires that DOH consult DORS, rather than DSS, regarding the provision of services for persons with physical disabilities within DOH’s program of congregate housing.

§ 8

This Section establishes that DORS is the successor agency to DOA and, therefore, is now responsible for providing services for older persons and their families. In addition, this Section requires DORS to include information regarding the services provided to older persons or their families within its annual report to the Governor. Finally, this Section removes the requirement that DSS provide administrative support services to DORS.

Moreover, this Section designates DORS as the State Unit on Aging to administer, manage, design and advocate for benefits, programs and services for older persons and their families pursuant to the Older Americans Act and requires DORS to plan, develop and administer a comprehensive and integrated social service delivery system for older persons. This Section also designates DORS as the state agency for the administration of the following: nutritional programs for elderly persons; the fall prevention program; the CHOICES program; the Aging and Disability Resource Center Program; and the Alzheimer’s respite program.

This Section permits the Governor, with approval from the Finance Advisory Committee, to transfer funds between DSS and DORS for FY 2018.

§ 11

This Section adds the Commissioner of DORS to the advisory committee on Homecare Option Programs for the Elderly.

§§ 12–13

These Sections establish DORS as an official executive branch department.

§§ 14–23

These Sections clarify the responsibilities now under the purview of DORS, including elderly nutrition, falls prevention, allocation of funding and approval of plans for area agencies on aging, and CHOICES (Connecticut’s program for health insurance assistance, outreach, information and referral, counseling, and eligibility screening).

§§ 24–28

These Sections confirm that the Office of the LTC Ombudsman is now an independent office within DORS, rather than OPM. These Sections also confirm that OPM’s responsibilities in connection with the LTC Ombudsman are transferred to DORS.

§ 30

This Section requires DSS to work in conjunction with not only DPH, but also DORS, to adopt regulations establishing requirements with respect to the submission of reports concerning financial solvency and quality of care by nursing homes.

§ 31

This Section makes DORS, instead of DSS, responsible for establishing an outreach program to educate consumers on the need for LTC, LTC financing, LTC insurance and statutory asset protections.

§ 32

This Section requires the Commissioner of DORS, or his or her designee, to be an ex-officio, non-voting member of the LTCPC.

§ 33

This Section replaces DSS with DORS as the agency responsible for the operation of the respite program for caretakers of individuals with Alzheimer’s disease.

§ 34

This Section amends the statute governing CON approval for nursing facility closures to require that the informational letter on patient rights and services that must be submitted to facility residents along with the facility’s notice to residents must be issued jointly by the LTC Ombudsman and DORS.

§ 40

This Section adds the Commissioner of DORS to the Medical Assistance Program Oversight Council.

III. ACTS CONCERNING HEALTH INSURANCE

9. PUBLIC ACT 18-10. AN ACT MANDATING INSURANCE COVERAGE OF ESSENTIAL HEALTH BENEFITS AND EXPANDING MANDATED HEALTH BENEFITS FOR WOMEN, CHILDREN AND ADOLESCENTS.

Effective January 1, 2019

This Act requires that certain individual health insurance policies and small employer (employing from one (1) to fifty (50) employees) group health insurance policies (that cover basic hospital expenses, basic medical-surgical expenses, major medical expenses, hospital or medical service plan contracts and hospital and medical coverage to subscribers of a health care center) include certain “essential health benefits” in their coverage.

§§ 1–2

These Sections add the term “essential health benefits” to statutes governing individual and group health insurance policies. They define “essential health benefits” as health care services and benefits that fall within the following categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn health care;
- Mental health and substance use disorder services;
- Prescription drugs; rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services.

These Sections require that the individual and group health insurance policies that provide coverage for basic hospital expenses, basic medical-surgical expenses, major medical expenses, hospital or medical service plan contracts and hospital and medical coverage to subscribers of a health care center must provide coverage for these essential health benefits in policies delivered, issued for delivery, amended, renewed or continued after January 1, 2019. These ten (10) essential health benefits are required under the Affordable Care Act (ACA). These Sections also authorize DOI to adopt regulations to specify the health care services and benefits that fall within each of the categories listed above. Finally, these Sections clarify that no provision concerning a requirement of the Affordable Care Act may supersede any provision of these Sections that provide greater protection to an insured.

These essential benefits mandates do not apply to self-insured benefit plans due to the federal ERISA law.

§§ 3–4

These Sections require all individual and group health insurance policies that provide coverage for basic hospital expenses, basic medical-surgical expenses, major medical expenses, hospital or medical service plan contracts and hospital and medical coverage to subscribers of a health care center to also provide coverage for additional benefits and services for women. Of relevance, those additional benefits and services include coverage for breast cancer risk assessment, genetic testing and counseling; osteoporosis screening for women age sixty or older; and breast cancer chemoprevention counseling for women at an increased risk for breast

cancer. These Sections prohibit the imposition of a coinsurance, copayment, deductible or other out-of-pocket expense for the benefits and services offered under these Sections.

§§ 5–6

These Sections expand the coverage requirements of individual and group health insurance policies providing coverage for basic hospital expenses, basic medical-surgical expenses, major medical expenses, hospital or medical service plan contracts and hospital and medical coverage to subscribers of a health care center that also provide coverage for prescription drugs to now require that these policies provide coverage for immunizations recommended by (1) the American Academy of Pediatrics, American Academy of Family Physicians and the American College of Obstetricians and Gynecologists and (2) the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved. These Sections prohibit the imposition of a coinsurance, copayment, deductible or other out-of-pocket expense for the benefits and services offered under these Sections.

§§ 9–10

Under current law, no individual or group health insurance policy that provides coverage for basic hospital expenses, basic medical-surgical expenses, major medical expenses, hospital or medical service plan contracts and hospital and medical coverage to subscribers of a health care center may include a lifetime limit on the dollar value of covered benefits that are essential health benefits. These Sections forbid these policies from including an annual limit on the dollar value of such benefits.

§§ 11–12

These Sections make various technical changes and require individual and group health insurance policies that provide coverage for basic hospital expenses, basic medical-surgical expenses, major medical expenses, hospital or medical service plan contracts and hospital and medical coverage to subscribers of a health care center to also provide coverage for contraceptive drugs and devices.

Furthermore, these Sections prohibit the imposition of a coinsurance, copayment, deductible or other out-of-pocket expense for the benefits and services offered under these Sections, except that policies that use a provider network may require cost-sharing when such benefits and services are rendered by an out-of-network provider.

10. PUBLIC ACT 18-13. AN ACT CONCERNING THE CONNECTICUT LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION.

Effective July 1, 2018

This Act makes technical changes to the statutes concerning the Connecticut Insurance Guaranty Association (the “Association”). The Association pays the valid claims of policyholders and certain other claimants when an insurer that belongs to the Association defaults. The claims are paid through assessments of member insurers. Under the Act, HMOs must participate in the Association, and so now their members and enrollees will now be entitled to coverage in the event of default.

11. PUBLIC ACT 18-41. AN ACT CONCERNING PRESCRIPTION DRUG COSTS.

Effective January 1, 2020

This Act makes several changes to statutes governing prescription drugs, pharmacy benefit managers (PBMs) and health carriers (health insurers and HMOs).

§ 2

This Section requires PBMs, beginning March 1, 2021, to annually report certain rebate information to DCP. A PBM's report must contain, for health carriers that delivered, issued, renewed, amended, or continued a health care plan for which the PBM managed pharmacy benefits during the calendar year, the aggregate amount of: (1) drug formulary rebates the PBM collected from pharmaceutical manufacturers of covered outpatient prescription drugs attributable to patient utilization and (2) all rebates, excluding any portion of rebates described above. Under this Section, DCP must, after consulting with PBMs, establish a single, standardized form for reporting this information that minimizes the administrative burden and cost to both PBMs and DCP. This Section authorizes DCP to (1) adopt implementing regulations, and (2) impose a penalty of up to seven thousand five hundred dollars (\$7,500) on PBMs per violation of these provisions.

DCP must annually, beginning no later than March 1, 2022, report an aggregation of the information submitted by PBMs described above and any other information DCP deems relevant to the Insurance and Real Estate Committee. Beginning February 1, 2022, DCP must annually provide each PBM and any third party impacted by the report's submission with a description of the report's contents.

§§ 3–5

These Sections set forth reporting requirements for health carriers.

Section 3 requires each health carrier that delivers, issues, renews, amends, or continues a health care plan on or after January 1, 2021 to submit certain prescription drug information about the plan to DCP for the preceding calendar year.

Section 4 requires health carriers, beginning March 1, 2022, to annually certify to DCP in a form and manner it prescribes that they accounted for all rebates when calculating premiums for plans delivered, issued, renewed, amended, or continued in the previous year.

Beginning no later than March 1, 2022, DCP must annually submit a report to the Insurance and Real Estate Committee containing (1) aggregate information and data submitted under these provisions from the prior year, (2) a description of the impact of outpatient prescription drug costs on health insurance premiums in Connecticut, and (3) any other information DCP deems relevant to the cost of outpatient prescription drugs in Connecticut.

§ 6

This Section requires DCP to annually prepare, beginning no later than March 1, 2021, a report describing health carrier rebate practices for the prior year. The report must contain (1) an explanation of how carriers accounted for rebates when calculating premiums, (2) a statement disclosing whether and how carriers made rebates available to insureds at the point of purchase, (3) any other way carriers applied rebates, and (4) any other information DCP deems relevant. The report must be published on the department's website.

§ 10

Beginning March 1, 2020, this Section requires OHS, in consultation with the comptroller, DSS and DPH, to annually prepare a list of up to ten (10) outpatient prescription drugs that OHS determines are (1) provided at substantial cost to the State, considering the drugs' net cost, or (2) critical to public health. The list must include outpatient prescription drugs from different therapeutic classes and at least one generic outpatient prescription drug.

The pharmaceutical manufacturer of an outpatient prescription drug on the list must provide certain specified information to OHS, including a written, narrative description of all factors that contributed to the drug's cost increase.

§ 11

By law, insurers, HMOs, hospital or medical service corporations, and fraternal benefit societies that deliver, issue, renew, amend, or continue specific health insurance policies in Connecticut must make certain benefit information available to consumers in an easily readable and understandable format. This Section requires the information to (1) also be accessible, and (2) include information about any process available to consumers, and all documents necessary, to seek coverage of a noncovered outpatient prescription drug.

These provisions apply to individual and group health insurance policies that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan.

IV. ACTS CONCERNING EMPLOYMENT AND BUSINESS RESPONSIBILITIES

12. PUBLIC ACT 18-8. AN ACT CONCERNING PAY EQUITY.

Effective January 1, 2019

This Act expands protections for prospective employees by prohibiting employers from asking about, or directing a third party to inquire about, a prospective employee's wage and salary history, unless (1) the prospective employee voluntarily discloses his or her compensation history, or (2) the disclosure is specifically authorized by state or federal law. Employers may ask about other types of compensation elements that do not involve inquiring about the value of such elements.

This Act now allows redress by both employees and prospective employees for violations; under current law, only employees could look for redress. Under the Act, prospective employees may bring a lawsuit within two (2) years after the alleged violation of the prohibition on asking about wage and salary history. Employers can be found liable for compensatory damages, attorney's fees and costs, punitive damages, and any legal and equitable relief as the court deems just and proper.

For more information about this Act, please see <http://www.wiggin.com/17603>.

13. PUBLIC ACT 18-20. AN ACT ALLOWING APPLICANTS FOR SECURITY OFFICER LICENSES TO WORK AS SECURITY OFFICERS.

Effective July 1, 2018

This Act amends the laws governing the licensure of, and ability to work as a security officer, by providing an exception that allows for an unlicensed individual to work as a security officer while his or her application for a security license is pending if the applicant:

- passes a state and national criminal history records check conducted by the employing security service or a consumer reporting agency;
- completes the required eight (8) hours of basic training or such training has been waived; and
- performs the duties of a security officer under the direct on-site supervision of a licensed security officer with at least one (1) year of experience.

14. PUBLIC ACT 18-49. AN ACT CONCERNING AN AFFECTED BUSINESS ENTITY TAX, VARIOUS PROVISIONS RELATED TO CERTAIN BUSINESS DEDUCTIONS, THE ESTATE AND GIFT TAX IMPOSITION THRESHOLDS, THE TAX TREATMENT OF CERTAIN WAGES AND INCOME AND A STUDY TO IDENTIFY BEST PRACTICES FOR MARKETING THE BENEFITS OF QUALIFIED OPPORTUNITY ZONES.

Effective May 31, 2018

This Act makes various changes to statutes governing state and local taxes.

The Act requires limited liability companies and other “pass-through” entities (such as partnerships and Subchapter S corporations) to pay an income tax based on the top personal income tax rate of 6.99%. Under current law, these entities do not pay tax, but instead “pass-through” their profits to their owners who are personally taxed. The Act also extends, by three (3) years (to 2023), the phase-in of the estate and gift tax threshold to the federal threshold.

For more information about this Act, please see <http://www.wiggin.com/17558>.

15. PUBLIC ACT 18-161. AN ACT CONCERNING THIRD-PARTY FINGERPRINTING SERVICES, MINIMUM STANDARDS AND PRACTICES FOR THE ADMINISTRATION OF LAW ENFORCEMENT UNITS AND REPORTS OF POLICE PURSUITS.

Effective July 1, 2018

§ 1

This Section makes technical changes to the statute governing third-party fingerprinting services. It authorizes the Department of Emergency Services and Public Protection to enter into agreements with independent contractors to allow such independent contractors to receive and transmit fingerprints and demographic information for the processing of criminal history records checks to the State Police Bureau of Identification. The Department of Emergency Services and Public Protection must require the contractors to collect and remit the assigned fee for the requested service to the State Police Bureau of Identification and to comply with

terms and conditions that ensure the security, privacy, confidentiality and value of the fingerprints and demographic information. Lastly, the department may allow the independent contractors to charge a convenience fee for fingerprinting services of no more than fifteen dollars (\$15).

16. SPECIAL ACT 18-5. AN ACT CONCERNING MINIMUM EMPLOYEE WAGES FOR PROVIDERS OF STATE-ADMINISTERED SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITIES.

Effective May 9, 2018

This Act allows OPM to allocate available FY 2019 funds to increase the wages of certain employees who provide services to individuals with intellectual disabilities authorized to receive services and supports through DDS. Under this Act, private providers that provide these services must submit documentation to OPM by December 1, 2018 that such funds will be used only for: (1) increasing the minimum wage paid to employees to at least \$14.75 per hour by January 1, 2019 and (2) providing a wage increase (up to 5%), by January 1, 2019, to employees earning between \$14.76 and \$30.00 per hour. Additionally, this Act requires OPM to reimburse the providers, within available appropriations, for the cost of employer taxes, increased benefits, and other costs associated with the wage increase provisions.

V. ACTS CONCERNING HOUSING AND REAL PROPERTY

17. PUBLIC ACT 18-38. AN ACT PROVIDING PROTECTIONS FOR CONSUMERS APPLYING FOR REVERSE MORTGAGES.

Effective October 1, 2018

This Act expands the counseling and certification requirements for reverse annuity mortgages, a type of mortgage that allows homeowners to convert accumulated home equity into liquid assets.

It establishes counseling requirements that must be met before any entity, including a state or federally-chartered bank or credit union, may (1) accept a final and complete reverse annuity mortgage loan application, or (2) assess any fees for such a mortgage.

This Act also requires reverse mortgage lenders to receive and store a signed certification from the borrower or the borrower's authorized representative stating that the counseling requirements were met. The counseling certification must include the counseling date and the name, address, telephone number, and signature of both the prospective applicant or the applicant's authorized representative and the independent housing counseling agency's counselor.

This Act (1) prohibits a reverse mortgage lender, originator, or loan servicer from compensating counseling agencies and (2) specifies that any violation of the counseling and certification provisions is a violation of the State's unfair trade practices law.

Failure to meet the requirements of this Act will be deemed an unfair or deceptive trade practice under State law.

18. PUBLIC ACT 18-88. AN ACT REQUIRING TIMELY PAYMENT OF FUEL VENDORS IN THE CONNECTICUT ENERGY ASSISTANCE PROGRAM.

Effective June 4, 2018

Under current law, DSS must report to the Joint Committees on Energy and Technology, Appropriations, and Human Services, by August 1 annually, regarding the use of funds under the low-income Home Energy Assistance Act of 1901. As part of this annual report, this Act requires DSS to require, by November 1, 2018, that community action agencies that utilize the fuel assistance program pay fuel vendors within thirty (30) days of receipt of an authorized fuel slip.

In addition, this Act requires DSS to report annually a list of community action agencies that failed to make timely payments to fuel vendors, as required by this Act.

19. PUBLIC ACT 18-160. AN ACT IMPOSING A SURCHARGE ON CERTAIN INSURANCE POLICIES AND ESTABLISHING THE HEALTHY HOMES FUND.

Effective as noted

§ 1

Effective January 1, 2019

This Section imposes a twelve dollar (\$12) surcharge on the named insured under certain homeowners insurance policies delivered, issued for delivery, renewed, amended or endorsed from January 1, 2019 until December 31, 2029. The surcharge applies to homeowner policies for personal risk insurance policies on condominiums or residential dwellings with four or fewer units. Insurers must remit the surcharges collected to DOI annually.

The remittances, minus the cost of an administrative officer position at DOI to facilitate the surcharge collection, will be deposited into the Healthy Homes Fund established by Section 2 of this Act. Within thirty (30) days after such deposit is made into the Healthy Homes Fund, eighty-five percent (85%) of the deposits must be transferred to the Crumbling Foundations Assistance Fund.

§ 2

Effective June 13, 2018

This Section creates the Healthy Homes Fund—a separate account within the General Fund. DOH may use the money deposited into the Healthy Homes Fund for the following purposes:

- to provide grants-in-aid, up to \$1 million, to homeowners with homes in the immediate vicinity of the West River and Yale Golf Course in the Westville section of New Haven and in Woodbridge in order to repair damage to their homes due to subsidence; and
- to fund a program, plus related administrative expenses, to reduce health and safety hazards in residential dwellings that include lead, radon and other contaminants or conditions, through removal, remediation, abatement and other appropriate methods.

In addition, DOH must notify DPH within thirty (30) days after remittances have been deposited in the Healthy Homes Fund for grants-in-aid to homeowners seeking to repair damages due to subsidence and, on an annual basis, DPH must notify each municipal health department in the State of the funds available to fund the program to reduce health and safety hazards in residential dwellings.

Lastly, this Section requires DOH to report on the status of the Healthy Homes Fund and the amount of remittances deposited into and expended from the account to the Joint Committees on Housing Planning and Development and Appropriations and the budgets of state agencies by January 1, 2020, and annually thereafter.

20. PUBLIC ACT 18-179. AN ACT CONCERNING THE WRITTEN RESIDENTIAL DISCLOSURE REPORT, THE CAPTIVE INSURANCE COMPANY ESTABLISHED FOR ASSISTING WITH CRUMBLING FOUNDATIONS AND FUNDING FOR LEAD REMOVAL, REMEDIATION AND ABATEMENT.

Effective as noted

§ 1

Effective July 1, 2018

This Section revises the residential disclosure report home sellers must provide to purchasers and expands on exactly what must be included in the report. This Section removes the requirement that DCP adopt regulations but requires DCP to describe the residential disclosure report and provide a template for that information required under this Section.

21. SPECIAL ACT 18-12. AN ACT REQUIRING THE COMMISSIONER OF HOUSING TO MAKE RECOMMENDATIONS REGARDING CERTAIN STATE-FUNDED PUBLIC HOUSING PROJECTS.

Effective June 6, 2018

This Act requires DOH to submit, by October 1, 2018, a report to the Joint Committee on Housing providing recommendations to improve state-funded housing projects designated for elderly tenants (described as tenants age 62 or older) and younger tenants with disabilities. These state-funded housing projects were designated by DOH last year, pursuant to Special Act 17-19.

Special Act 17-19 required DOH to designate three (3) state-funded housing projects that provide services to elderly tenants and younger tenants with disabilities for the purposes of conducting a study. Special Act 17-19 required the study to include: 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 (5) years prior to June 7, 2017.

VI. ACTS CONCERNING LICENSING AND TRAINING REQUIREMENTS FOR PROFESSIONALS

22. PUBLIC ACT 18-40. AN ACT CONCERNING DEPARTMENT OF CONSUMER PROTECTION LICENSE STREAMLINING.

Effective May 31, 2018, unless otherwise noted

§ 1

Currently, every charitable organization must register annually with DCP before any solicitation may be conducted on its behalf. This Section makes the fifty dollar (\$50) registration fee non-refundable.

This Section also reduces, from two (2) to one (1), the number of authorized officers of a charitable organization who must certify that the statements in the application are true and correct. This Section eliminates the requirement that the authorized officer sign a registration statement.

Further, under current law, if DCP determines that an organization's application does not contain the required documents or comply with the implementing regulations, it must notify the organization of its non-compliance within ten (10) days of receiving the application. This

Section eliminates a provision that deemed an organization's registration approved if DCP does not provide notice within this timeframe.

This Section also revises the procedures for an organization to request a hearing on non-compliance by requiring hearings to be conducted in accordance with the Uniform Administrative Procedure Act.

§ 2

This Section revises the requirements of the annual financial report that the charitable organization must include with its application. First, the financial report need only be certified by one (1) authorized officer of the organization, rather than two (2).

Second, this Section now allows DCP to (1) accept a statement attesting that the organization's financial statements, reports, or returns have been filed with the Internal Revenue Service or another state, instead of providing the actual documents, and (2) require a charitable organization to submit an updated financial report for the most recently completed fiscal year, including a financial statement.

§ 4

This Section allows DCP to issue a permit to sell sealed tickets to any organization or group that qualifies for a bazaar or raffle permit. It does so by eliminating requirements that, in order to be issued a permit, an organization or group must: (1) hold a bingo permit, (2) hold an alcoholic liquor club or nonprofit club permit; or (3) sponsor or conduct a social function and be organized. The sealed ticket permit may be issued to any veterans, religious, civic, fraternal, educational or charitable organization, volunteer fire companies, political parties and their town committees, and sponsoring municipalities acting through centennial or bicentennial committees.

§ 5

Effective July 1, 2018

This Section clarifies that unless otherwise provided, the application fees paid to DCP for licenses, permits, certificates or regulations are nonrefundable.

VII. ACTS CONCERNING PROBATE

23. PUBLIC ACT 18-45. AN ACT CONCERNING PROBATE COURT OPERATIONS.

Effective May 30, 2018

This Act makes changes in various laws that govern probate court operations. This Section provides that when a landlord files an affidavit concerning the possessions and personal effects of a deceased tenant, the landlord must pay a \$150 fee to the probate court. Under current law, when landlords take action to remove a deceased tenant's personal effects, the landlord must send a notice to the deceased tenant's next-of-kin or emergency contact, if designated, and file an affidavit with the probate court.

§ 6

Under current law, a resignation of a fiduciary would not be accepted by the Probate Court until the fiduciary submitted its final accounting of the fiduciary's trust. This Section clarifies that the resignation is accepted, but that the fiduciary is not relieved of its obligation to file the final accounting, and must do so within sixty (60) days following its resignation.

VIII. ACTS CONCERNING HEALTH PROVIDER SERVICES

24. PUBLIC ACT 18-74. AN ACT CONCERNING BIOLOGICAL PRODUCTS.

Effective October 1, 2018

This Act creates guidelines for the use of interchangeable biological products by pharmacies and the prescription of biological products by practitioners. An "interchangeable biological product" is a biological product that meets the FDA standards in 42 USC 262(k)(4), or is the therapeutic equivalent to another biological product under the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations. Biological products generally include viruses, therapeutic serums, toxins or antitoxins, vaccines, blood or blood components and other substances.

This Act requires a prescribing practitioner to discuss with the patient treatment methods and the alternatives to, as well as the risks associated with, the use of biological products before prescribing these products. The prescribing practitioner must document this discussion in the patient's medical record not later than 24 hours after the discussion. This requirement does not apply to hospital inpatients, emergency care, FDA approved vaccines, blood or blood components.

The Act further permits a pharmacist, unless the purchaser has instructed otherwise, to substitute a biological product for a prescribed biological product if it is an interchangeable

biological product and the prescribing practitioner has not specified that there shall be no substitution. As with generic drug substitutions, the interchangeable biological product may be substituted only when there will be a cost savings passed along to the purchaser, and the pharmacist must disclose the amount of the savings upon the patient's request. Upon dispensing the interchangeable biologic product to a patient, the pharmacist must inform the patient or patient's representative of the substitutions, and not later than 72 hours after dispensing, the pharmacist must inform the prescribing practitioner of the substitute.

This Act requires pharmacies to revise the sign at the counter where prescriptions are dispensed to now state:

“THIS PHARMACY MAY BE ABLE TO SUBSTITUTE A LESS EXPENSIVE DRUG PRODUCT OR INTERCHANGEABLE BIOLOGICAL PRODUCT WHICH IS THERAPEUTICALLY EQUIVALENT TO THE ONE PRESCRIBED BY YOUR DOCTOR UNLESS YOU DO NOT APPROVE.”

25. PUBLIC ACT 18-77. AN ACT LIMITING AUTO REFILLS OF PRESCRIPTION DRUGS COVERED UNDER THE MEDICAID PROGRAM AND REQUIRING THE COMMISSIONER OF SOCIAL SERVICES TO PROVIDE CHIP DATA TO THE HEALTH INFORMATION TECHNOLOGY OFFICER.

Effective June 1, 2018

This Act authorizes DSS to prohibit a pharmacy provider from automatically refilling certain prescription drugs for Medicaid recipients. It also allows DSS to submit to the Joint Committee on Health and Human Services recommendations on the types of prescription drugs subject to, or exempt from, the prohibition on automatic refills.

This Act also requires the Joint Committee on Health and Human Services to hold a public hearing on DSS's recommendations. If no hearing is held, the recommendations will be considered approved. The recommendations, as modified by the Joint Committee on Health and Human Services, will then be submitted to the Pharmaceutical and Therapeutics Committee, which will have the opportunity to make recommendations to DSS regarding automatic refills.

Finally, this Act permits the Pharmaceutical and Therapeutics Committee to make recommendations to DSS regarding what prescribed drug, if any, should be eligible for automatic refill.

26. PUBLIC ACT 18-148. AN ACT CONCERNING TELEHEALTH SERVICES.

Effective July 1, 2018

This Act expands the types of providers that can provide telehealth services in the State by adding RNs (in addition to previously-permitted APRNs) and pharmacists.

Under current law, telehealth providers must first obtain the informed consent of the patient prior to providing telehealth services. This Act now requires telehealth providers to document in the patient's record when a patient later revokes such consent.

Under current law, telehealth providers could not prescribe any schedule I, II, or III controlled substances. This Act allows telehealth providers to prescribe schedule II and III controlled substances other than opioids, in compliance with the Ryan Haight Online Pharmacy Consumer Protection Act, in order to treat persons with psychiatric disability or substance use disorder. A telehealth provider using telehealth to prescribe a Schedule II or III controlled substance must electronically submit the prescription pursuant to current requirements.

Further, under current law, telehealth providers were required to ask at each telehealth visit for the patient's consent for the telehealth provider's disclosure of records concerning the interaction to the patient's primary care provider. This Act now requires the provider to only ask for this consent at the initial visit. This Act also clarifies that any consent required under the Connecticut telehealth statutes may be obtained from the patient, or the patient's legal guardian, conservator or other authorized representative.

27. PUBLIC ACT 18-168. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Effective October 1, 2018, unless otherwise noted

This Act makes various technical changes to DPH statutes. Sections of note include the following:

§ 2

This Section prohibits disclosure of personnel records received during the course of a DPH investigation. Current law prohibits disclosure of patient medical records received during DPH investigations.

§ 3

This Section provides that medical and personnel records are not subject to disclosure even when there is a valid Freedom of Information Act request.

§ 4

This Section expands the definition of “public health facility” for purposes of the statute governing the scope of practice of dental hygienists to include a senior center or an MRC.

§ 6

This Section changes the starting date for deaths that must have the Social Security Number recorded in the “administrative purposes” section of the death certificate to those occurring on or after July 1, 1997. The “administrative purposes” section must be restricted and disclosed only to those enumerated in current law; all others requesting a certified or uncertified death certificate may also receive such certificate, but the decedent’s Social Security Number or the “administrative purposes” section must be removed from the certificate.

§ 11

This Section requires health care institutions that receive a notice of noncompliance after a DPH inspection to submit a plan of correction to DPH within ten (10) business days upon receipt of such notice.

§ 12

This Section makes various technical changes and also makes the following substantive changes to Conn. Gen. Stat. 19a-490n, which governs the Advisory Committee on Healthcare Associated Infections:

- Renames the Advisory Committee the “Advisory Committee on Health Care Associated Infections and Antimicrobial Resistance,” which advises DPH on issues related to health care-related infections. Moreover, along with existing requirements, the advisory committee must be composed of the following: two members representing outpatient hemodialysis centers; two members representing long-term acute care hospitals; two members representing nursing home facilities; two members representing surgical facilities; one representative of the Connecticut Infectious Disease Society; and one representative of a clinical microbiology laboratory.
- Removes the requirement that the advisory committee identify, evaluate and recommend methods for increasing public awareness about effective measures to

reduce the spread of infections in communities, hospitals and any other health care setting to DPH.

§ 13

This Section requires DPH to establish a reporting system for health care associated infections and antimicrobial resistance that must be based upon nationally recognized and recommended standards. DPH is no longer required to submit a report concerning the mandatory reporting system to the General Assembly; however, DPH is required to post the information collected pursuant to the reporting system on its website annually. The posted information must include: the number and type of health care-associated infections and antimicrobial resistance reported by each health care facility; links to the National Centers for Disease Control and Prevention's reports and CMS's quality improvement program's website; and information to the public on how to prevent such infections and antimicrobial resistance.

§ 14

This Section amends Conn. Gen. Stat. 19a-1271 establishing a quality of care program for DPH by removing the requirement that DPH report on the quality of care program to the Governor and the Joint Committee on Public Health.

§ 16

This Section eliminates the requirement that DPH annually publish a report listing all nursing home facilities and RCHs in the State and replaces it with the requirement that DPH post the list on its website. The list must include the number and effective date of every license issued to each nursing home facility and RCH as well as the address of each nursing facility and RCH. The Act eliminates the requirement that DPH list certain detailed information about facilities, such as owners' names, the number of beds, number of employees, religious affiliation, that was previously required in the annual published report.

§ 17

This Section requires DPH to provide a report to the Emergency Medical Services Advisory Board annually, starting on December 31, 2018. In addition, DPH, with the recommendation of the Connecticut Emergency Medical Services Advisory Board, must adopt the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and nationally recognized guidelines for field triage of injured patients for use in trauma data collection.

§ 20

This Section makes various technical changes to the food code. Of note, it amends the definition of a “Class 1 food establishment” to mean a retail food establishment that does not serve a population that is highly susceptible to food borne illnesses and that only offers commercially packaged food or precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial packaging no more than four hours after heating.

§ 21

This Section makes additional technical changes related to the food code. Of note, it provides an exemption for RCHs with thirty (30) or fewer beds from the requirements within the food code provisions if the administrator of the facility or his or her designee satisfactorily has passed a test as part of a food protection manager certification program approved by the Conference for Food Protection. However, if the RCH enters into a service contract with a food establishment or lends, rents or leases any area of its facility to any person or entity to prepare or sell foods, then the food code provisions will apply to the RCH.

§§ 34–39

These Sections revise the statutes governing the withholding of life support systems, appointing health care representations, and witnessing to the execution of documents appointing health care representations by authorizing APRNs to perform certain functions that currently may be performed only by a physician.

§ 40

This Section amends the law governing applications for institutional licenses to remove the requirement that they be notarized.

§ 46

Effective June 13, 2018

This Section changes the deadline for DPH to adopt and administer the state’s food code to regulate food establishments from June 1, 2018 to January 1, 2019.

§ 49

Effective July 1, 2018

This Section requires the owner or manager of a class 2, 3 or 4 food establishment to designate an alternate person to be in charge when the certified food protection manager cannot be present. Such alternate person will be responsible for ensuring that: all employees are complying with this section; food is safely prepared in accordance with the food code; emergencies are managed properly; a food inspector is admitted into the food establishment upon request; and they receive and sign the inspection reports.

§ 51

Effective July 1, 2018

This Section amends Conn. Gen. Stat. 19a-491c governing the LTC criminal background check process to explicitly exclude from the definition of LTC facility those facilities operated by a DDS program that are subject to background checks. This Section also repeals the now outdated requirement that DPH develop a plan to implement the criminal history and patient abuse background search program, because the program has been implemented.

§ 52

This Section requires applicants for employment in a DDS program to be fingerprinted and to submit to state and national criminal history records checks. Employment by DDS will be considered conditional until the results of the criminal history records checks have been received and reviewed.

§ 72

Effective July 1, 2018

This Section authorizes DPH to administer the Connecticut Aids Drug Assistance Program and Connecticut Insurance Premium Assistance Program.

§ 73

Effective July 1, 2018

This Section applies to any “nursing home” (defined as a licensed chronic and convalescent nursing home or a rest home with nursing supervision). This Section requires DPH to develop a system by January 1, 2019 for nursing homes to electronically notify DPH of reportable events, and requires nursing homes to use the electronic reporting system once it is implemented. “Reportable event” is defined as “an event occurring at a nursing home that is deemed by the department [DPH] to require immediate notification to the department.”

§§ 75–77

These Sections make technical changes and amend the definition of “respiratory care” for purposes of respiratory therapist licensure statutes to include the insertion and monitoring of arterial catheters, intraosseous catheters, nasogastric tubes and all forms of extracorporeal life support. They also make various technical changes to the respiratory therapist license requirements.

IX. MISCELLANEOUS ACTS OF INTEREST

28. PUBLIC ACT 18-16. AN ACT CONCERNING CHANGES TO PHARMACY AND DRUG CONTROL STATUTES.

Effective January 1, 2019

§ 1

This Section clarifies that the one thousand dollar (\$1,000) civil monetary penalty that the Commission of Pharmacy may assess for certain noncompliance with the pharmacy practice laws may be assessed per violation.

§ 3

This Section now requires DCP-registered drug manufacturers and wholesalers to operate a system to identify suspicious controlled substance orders. When they identify such orders, the manufacturers and wholesalers must immediately inform the DCP’s Drug Control Division. Under this Section and federal law, “suspicious orders” include orders that are of an unusual size or frequency or deviate substantially from a normal pattern. This Section also requires these manufacturers and wholesalers to send the Drug Control Division a copy of any suspicious order report that they submit to the federal Drug Enforcement Administration.

§ 4

This Section now requires annual, rather than biennial, controlled substance inventories by (1) practitioners, (e.g., physicians, PAs, advanced practice registered nurses, dentists, veterinarians, and certain scientific investigators); (2) drug manufacturers and wholesalers; and (3) institutions, including pharmacies, hospitals, nursing homes, clinics, infirmaries, freestanding ambulatory surgical centers, and laboratories. This Section also eliminates a provision that deemed such individuals and entities to be compliant with state controlled substances recordkeeping requirements if they comply with substantially similar federal requirements. The annual inventory must be prepared within four days of the first day of May.

§ 5

This Section requires retail and institutional pharmacies to maintain a perpetual inventory of schedule II controlled substances. The inventory records must be: (1) kept on the pharmacy's premises and maintained in an orderly manner separate from other records, (2) filed by date, (3) retained for at least three (3) years, and (4) made immediately available for inspection and copying upon the request of DCP or their representative or other authorized inspectors. Perpetual inventories must be reconciled on a monthly basis. Any discovered loss, theft, or unauthorized destruction must be reported to DCP not later than seventy-two (72) hours. DCP may adopt regulations to implement the perpetual inventory requirements.

29. PUBLIC ACT 18-22. AN ACT CONCERNING REVISIONS TO THE CONNECTICUT ANTITRUST ACT AND DISCOVERY CONDUCTED BY THE ATTORNEY GENERAL IN WHISTLE-BLOWER AND FALSE CLAIMS ACTIONS.

Effective October 1, 2018

§ 1

This Section amends the Connecticut Antitrust Act to no longer limit the imposition of a restricted and permissible defense available to a defendant in an antitrust action only to defendants that sell, distribute or otherwise dispose of drugs or devices. Now, regardless of whether the action concerns a drug or device, a defendant in an antitrust action may not assert the defense that the defendant did not deal directly with the person on whose behalf the action is brought. However, the defendant may still prove as a partial or complete defense that the alleged overcharge for the product was passed on to another person by a purchaser or a seller in the chain of manufacture, production or distribution of the product that paid the alleged overcharge.

§ 2

This Section amends the statutes governing false claims under state-administered health or human services programs to allow service of a subpoena and a notice of deposition for investigative purposes to be made by the AG through personal service at the usual place of residence or a person's principal place of business in Connecticut, by registered or certified mail, return receipt requested, or, if such person has no principal place of business in Connecticut, at such person's principal office or residence. In addition, this Section requires all documentary material or other information provided to the AG, his or her deputy, or assistant AG for a suspected violation of the statute governing false claims and false records to be returned to the person who provided such documentary materials or information once the AG's investigation has terminated or a final determination of an action or proceeding.

30. PUBLIC ACT 18-26. AN ACT CONCERNING MINOR AND TECHNICAL CHANGES TO THE TAX AND RELATED STATUTES.

Effective May 29, 2018

§ 2

This Section provides that after November 30, 2017, OPM may no longer issue an initial credit voucher upon determination that the applicant is likely, within a reasonable time, to place a green building in service to qualify for the credit.

§ 7

This Section requires the method used to determine the amount of income tax withholding for a profit-sharing plan, stock bonus, deferred compensation plan, individual retirement arrangement, endowment, life insurance contract, pension payments or annuities to be determined according to instructions that DRS provides, rather than the same as the method employers use for payroll withholding.

Under current law, lump sum distributions must be taxed at the highest marginal rate. This Section instead exempts from withholding lump sum distributions that are direct rollovers in the form of a check made payable to another qualified account. This Section also now provides that the withholding requirements must not result in the nonpayment of any distribution to a resident individual. For the calendar year ending on December 31, 2018, DRS cannot assess interest on taxpayers for underpaying estimated taxes based solely on the payer's failure to comply with the withholding provisions of this Section.

31. PUBLIC ACT 18-27. AN ACT CONCERNING THE PARTICIPATION OF NONPROFIT ENTITIES IN WORKER COOPERATIVES.

Effective October 1, 2018

§ 1

This Section now allows a “nonprofit organization” (i.e., an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended from time to time) to become a “member” of a worker cooperative and own ownership shares in this business entity, which, by law, must be owned and controlled by its employees.

32. PUBLIC ACT 18-48. AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS REGARDING TECHNICAL REVISIONS TO THE PUBLIC HEALTH STATUTES.

Effective May 29, 2018

§ 1

This Section clarifies that certain protections afforded to the deaf or hard of hearing (such as the requirement that the Public Utilities Regulatory Authority test they have capable telecommunication systems) are also extended to those that are speech impaired.

33. PUBLIC ACT 18-94. AN ACT ADOPTING THE REVISED UNIFORM ARBITRATION ACT.

Effective October 1, 2018

This Act adopts the Revised Uniform Arbitration Act. As such, it codifies arbitration rules, standards and common practices, some of which were not previously regulated by statute. The Act contains detailed provisions covering: (1) agreements to arbitrate and their enforceability; (2) notice requirements; (3) court jurisdiction and procedures before completion of an arbitration; (4) arbitrators' qualifications, disclosures and powers; (5) arbitration proceedings; and (6) court proceedings after an award has been issued. The Act generally applies to agreements to arbitrate made on or after October 1, 2018 and does not repeal existing law on arbitration proceedings.

34. PUBLIC ACT 18-141. AN ACT CONCERNING REVISIONS TO DEPARTMENT OF CONSUMER PROTECTION STATUTES.

Effective June 11, 2018

§ 5

This Section adds to the information required to be placed on donation bins permitted in public places for the donation of clothing or other articles to also require the percentage of the donated articles or of the proceeds from the sale of the donated articles that the nonprofit organization will receive from the owner of such bin and the contact information of the owner of the bin to be included within the notice.

§ 6

This Section establishes that upon a consumer's death, any consumer contract or lease for a personal emergency response system is terminated. Any contract or lease provisions that set a penalty for early termination are unreasonable.

A “personal emergency response system” means a twenty-four-hour-per-day electronic alarm system placed in an adult’s home that enables him or her to obtain immediate help in case of an emergency.

35. PUBLIC ACT 18-153. AN ACT CONCERNING THE CUSTODY AND CONTROL OF A DECEDENT’S BODY.

Effective July 1, 2018

This Act gives guidelines regarding the custody and control of a deceased individual’s body. Current law allows for funeral directors to be unchallenged in their decisions to follow the orders of those designated to make decisions about the deceased body; this Act now allows for embalmers to have the same purview.

In addition, if there is a dispute regarding final disposition of the remains, funeral directors and embalmers are not liable for refusing to (1) accept the remains of the deceased, (2) inter or otherwise dispose of the remains of the deceased, or (3) complete the arrangement for final disposition of such remains, in each case until the funeral director or embalmer receives an order from the Probate Court or other written agreement from the parties.

36. HOUSE RESOLUTION 8 AND SENATE RESOLUTION 7. RESOLUTION PROPOSING APPROVAL OF A MEMORANDUM OF AGREEMENT BETWEEN THE PCA WORKFORCE COUNCIL AND THE NEW ENGLAND HEALTH CARE EMPLOYEES UNION, DISTRICT 1199, SEIU.

Effective February Session

These Resolutions approve the memorandum between the PCA Workforce Council and the New England Health Care Employees Union submitted on February 20, 2018.

X. ACTS CONCERNING GOVERNMENT STUDIES AND TASK FORCES

37. PUBLIC ACT 18-23. AN ACT CONCERNING THE AUTISM SPECTRUM DISORDER ADVISORY COUNCIL.

Effective May 24, 2018

This Act makes the Autism Spectrum Advisory Council permanent by removing the June 30, 2018 sunset date.

The Autism Spectrum Advisory Council was formed in 2013 to provide guidance to DSS regarding the implementation of a statewide service delivery model for individuals with autism spectrum disorders and their families. The council advises DSS on the policies and programs for persons with autism spectrum disorder services provided by DSS’ Division of Autism

Spectrum Disorder Services and the implementation of the recommendations resulting from the autism feasibility study.

38. PUBLIC ACT 18-133. AN ACT DECREASING THE MEMBERSHIP OF THE COMMISSION ON WOMEN, CHILDREN AND SENIORS.

Effective June 11, 2018

This Act reduces the total membership of the Commission on Women, Children and Seniors from sixty-three (63) to twenty-one (21). To accomplish this, it reduces from nine to three, the total appointments by each of the six legislative leaders and joint appointments by the House speaker and Senate president pro tempore.

39. SPECIAL ACT 18-2. AN ACT ESTABLISHING A TASK FORCE TO STUDY THE NEEDS OF PERSONS WITH INTELLECTUAL DISABILITY AND PILOT PROGRAMS TO ESTABLISH AND EVALUATE ALTERNATIVE SERVICE MODELS FOR PERSONS WITH INTELLECTUAL DISABILITY.

Effective as noted

§ 1

Effective May 24, 2018

This Section establishes a task force to study (1) the short and long term needs of individuals with intellectual disabilities, including, but not limited to, adults in the significant behavioral issues or significant issues related to aging (including Alzheimer's disease, dementia, and related disorders), and (2) ways in which services and supports may be provided. The task force is comprised of members appointed by the House of Representatives and Senate, as well as the Commissioner of DDS (or the Commissioner's designee), and individuals of experience with diagnosis, care, treatment, and provision of services to persons with intellectual disability.

Not later than January 1, 2019, the task force must submit its findings and recommendations to the Joint Committee on Public Health.

§ 2

Effective July 1, 2018

This Section requires DDS to establish up to three (3) pilot programs to establish and evaluate alternative service models in which individuals who are currently receiving residential services may move from their existing residential setting, with the consent of the individual or such individuals' legal representative, to a more independent, less restrictive residential setting. DDS will select up to three (3) publication service providers to participate in the pilot program, based on proposals submitted.

Not later than January 1, 2019, and annually thereafter until the conclusion of the pilot programs, DDS must report to the Joint Committee on Public Health regarding (1) the number of individuals served by the pilot program and the service models chosen by the individuals, (2) the number of new individuals serviced by cost savings of the pilot program, (3) the outcomes of the pilot program, and (4) recommendations of the department, stakeholder organizations, and service providers based on the outcomes of the pilot program.

40. SPECIAL ACT 18-3. AN ACT ESTABLISHING A TASK FORCE TO STUDY BEST PRACTICES FOR PROVIDING TRANSPORTATION FOR PERSONS WITH DISABILITIES, SENIOR CITIZENS AND VETERANS.

Effective May 25, 2018

This Act establishes a task force to conduct a study on the issues with public transportation for persons with disabilities, senior citizens and veterans. The study must include: (1) an examination of best practices in other states, (2) currently available fare discounts, (3) current and future transportation needs for such persons, and (4) recommendations on how to improve the efficiency, cost and reliability of public transportation for such individuals.

The task force will be comprised of the following individuals of note:

- Two appointed by the speaker of the House of Representatives, one with expertise in the transportation of persons with disabilities and the other with an expertise in veterans' affairs;
- The Commissioner of DOT;
- The Commissioner of VA;
- The executive director of the Commission on Women, Children and Seniors; and the Commissioner of DSS.

The task force must submit a report on its findings and recommendations to the Joint Committees on Aging, Human Services, Transportation and Veterans' Affairs no later than January 1, 2019. The task force will terminate following the delivery of such report or January 1, 2019, whichever is later.

41. SPECIAL ACT 18-6. AN ACT REQUIRING THE HEALTH INFORMATION TECHNOLOGY OFFICER TO ESTABLISH A WORKING GROUP TO EVALUATE ISSUES CONCERNING POLYPHARMACY AND MEDICATION RECONCILIATION.

Effective June 1, 2018

This Act requires the Health Information Technology Officer to establish a working group to evaluate issues of polypharmacy and medication reconciliation. Polypharmacy means “the simultaneous use of multiple drugs by a patient to treat one or more ailments or conditions” and medication reconciliation means “the process of comparing a patient’s admission, discharge and transfer medication orders to all of the medications the patient has been taking for the purpose of avoiding medication errors.” Membership in the working group must include, but is not limited to:

- two experts in polypharmacy;
- two experts in medical reconciliation;
- a representative of DCP;
- a licensed pharmacist;
- a prescribing practitioner; and
- a member of the State Health Information Technology Advisory Council.

No later than July 1, 2019, the Health Information Technology Officer must report findings and recommendations of the group to the Joint Committee of Public Health.