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AN ACT ESTABLISHING A FEE ON THE MANUFACTURE, DISTRIBUTION, PRESCRIPTION AND DISPENSATION OF OPIOIDS.

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

1. That title 12 of the general statutes be amended to establish a fee on the manufacture, distribution, prescription and dispensation of opioids.

Statement of Purpose:
To control the opioid epidemic by imposing a fee on the manufacture, distribution, prescription and dispensation thereof.
AN ACT CONCERNING THE ADMINISTRATION OF VACCINES BY PHARMACISTS AND MEDICAL ASSISTANTS AND THE LISTING OF CERTIFIED MEDICAL ASSISTANTS.

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

Section 1. Section 20-633 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof:

(Effective October 1, 2016):

(a) Any person licensed as a pharmacist under part II of this chapter may administer [ ] (1) to an adult, any vaccine [ ] approved by the United States Food and Drug Administration that is listed on the National Centers for Disease Control and Prevention's Adult Immunization Schedule; [ ] and (2) to any person under the age of eighteen, influenza vaccine approved by the United States Food and Drug Administration, provided the administration of any such vaccine is conducted pursuant to the order of a licensed health care provider and in accordance with the regulations established pursuant to subsection (b) of this section.
(b) The Commissioner of Consumer Protection, in consultation with the Commissioner of Public Health and the Commission of Pharmacy, shall adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section. Such regulations shall (1) require any pharmacist who administers a vaccine [to an adult] pursuant to this section to successfully complete an immunization training program for pharmacists; (2) define the basic requirements of such training program, which shall include training and instruction in pre-administration education and screening, vaccine storage and handling, subcutaneous and intramuscular injections, recordkeeping, vaccine safety, cardiopulmonary resuscitation, basic cardiac life support and adverse event reporting; (3) identify qualifying training programs, which are accredited by the National Centers for Disease Control Prevention, the Accreditation Council for Pharmacy Education or other appropriate national accrediting body; and (4) establish a system of control and reporting.

(c) For purposes of this section, "adult" means an individual who has attained the age of eighteen years.

Sec. 2. (NEW) (Effective October 1, 2016) (a) For purposes of this section:

(1) "Direct supervision" means a licensed supervising physician, physician assistant or advanced practice registered nurse is physically present in the location where the medical assistant is administering a vaccine; and

(2) "Medical assistant" means a person who (A) is certified by the American Association of Medical Assistants, the American Medical Technologists, the National Center for Competency Testing or other certification organizations accredited by the National Commission for Certifying Agencies, and (B) has graduated from a postsecondary medical assisting program accredited by the Commission on Accreditation of Allied Health Education Programs, the Accrediting
Bureau of Health Education Schools, the Accrediting Council for
Independent Colleges and Schools or the Accrediting Commission of
Career Schools and Colleges.

(b) A medical assistant may administer a vaccine under the direct
supervision, control and responsibility of a physician licensed
pursuant to chapter 370 of the general statutes or an advanced practice
registered nurse licensed pursuant to chapter 378 of the general
statutes, or under the direct supervision of a physician assistant
licensed pursuant to chapter 370 of the general statutes. Any vaccine
administered by a medical assistant under this section may only be
administered at an outpatient clinic, a federally qualified health center
or the office of the supervising physician, physician assistant or
advanced practice registered nurse.

(c) No medical assistant may administer a vaccine until such time as
the supervising physician, advanced practice registered nurse or
physician assistant provides training and written instructions to such
medical assistant regarding the administration of vaccines.

Sec. 3. Section 19a-6f of the general statutes is repealed and the
following is substituted in lieu thereof (Effective October 1, 2016):

On or before January 1, 2005, and annually thereafter, the
Commissioner of Public Health shall obtain from the American
Association of Medical Assistants, the American Medical Technologists
and the National Center for Competency Testing, a listing of all state
residents maintained on said organization's registry of certified medical assistants. The commissioner shall make
such listing available for public inspection.

This act shall take effect as follows and shall amend the following sections:

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<tbody>
<tr>
<td>1</td>
<td>October 1, 2016</td>
<td>20-633</td>
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<tr>
<td>2</td>
<td>October 1, 2016</td>
<td>New section</td>
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Statement of Purpose:
To (1) allow (A) pharmacists to administer the influenza vaccine to children, and (B) medical assistants to administer vaccines; and (2) require the Commissioner of Public Health to make available for public inspection a listing of all state residents maintained on the registries of the American Medical Technologists and the National Center for Competency Testing.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]
AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES.

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

Section 1. (NEW) (Effective from passage) The Commissioners of Developmental Services and Social Services and the Secretary of the Office of Policy and Management shall develop and implement, within available appropriations, a continuum of services for persons with intellectual disabilities. The partnership shall be known as the Intellectual Disabilities Partnership. The Intellectual Disabilities Partnership shall seek to increase access to quality services for persons with intellectual disabilities by: (1) Expanding individualized and community-based services; (2) maximizing federal revenue to fund services for persons with intellectual disabilities; (3) converting grant-funded services to rate-based, fee-for-service payment systems where possible; (4) exploring the feasibility of services management by an
administrative services or managed care organization; (5) exploring
topportunities for private and other third-party payments; (6)
developing models to support persons with intellectual disabilities in
supportive housing; (7) reducing unnecessary use of institutional and
residential services; (8) improving administrative oversight and
efficiencies; (9) monitoring individual outcomes, provider performance
and overall program performance; and (10) identifying strategies to
make resources available to address the waiting list for residential
services in the Department of Developmental Services.

Sec. 2. Section 17a-227 of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2016):

(a) No person, firm or corporation shall operate within this state a
community living arrangement or community companion home which
it owns, leases or rents for the lodging, care or treatment of persons
with intellectual disability, Prader-Willi syndrome or autism spectrum
disorder unless such person, firm or corporation, upon written
application, verified by oath, has obtained a license issued by the
Department of Developmental Services.

(b) The commissioner shall adopt regulations, in accordance with
the provisions of chapter 54, to insure the comfort, safety, adequate
medical care and treatment of such persons at the residential facilities
described in subsection (a) of this section. Such regulations shall
include requirements that: (1) All residential facility staff be certified in
cardiopulmonary resuscitation in a manner and time frame prescribed
by the commissioner; (2) records of staffing schedules and actual staff
hours worked, by residential facility, be available for inspection by the
department upon advance notice; (3) each residential facility develop
and implement emergency plans and staff training to address
emergencies that may pose a threat to the health and safety of the
residents of the facility; (4) department staff verify during quality
service reviews and licensing inspections, that (A) staff is adequately
trained to respond in an emergency, and (B) a summary of information
on each resident is available to emergency medical personnel for use in
an emergency; (5) all residential facilities serving persons with Down
syndrome fifty years of age or older have at least one staff member
trained in Alzheimer's disease and dementia symptoms and care; and
(6) not less than one-half of the quality service reviews, licensing
inspections or facility visits conducted by the department after initial
licensure are unannounced.

(c) After receiving an application and making such investigation as
is deemed necessary and after finding the specified requirements to
have been fulfilled, the department shall grant a license to such
applicant to operate a facility of the character described in such
application, which license shall specify the name of the person to have
charge and the location of each facility operated under the license. Any
person, firm or corporation aggrieved by any requirement of the
regulations or by the refusal to grant any license may request an
administrative hearing in accordance with the provisions of chapter 54.
If the licensee of any such facility desires to place in charge thereof a
person other than the one specified in the license, application shall be
made to the Department of Developmental Services, in the same
manner as provided for the original application, for permission to
make such change. Such application shall be acted upon not later than
ten calendar days from the date of the filing of the application. Each
such license shall be renewed annually upon such terms as may be
established by regulations and may be revoked by the department
upon proof that the facility for which such license was issued is being
improperly operated, or for the violation of any of the provisions of
this section or of the regulations adopted pursuant to this section,
provided the licensee shall first be given a reasonable opportunity to
be heard in reference to such proposed revocation. Any person, firm or
corporation aggrieved by such revocation may request an
administrative hearing in accordance with the provisions of chapter 54.
Each person, firm or corporation, upon filing an application under the
provisions of this section for a license for a community living
arrangement, shall pay to the State Treasurer the sum of fifty dollars.

(d) The Department of Developmental Services may contract, within available appropriations, with any qualified provider for the operation of a community-based residential facility, provided the qualified provider is licensed by the department to operate such facilities. The department shall include in all contracts with such licensed qualified providers, provisions requiring the department to (1) conduct periodic reviews of contract performance, and (2) take progressive enforcement actions if the department finds poor performance or noncompliance with the contract, as follows: (A) The licensed qualified provider may be placed on a strict schedule of monitoring and oversight by the department; (B) the licensed qualified provider may be placed on a partial-year contract; and (C) payments due under the contract may be reduced by specific amounts on a monthly basis until the licensed qualified provider complies with the contract. If compliance cannot be achieved, the department shall terminate the contract.

(e) The Commissioner of Developmental Services and the Commissioner of Social Services shall approve any change in ownership of any licensed community living arrangement operated by a private provider of services under the Department of Developmental Services before such change in ownership takes place. Change in ownership includes, but is not limited to, a sale to a new provider, a transfer of ownership or any other manner in which a licensed community living arrangement is divested from one provider to another. The value of the property upon the change in ownership shall equal the fair rental value at the date of such transfer for the remaining years of useful life.

(f) If a property licensed as a community living arrangement operated by a private provider of services under the Department of Developmental Services is sold and the residents are transitioned to another provider in a different property, the original provider shall have an adjustment on a future development of a community living
arrangement for the amount that represents the residual value of the original property at the date of the sale.

[(e)] (g) The department may contract with any person, firm or corporation to provide residential support services for persons with intellectual disability, Prader-Willi syndrome or autism spectrum disorder who reside in settings which are not licensed by the department. The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to ensure the safety, adequate supervision and support of persons receiving such residential support services.

[(f)] (h) Any person, firm or corporation who operates any facility contrary to the provisions of this section shall be fined not more than one thousand dollars or imprisoned not more than six months or both. Any person, firm or corporation who operates any facility contrary to the regulations adopted pursuant to subsection (b) of this section shall be fined not more than one thousand dollars.

Sec. 3. Section 17a-215 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

The Department of [Developmental] Social Services shall serve as the lead agency to coordinate, where possible, the functions of the several state agencies which have responsibility for providing services to persons diagnosed with autism spectrum disorder.

Sec. 4. Section 17a-215c of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(a) There is established a Division of Autism Spectrum Disorder Services within the Department of [Developmental] Social Services.

(b) The Department of [Developmental] Social Services [shall] may adopt regulations, in accordance with chapter 54, to define the term
"autism spectrum disorder", establish eligibility standards and criteria for the receipt of services by any resident of the state diagnosed with autism spectrum disorder, regardless of age, and data collection, maintenance and reporting processes. The commissioner may implement policies and procedures necessary to administer the provisions of this section prior to adoption of such regulations, provided the commissioner shall publish notice of intent to adopt such regulations not later than twenty days after implementation of such policies and procedures. Any such policies and procedures shall be valid until such regulations are adopted.

(c) The Division of Autism Spectrum Disorder Services may, within available appropriations, research, design and implement the delivery of appropriate and necessary services and programs for all residents of the state with autism spectrum disorder. Such services and programs may include the creation of: (1) Autism-specific early intervention services for any child under the age of three diagnosed with autism spectrum disorder; (2) education, recreation, habilitation, vocational and transition services for individuals age three to twenty-one, inclusive, diagnosed with autism spectrum disorder; (3) services for adults over the age of twenty-one diagnosed with autism spectrum disorder; and (4) related autism spectrum disorder services deemed necessary by the Commissioner of [Developmental] Social Services.

(d) The Department of [Developmental] Social Services shall serve as the lead state agency for the purpose of the federal Combating Autism Act, P.L. 109-416 and for applying for and receiving funds and performing any related responsibilities concerning autism spectrum disorder which are authorized pursuant to any state or federal law.

(e) [On or before February 1, 2009, and annually thereafter, the] The Department of [Developmental] Social Services may make recommendations to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to [public health] human services concerning legislation and funding required to
provide necessary services to persons diagnosed with autism spectrum disorder.

(f) The Division of Autism Spectrum Disorder Services shall research and locate possible funding streams for the continued development and implementation of services for persons diagnosed with autism spectrum disorder but not with intellectual disability. The division shall take all necessary action \[\text{in coordination with the Department of Social Services,}\] to secure Medicaid reimbursement for home and community-based individualized support services for adults diagnosed with autism spectrum disorder but not with intellectual disability. Such action may include applying for a Medicaid waiver pursuant to Section 1915(c) of the Social Security Act, in order to secure the funding for such services.

(g) The Division of Autism Spectrum Disorder Services shall, within available appropriations: (1) Design and implement a training initiative that shall include training to develop a workforce; and (2) develop a curriculum specific to autism spectrum disorder in coordination with the Board of Regents for Higher Education.

(h) The case records of the Division of Autism Spectrum Disorder Services maintained by the division for any purpose authorized pursuant to subsections (b) to (g), inclusive, of this section shall be subject to the same confidentiality requirements, under state and federal law, that govern all client records maintained by the Department of [Developmental] Social Services.

(i) The Commissioner of Social Services \[\text{in consultation with the Commissioner of Developmental Services,}\] may seek approval of an amendment to the state Medicaid plan or a waiver from federal law, whichever is sufficient and most expeditious, to establish and implement a Medicaid-financed home and community-based program to provide community-based services and, if necessary, housing assistance, to adults diagnosed with autism spectrum disorder but not
with intellectual disability.

(j) On or before January 1, 2008, and annually thereafter, the Commissioner of Social Services, [in consultation with the Commissioner of Developmental Services, and] in accordance with the provisions of section 11-4a, shall submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to [public health] human services, on the status of any amendment to the state Medicaid plan or waiver from federal law as described in subsection (i) of this section and on the establishment and implementation of the program authorized pursuant to subsection (i) of this section.

(k) The Autism Spectrum Disorder Advisory Council, established pursuant to section 17a-215d, as amended by this act, shall advise the Commissioner of [Developmental] Social Services on all matters relating to autism.

(l) The Commissioner of [Developmental] Social Services, in consultation with the Autism Spectrum Disorder Advisory Council, shall designate services and interventions that demonstrate, in accordance with medically established and research-based best practices, empirical effectiveness for the treatment of autism spectrum disorder. The commissioner shall update such designations periodically and whenever the commissioner deems it necessary to conform to changes generally recognized by the relevant medical community in evidence-based practices or research.

Sec. 5. Section 17a-215d of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(a) There is established the Autism Spectrum Disorder Advisory Council. The council shall consist of the following members: (1) The Commissioner of [Developmental] Social Services, or the commissioner's designee; (2) the Commissioner of Children and Families, or the commissioner's designee; (3) the Commissioner of
Governor's Bill No. 17

(4) the Commissioner of Education, or the commissioner's designee; (4) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee; (5) the Commissioner of Public Health, or the commissioner's designee; (6) the Commissioner of Rehabilitation Services, or the commissioner's designee; (7) the Commissioner of [Social] Developmental Services, or the commissioner's designee; (8) the Commissioner of the Office of Early Childhood, or the commissioner's designee; (9) the Secretary of the Office of Policy and Management, or the secretary's designee; (10) the executive director of the Office of Protection and Advocacy for Persons with Disabilities, or the executive director's designee; (11) two persons with autism spectrum disorder, one each appointed by the Governor and the speaker of the House of Representatives; (12) two persons who are parents or guardians of a child with autism spectrum disorder, one each appointed by the Governor and the minority leader of the Senate; (13) two persons who are parents or guardians of an adult with autism spectrum disorder, one each appointed by the president pro tempore of the Senate and the majority leader of the House of Representatives; (14) two persons who are advocates for persons with autism spectrum disorder, one each appointed by the Governor and the speaker of the House of Representatives; (15) two persons who are licensed professionals working in the field of autism spectrum disorder, one each appointed by the Governor and the majority leader of the Senate; (16) two persons who provide services for persons with autism spectrum disorder, one each appointed by the Governor and the minority leader of the House of Representatives; (17) two persons who shall be representatives of an institution of higher education in the state with experience in the field of autism spectrum disorder, one each appointed by the Governor and the president pro tempore of the Senate; and (18) one person who is a physician who treats or diagnoses persons with autism spectrum disorder, appointed by the Governor.

(b) The council shall have two chairpersons, one of whom shall be
the Commissioner of [Developmental] Social Services, or the
commissioner's designee, and one of whom shall be elected by the
members of the council. The council shall make rules for the conduct of
its affairs. The council shall meet not less than four times per year and
at such other times as requested by the chairpersons. Council members
shall serve without compensation.

(c) The council shall advise the Commissioner of [Developmental]
Social Services concerning: (1) Policies and programs for persons with
autism spectrum disorder; (2) services provided by the Department of
[Developmental] Social Services' Division of Autism Spectrum
Disorder Services; and (3) implementation of the recommendations
resulting from the autism feasibility study. The council may make
recommendations to the commissioner for policy and program
changes to improve support services for persons with autism spectrum
disorder.

(d) The Autism Spectrum Disorder Advisory Council shall
terminate on June 30, 2018.

Sec. 6. Subdivision (2) of section 17a-247a of the general statutes is
repealed and the following is substituted in lieu thereof (Effective July
1, 2016):

(2) "Authorized agency" means any agency authorized in
accordance with the general statutes to conduct abuse and neglect
investigations and responsible for issuing or carrying out protective
services for persons with intellectual disability or individuals receiving
services or funding from the [department's] Department of Social
Services' Division of Autism Spectrum Disorder Services.

Sec. 7. Section 17a-247f of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2016):

(a) For purposes of this section "individual who receives services
from the [department's] Department of Social Services' Division of
Autism Spectrum Disorder Services means an individual eighteen years of age to sixty years of age, inclusive, who receives funding or services from the Department of [Developmental] Social Services' Division of Autism Spectrum Disorder Services.

(b) (1) The Commissioner of Social Services may investigate any reports alleging abuse or neglect of an individual who receives services from the Department of Social Services' Division of Autism Spectrum Disorder Services. Such investigation shall include a visit to the residence of the individual reported to have been abused or neglected and consultation with persons having knowledge of the facts surrounding such allegation. All state, local and private agencies shall have a duty to cooperate with any such investigation, including the release of complete records of such individual for review, inspection and copying, except where such individual refuses to permit his or her record to be released. All such records shall be kept confidential by the Department of Social Services.

(2) Upon completion of the investigation of each case, the Commissioner of Social Services shall prepare written findings that shall include a determination as to whether abuse or neglect has occurred and recommendations as to whether protective services are needed. The Commissioner of Social Services, except in cases where the parent or guardian of the individual reported to be abused or neglected is the alleged perpetrator of abuse or neglect or is residing with the alleged perpetrator, shall notify the parents or guardian, if any, of such individual if a report of abuse or neglect is made that the department determines warrants investigation. The Commissioner of Social Services shall provide the parents or guardians who the Commissioner of Social Services determines are entitled to such information with further information upon request. The person making the allegation of abuse or neglect and the Director of the Office of Protection and Advocacy for Persons with Disabilities
shall be notified of the findings resulting from the investigation, upon such person's request.

(3) Neither the original allegation of abuse or neglect nor the investigation report of the investigator that includes findings and recommendations shall be deemed a public record for purposes of section 1-210. The name of the person making the original allegation shall not be disclosed to any person unless the person making the original allegation consents to such disclosure or unless a judicial proceeding results therefrom.

Sec. 8. Subsection (a) of section 17a-270 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(a) There is established a Council on Developmental Services which shall consist of fifteen members appointed as follows: Eight shall be appointed by the Governor, for two-year terms, one of whom shall be a doctor of medicine, one of whom shall be a person with intellectual disability who is receiving services from the Department of Developmental Services and at least two of whom shall be a relative or a guardian of a person with intellectual disability; six shall be appointed by members of the General Assembly for two-year terms, one of whom shall be a relative or guardian of a person with intellectual disability, appointed by the speaker of the House, one of whom shall be appointed by the minority leader of the House, one of whom shall be appointed by the president pro tempore of the Senate, one of whom shall be a person with intellectual disability and autism spectrum disorder who is receiving, or has received, services from the department's Division of Autism Spectrum Disorder Services department appointed by the majority leader of the House, one of whom shall be appointed by the majority leader of the Senate, and one of whom shall be a relative or guardian of a person with intellectual disability, appointed by the minority leader of the Senate; and one of whom shall be a member of the board of trustees of the Southbury
Training School, appointed by said board for a term of one year. No member of the council may serve more than three consecutive terms, except that a member may continue to serve until a successor is appointed. The members of the council shall serve without compensation except for necessary expenses incurred in performing their duties. The Commissioner of Developmental Services or the commissioner's designee shall be an ex-officio member of the Council on Developmental Services without vote and shall attend its meetings. No employee of any state agency engaged in the care or training of persons with intellectual disability shall be eligible for appointment to the council. The council shall appoint annually, from among its members, a chairperson, vice chairperson and secretary. The council may make rules for the conduct of its affairs. The council shall meet at least six times per year and at other times upon the call of the chair or the written request of any two members.

Sec. 9. Section 17b-2 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

The Department of Social Services is designated as the state agency for the administration of (1) the Connecticut energy assistance program pursuant to the Low Income Home Energy Assistance Act of 1981; (2) the state plan for vocational rehabilitation services for the fiscal year ending June 30, 1994; (3) the refugee assistance program pursuant to the Refugee Act of 1980; (4) the legalization impact assistance grant program pursuant to the Immigration Reform and Control Act of 1986; (5) the temporary assistance for needy families program pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; (6) the Medicaid program pursuant to Title XIX of the Social Security Act; (7) the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008; (8) the state supplement to the Supplemental Security Income Program pursuant to the Social Security Act; (9) the state child support enforcement plan pursuant to Title IV-D of the Social Security Act; [and] (10) the state social services plan for the implementation of the
social services block grants and community services block grants pursuant to the Social Security Act; and (11) services for persons with autism spectrum disorder in accordance with sections 17a-215 and 17a-215c, as amended by this act.

Sec. 10. Subsection (h) of section 26-30 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(h) The Commissioner of Energy and Environmental Protection may issue a group fishing license to any tax-exempt organization qualified under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, for the purpose of conducting a group fishing event or events for persons: (1) With a service-related or other disability who receive services at a facility of the United States Department of Veterans Affairs Connecticut Healthcare System, (2) who receive mental health or addiction services from: (A) The Department of Mental Health and Addiction Services, (B) state-operated facilities, as defined in section 17a-458, or (C) programs or facilities funded by the Department of Mental Health and Addiction Services, as provided for in sections 17a-468b, 17a-469, 17a-673 and 17a-676, (3) with intellectual disability [or diagnosed with autism spectrum disorder] who receive services from the Department of Developmental Services, as provided for in section 17a-217, or from facilities licensed by the Department of Developmental Services, as provided for in section 17a-227, as amended by this act, [or] (4) diagnosed with autism spectrum disorder who receive services from the Department of Social Services, or (5) receiving care from the Department of Children and Families, as provided for in section 17a-94, or from programs or child-care facilities licensed pursuant to section 17a-145 or 17a-147. Any such organization shall conduct not more than fifty such events, including marine and inland water events, in any calendar year and each such event shall be limited to not more than fifty persons. Application for such a group fishing license shall be
submitted once per calendar year on a form prescribed by the commissioner and with the necessary fee and shall provide such information as required by the commissioner. All fishing activities conducted pursuant to such group license shall be supervised by staff or volunteers of the organization conducting the event or events. Such staff or volunteers shall possess such group fishing license at the site of any such event or events. Each such staff member or volunteer shall have a license to fish. Such organization shall, not later than ten days after such group fishing event, report to the commissioner, on forms provided by the commissioner, information on the results of such event. Such information shall include, but not be limited to, the total:

[(i)] (A) Number of participants, [(ii)] (B) hours fished, [(iii)] (C) number of each species caught, and [(iv)] (D) number of each species not released. Such organization shall not charge a fee to any person that participates in any such group fishing event conducted pursuant to such group fishing license and any such group fishing event shall not be used by such organization as a fund raising event.

Sec. 11. Subdivision (4) of subsection (a) of section 38a-514b of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(4) "Behavioral therapy" means any interactive behavioral therapies derived from evidence-based research and consistent with the services and interventions designated by the Commissioner of [Developmental] Social Services pursuant to subsection (l) of section 17a-215c, as amended by this act, including, but not limited to, applied behavior analysis, cognitive behavioral therapy, or other therapies supported by empirical evidence of the effective treatment of individuals diagnosed with autism spectrum disorder, that are: (A) Provided to children less than twenty-one years of age; and (B) provided or supervised by (i) a behavior analyst who is certified by the Behavior Analyst Certification Board, (ii) a licensed physician, or (iii) a licensed psychologist. For the purposes of this subdivision, behavioral therapy is "supervised by" such behavior analyst, licensed physician or licensed psychologist.
when such supervision entails at least one hour of face-to-face supervision of the autism spectrum disorder services provider by such behavior analyst, licensed physician or licensed psychologist for each ten hours of behavioral therapy provided by the supervised provider.

Sec. 12. Subdivision (4) of subsection (a) of section 38a-488b of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(4) "Behavioral therapy" means any interactive behavioral therapies derived from evidence-based research and consistent with the services and interventions designated by the Commissioner of [Developmental] Social Services pursuant to subsection (l) of section 17a-215c, as amended by this act, including, but not limited to, applied behavior analysis, cognitive behavioral therapy, or other therapies supported by empirical evidence of the effective treatment of individuals diagnosed with autism spectrum disorder, that are: (A) Provided to children less than twenty-one years of age; and (B) provided or supervised by (i) a behavior analyst who is certified by the Behavior Analyst Certification Board, (ii) a licensed physician, or (iii) a licensed psychologist. For the purposes of this subdivision, behavioral therapy is "supervised by" such behavior analyst, licensed physician or licensed psychologist when such supervision entails at least one hour of face-to-face supervision of the autism spectrum disorder services provider by such behavior analyst, licensed physician or licensed psychologist for each ten hours of behavioral therapy provided by the supervised provider.

Sec. 13. Subdivision (11) of section 46a-11a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(11) "Individual who receives services from the Department of [Developmental] Social Services' Division of Autism Spectrum Disorder Services" means an individual eighteen years of age to sixty years of age, inclusive, who receives funding or services from the
Sec. 14. Section 46a-11b of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(a) Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any person paid for caring for persons in any facility and any licensed practical nurse, medical examiner, dental hygienist, dentist, occupational therapist, optometrist, chiropractor, psychologist, podiatrist, social worker, school teacher, school principal, school guidance counselor, school paraprofessional, mental health professional, physician assistant, licensed or certified substance abuse counselor, licensed marital and family therapist, speech and language pathologist, clergyman, police officer, pharmacist, physical therapist, licensed professional counselor or sexual assault counselor or domestic violence counselor, as defined in section 52-146k, who has reasonable cause to suspect or believe that any person with intellectual disability or any individual who receives services from the Department of [Developmental] Social Services' Division of Autism Spectrum Disorder Services has been abused or neglected shall, as soon as practicable but not later than seventy-two hours after such person has reasonable cause to suspect or believe that a person with intellectual disability or any individual who receives services from the Department of [Developmental] Social Services' Division of Autism Spectrum Disorder Services has been abused or neglected, report such information or cause a report to be made in any reasonable manner to the director or persons the director designates to receive such reports. Such initial report shall be followed up by a written report not later than five calendar days after the initial report was made. Any person required to report under this subsection who fails to make such report shall be fined not more than five hundred dollars.
(b) Such report shall contain the name and address of the allegedly abused or neglected person, a statement from the person making the report indicating his or her belief that such person has intellectual disability or receives funding or services from the Department of Developmental Social Services' Division of Autism Spectrum Disorder Services, information supporting the supposition that such person is substantially unable to protect himself or herself from abuse or neglect, information regarding the nature and extent of the abuse or neglect and any other information that the person making such report believes might be helpful in an investigation of the case and the protection of such person with intellectual disability or who receives funding or services from the Department of Developmental Social Services' Division of Autism Spectrum Disorder Services.

(c) Each facility, as defined in section 46a-11a, as amended by this act, shall inform residents of their rights and the staff of their responsibility to report abuse or neglect and shall establish appropriate policies and procedures to facilitate such reporting.

(d) Any other person having reasonable cause to believe that a person with intellectual disability or an individual who receives services from the Department of Developmental Social Services' Division of Autism Spectrum Disorder Services is being or has been abused or neglected may report such information, in any reasonable manner, to the director or to the director's designee.

(e) Any person who makes any report pursuant to sections 46a-11a to 46a-11g, inclusive, as amended by this act, or who testifies in any administrative or judicial proceeding arising from such report shall be immune from any civil or criminal liability on account of such report or testimony, except for liability for perjury, unless such person acted in bad faith or with malicious purpose. Any person who obstructs, hinders or endangers any person reporting or investigating abuse or neglect or providing protective services or who makes a report in bad faith or with malicious purpose and who is not subject to any other
penalty shall be fined not more than five hundred dollars. No resident or employee of a facility, as defined in section 46a-11a, as amended by this act, shall be subject to reprisal or discharge because of his actions in reporting pursuant to sections 46a-11a to 46a-11g, inclusive, as amended by this act.

(f) For purposes of said sections, the treatment of any person with intellectual disability or any individual who receives services from the Department of Developmental Social Services' Division of Autism Spectrum Disorder Services by a Christian Science practitioner, in lieu of treatment by a licensed practitioner of the healing arts, shall not of itself constitute grounds for the implementation of protective services.

(g) When the director of the Office of Protection and Advocacy for Persons with Disabilities or persons designated by said director are required to investigate or monitor abuse or neglect reports that are referred to the Office of Protection and Advocacy for Persons with Disabilities from another agency, all provisions of this section shall apply to any investigation or monitoring of such case or report.

Sec. 15. Subsection (b) of section 46a-11c of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(b) The director, upon receiving a report that an individual who receives services from the Department of Developmental Social Services' Division of Autism Spectrum Disorder Services, allegedly is being or has been abused or neglected, shall make an initial determination whether such individual receives funding or services from said division, shall determine if the report warrants investigation and shall cause, in cases that so warrant, a prompt, thorough evaluation, as described in subsection (b) of section 17a-247f, as amended by this act, to be made by the Department of Developmental Social Services to determine whether the individual has been abused or neglected.
Sec. 16. Section 17a-215e of the 2016 supplement to the general statutes is repealed and the following is inserted in lieu thereof (Effective July 1, 2016):

Not later than February 1, 2016, and annually thereafter, the Commissioner of Developmental Social Services shall report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to human services concerning the activities of the Department of Developmental Social Services' Division of Autism Spectrum Disorder Services, established pursuant to section 17a-215c, as amended by this act, and the Autism Spectrum Disorder Advisory Council, established pursuant to section 17a-215d, as amended by this act. Such report shall include, but not be limited to: (1) The number and ages of persons with autism spectrum disorder who are served by the Department of Developmental Social Services and, when practicable to report, the number and ages of such persons who are served by other state agencies; (2) the number and ages of persons with autism spectrum disorder on said division's waiting list for Medicaid waiver services; (3) the type of Medicaid waiver services currently provided by the department to persons with autism spectrum disorder; (4) a description of the unmet needs of persons with autism spectrum disorder on said division's waiting list; (5) the projected estimates for a five-year period of the costs to the state due to such unmet needs; (6) measurable outcome data for persons with autism spectrum disorder who are eligible to receive services from said division, including, but not limited to, (A) the number of such persons who are enrolled in postsecondary education, (B) the employment status of such persons, and (C) a description of such persons' living arrangements; and (7) a description of new initiatives and proposals for new initiatives that are under consideration.

Sec. 17. (NEW) (Effective from passage) Except as otherwise provided in the general statutes, "autism spectrum disorder" has the same
meaning as is set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders".

Sec. 18. Subsection (e) of section 5-259 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(e) Notwithstanding the provisions of subsection (a) of this section, [(1)] vending stand operators eligible for membership in the state employees' retirement system pursuant to section 5-175a shall be eligible for coverage under the group hospitalization and medical and surgical insurance plans procured under this section, provided the cost for such operators' insurance coverage shall be paid by the Department of Rehabilitation Services from vending machine income pursuant to section 10-303, [ and (2) blind persons employed in workshops, established pursuant to section 10-298a, on December 31, 2002, shall be eligible for coverage under the group hospitalization and medical and surgical insurance plans procured under this section, provided the cost for such persons' insurance coverage shall be paid by the Department of Rehabilitation Services.]

Sec. 19. Section 17b-282e of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

The Department of Social Services shall cover orthodontic services for a Medicaid recipient under twenty-one years of age when the Salzmann Handicapping Malocclusion Index indicates a correctly scored assessment for the recipient of [twenty-six] twenty-nine points or greater, subject to prior authorization requirements. If a recipient's score on the Salzmann Handicapping Malocclusion Index is less than [twenty-six] twenty-nine points, the Department of Social Services shall consider additional substantive information when determining the need for orthodontic services, including (1) documentation of the
presence of other severe deviations affecting the oral facial structures;
and (2) the presence of severe mental, emotional or behavioral
problems or disturbances, as defined in the most current edition of the
Diagnostic and Statistical Manual of Mental Disorders, published by
the American Psychiatric Association, that affects the individual's daily
functioning. The commissioner may implement policies and
procedures necessary to administer the provisions of this section while
in the process of adopting such policies and procedures in regulation
form, provided the commissioner publishes notice of intent to adopt
regulations on the eRegulations System not later than twenty days
after the date of implementation.

Sec. 20. Section 17b-131 of the 2016 supplement to the general
statutes is repealed and the following is substituted in lieu thereof
(Effective July 1, 2016):

When a person in any town, or sent from such town to any licensed
institution or state humane institution, dies or is found dead therein
and does not leave sufficient estate or has no legally liable relative able
to pay the cost of a proper funeral and burial, or upon the death of any
beneficiary under the state-administered general assistance program,
the Commissioner of Social Services shall give to such person a proper
funeral and burial, and shall pay a sum not exceeding one thousand
[four hundred] dollars as an allowance toward the funeral expenses of
such deceased, said sum to be paid, upon submission of a proper bill,
to the funeral director, cemetery or crematory, as the case may be. Such
payment for funeral and burial expenses shall be reduced by (1) the
amount in any revocable or irrevocable funeral fund, (2) any prepaid
funeral contract, (3) the face value of any life insurance policy owned
by the decedent, and (4) contributions in excess of three thousand two
hundred dollars toward such funeral and burial expenses from all
other sources including friends, relatives and all other persons,
organizations, veterans' and other benefit programs and other
agencies.
Sec. 21. Section 17b-84 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

Upon the death of any beneficiary under the state supplement or the temporary family assistance program, the Commissioner of Social Services shall order the payment of a sum not to exceed one thousand dollars as an allowance toward the funeral and burial expenses of such deceased. The payment for funeral and burial expenses shall be reduced by the amount in any revocable or irrevocable funeral fund, prepaid funeral contract or the face value of any life insurance policy owned by the recipient. Contributions may be made by any person for the cost of the funeral and burial expenses of the deceased over and above the sum established under this section without thereby diminishing the state's obligation.

Sec. 22. (Effective July 1, 2016) Notwithstanding sections 17b-244 and 17b-340 of the general statutes or any other provision of the general statutes, or regulations adopted thereunder, the state rates of payments in effect for the fiscal year ending June 30, 2016, for residential care homes, community living arrangements and community companion homes that receive the flat rate for residential services, as provided pursuant to section 17-311-54 of the regulations of Connecticut state agencies, shall remain in effect until June 30, 2017.

Sec. 23. Section 17b-239 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

[(a) (1) Until the time subdivision (2) of this subsection is effective, the rate to be paid by the state to hospitals receiving appropriations granted by the General Assembly and to freestanding chronic disease hospitals providing services to persons aided or cared for by the state for routine services furnished to state patients, shall be based upon reasonable cost to such hospital, or the charge to the general public for]
ward services or the lowest charge for semiprivate services if the hospital has no ward facilities, imposed by such hospital, whichever is lowest, except to the extent, if any, that the commissioner determines that a greater amount is appropriate in the case of hospitals serving a disproportionate share of indigent patients. Such rate shall be promulgated annually by the Commissioner of Social Services within available appropriations.]

[(2) On or after July 1, 2013,[ (a) Medicaid rates paid to acute care hospitals, including children’s hospitals, shall be based on diagnosis-related groups established and periodically rebased by the Commissioner of Social Services in accordance with 42 USC 1396a(a)(30)(A), provided the Department of Social Services completes a fiscal analysis of the impact of such rate payment system on each hospital. The commissioner shall, in accordance with the provisions of section 11-4a, file a report on the results of the fiscal analysis not later than six months after implementing the rate payment system with the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies. Within available appropriations, the commissioner shall annually determine in-patient payments for each hospital by multiplying diagnosis-related group relative weights by a base rate. Over a period of up to four years beginning on or after January 1, 2016, within available appropriations and at the discretion of the commissioner, the Department of Social Services shall transition hospital-specific, diagnosis-related group base rates to state-wide diagnosis-related group base rates by peer groups determined by the commissioner. For the purposes of this subsection, "peer group" means a group comprised of one of the following categories of acute care hospitals: Privately operated acute care hospitals, publicly operated acute care hospitals, or acute care children’s hospitals licensed by the Department of Public Health. At the discretion of the Commissioner of Social Services, the peer group for privately operated acute care hospitals may be further subdivided into peer groups for privately
operated acute care hospitals. For inpatient hospital services that the Commissioner of Social Services determines are not appropriate for reimbursement based on diagnosis-related groups, the commissioner shall reimburse for such services using any other methodology that complies with 42 USC 1396a(a)(30)(A). Within available appropriations, the commissioner may, in his or her discretion, make additional payments to hospitals based on criteria to be determined by the commissioner. Upon the conversion to a hospital payment methodology based on diagnosis-related groups, the commissioner shall evaluate payments for all hospital services, including, but not limited to, a review of pediatric psychiatric inpatient units within hospitals. The commissioner may, within available appropriations, implement a pay-for-performance program for pediatric psychiatric inpatient care. Nothing contained in this section shall authorize Medicaid payment by the state to any such hospital in excess of the charges made by such hospital for comparable services to the general public.

(b) Effective October 1, 1991, the rate to be paid by the state for the cost of special services rendered by such hospitals shall be established annually by the commissioner for each such hospital [based on the reasonable cost to each hospital of such services furnished to state patients] pursuant to 42 USC 1396a(a)(30)(A) and within available appropriations. Nothing contained in this subsection shall authorize a payment by the state for such services to any such hospital in excess of the charges made by such hospital for comparable services to the general public.

[(c) The term "reasonable cost" as used in this section means the cost of care furnished such patients by an efficient and economically operated facility, computed in accordance with accepted principles of hospital cost reimbursement. The commissioner may adjust the rate of payment established under the provisions of this section for the year during which services are furnished to reflect fluctuations in hospital costs within available appropriations. Such adjustment may be made]
prospectively to cover anticipated fluctuations or may be made retroactive to any date subsequent to the date of the initial rate determination for such year or in such other manner as may be determined by the commissioner. In determining "reasonable cost" the commissioner may give due consideration to allowances for fully or partially unpaid bills, reasonable costs mandated by collective bargaining agreements with certified collective bargaining agents or other agreements between the employer and employees, provided "employees" shall not include persons employed as managers or chief administrators, requirements for working capital and cost of development of new services, including additions to and replacement of facilities and equipment. The commissioner shall not give consideration to amounts paid by the facilities to employees as salary, or to attorneys or consultants as fees, where the responsibility of the employees, attorneys or consultants is to persuade or seek to persuade the other employees of the facility to support or oppose unionization. Nothing in this subsection shall prohibit the commissioner from considering amounts paid for legal counsel related to the negotiation of collective bargaining agreements, the settlement of grievances or normal administration of labor relations.]

[(d) (c) (1) Until such time as subdivision (2) of this subsection is effective, the state shall also pay to such hospitals for each outpatient clinic and emergency room visit a [reasonable] rate [to be] established [annually] by the commissioner for each hospital [, such rate to be determined by the reasonable cost of such services] pursuant to 42 USC 1396a(a)(30)(A) and within available appropriations.

(2) On or after July 1, 2013, with the exception of publicly operated psychiatric hospitals, hospitals shall be paid for outpatient and emergency room episodes of care based on prospective rates established by the commissioner within available appropriations and in accordance with the Medicare Ambulatory Payment Classification system in conjunction with a state conversion factor, provided the Department of Social Services completes a fiscal analysis of the impact
of such rate payment system on each hospital. The Commissioner of Social Services shall, in accordance with the provisions of section 11-4a, file a report on the results of the fiscal analysis not later than six months after implementing the rate payment system with the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies. The Medicare Ambulatory Payment Classification system shall be augmented to provide payment for services not generally covered under the Medicare Ambulatory Payment Classification system, including, but not limited to, mammograms, durable medical equipment, physical, occupational and speech therapy. Nothing contained in this subsection shall authorize a payment by the state for such episodes of care to any hospital in excess of the charges made by such hospital for comparable services to the general public. Effective upon implementation of the Ambulatory Payment Classification system, a covered outpatient hospital service that does not have an established Medicare Ambulatory Payment Classification code shall be paid in accordance with a fee schedule or an alternative payment methodology, as determined by the commissioner. Prior to the implementation of the Ambulatory Payment Classification system, each hospital's charges shall be based on the charge master in effect as of June 1, 2015. After implementation of such system, annual increases in each hospital's charge master shall not exceed, in the aggregate, the annual increase in the Medicare economic index. The Commissioner of Social Services shall establish a fee schedule for outpatient hospital services to be effective on and after January 1, 1995, and may annually modify such fee schedule if such modification is needed to ensure that the conversion to an administrative services organization is cost neutral to hospitals in the aggregate and ensures patient access. Utilization may be a factor in determining cost neutrality.

[(e) (d)] On and after January 1, 2015, and concurrent with the implementation of the diagnosis-related group methodology of
payment to hospitals, an emergency department physician may enroll separately as a Medicaid provider and qualify for direct reimbursement for professional services provided in the emergency department of a hospital to a Medicaid recipient, including services provided on the same day the Medicaid recipient is admitted to the hospital. The commissioner shall pay to any such emergency department physician the Medicaid rate for physicians in accordance with the physician fee schedule in effect at that time. If the commissioner determines that payment to an emergency department physician pursuant to this subsection results in an additional cost to the state, the commissioner shall adjust such rate in consultation with the Connecticut Hospital Association and the Connecticut College of Emergency Physicians to ensure budget neutrality.

[(f)] (e) The commissioner [shall] may adopt regulations, in accordance with the provisions of chapter 54, establishing criteria for defining emergency and nonemergency visits to hospital emergency rooms. All nonemergency visits to hospital emergency rooms shall be paid [at the hospital's outpatient clinic services rate] in accordance with subsection (c) of this section. Nothing contained in this subsection or the regulations adopted under this section shall authorize a payment by the state for such services to any hospital in excess of the charges made by such hospital for comparable services to the general public. To the extent permitted by federal law, the Commissioner of Social Services [shall] may impose cost-sharing requirements under the medical assistance program for nonemergency use of hospital emergency room services.

[(g)] (f) The commissioner shall establish rates to be paid to freestanding chronic disease hospitals within available appropriations.

[(h)] (g) The Commissioner of Social Services may implement policies and procedures as necessary to carry out the provisions of this section while in the process of adopting the policies and procedures as regulations, provided notice of intent to adopt the regulations is
published in accordance with the provisions of section 17b-10, as amended by this act, not later than twenty days after the date of implementation.

[(i) (h) In the event the commissioner is unable to implement the provisions of subsection [(e)] (d) of this section by January 1, 2015, the commissioner shall submit written notice, not later than thirty-five days prior to January 1, 2015, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies indicating that the department will not be able to implement such provisions on or before such date. The commissioner shall include in such notice (1) the reasons why the department will not be able to implement such provisions by such date, and (2) the date by which the department will be able to implement such provisions.

[(j) The] (i) Notwithstanding the provisions of this chapter, or regulations adopted thereunder, the Department of Social Services is not required to increase rates paid, or to set any rates to be paid to, any hospital based on inflation, including, but not limited to, any current payments or adjustments that are being made based on dates of service in previous years.

Sec. 24. Subsection (b) of section 17b-263 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(b) Notwithstanding the provisions of subsection [(d)] (c) of section 17b-239, as amended by this act, the commissioner shall establish a service-specific fee schedule for hospital outpatient mental health therapy services, except for partial hospitalization and other comprehensive services as defined by the commissioner. Payment for partial hospitalization services shall be considered payment in full for all outpatient mental health services.

Sec. 25. Section 17b-8a of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2016):

[Notwithstanding the provisions of section 17b-8, the] The Commissioner of Social Services shall submit an eligibility and service plan for the Medicaid Coverage for the Lowest Income Populations program, established pursuant to Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies prior to the submission of such plan to the federal government. Not later than fifteen days after the date of their receipt of such plan, the joint standing committees shall: (1) Hold a public hearing, or (2) notify the Commissioner of Social Services if such joint standing committees do not intend to hold a public hearing. The joint standing committees shall advise the commissioner of their approval or denial of such plan not later than fifteen days after receipt of such plan. If the joint standing committees do not agree or fail to take action within fifteen days, the proposal shall be deemed approved.

Sec. 26. Subsection (b) of section 17b-10 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(b) The department shall adopt as a regulation in accordance with the provisions of chapter 54, any new policy necessary to conform to a requirement of an approved federal waiver application [initiated in accordance with section 17b-8] and any new policy necessary to conform to a requirement of a federal or joint state and federal program administered by the department, including, but not limited to, the state supplement program to the Supplemental Security Income Program, but the department may operate under such policy while it is in the process of adopting the policy as a regulation, provided the department posts such policy on the eRegulations System prior to adopting the policy. Such policy shall be valid until the time final regulations are effective.
Sec. 27. Section 17b-282b of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

Not later than July 1, 2004, and prior to the implementation of a state-wide dental plan that provides for the administration of the dental services portion of the department's medical assistance, the Commissioner of Social Services shall amend the federal waiver approved pursuant to Section 1915(b) of the Social Security Act. Such waiver amendment shall be submitted to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies in accordance with the provisions of section 17b-8.

Sec. 28. Section 17b-323 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

Not later than fifteen days after approval of the Medicaid state plan amendment required to implement subdivision (4) of subsection (f) of section 17b-340, the Commissioner of Social Services shall seek approval from the Centers for Medicare and Medicaid Services for, and shall file a provider user fee uniformity waiver request regarding, the user fee set forth in sections 17b-320 and 17b-321. The request for approval shall include a request for a waiver of federal requirements for uniform and broad-based user fees in accordance with 42 CFR 433.68, to (1) exempt from the user fee prescribed by section 17b-320 any nursing home that is owned and operated as of May 1, 2005, by the legal entity that is registered as a continuing care facility with the Department of Social Services, in accordance with section 17b-521, regardless of whether such nursing home participates in the Medicaid program and any nursing home licensed after May 1, 2005, that is owned and operated by the legal entity that is registered as a continuing care facility with the Department of Social Services, in accordance with section 17b-521; and (2) impose a user fee in an amount less than the fee determined pursuant to section 17b-320 as necessary to meet the requirements of 42 CFR 433.68(e)(2) on (A)
nursing homes owned by a municipality, and (B) nursing homes licensed for more than two hundred thirty beds. [Notwithstanding any provision of the general statutes, the provisions of section 17b-8 shall not apply to the waiver sought pursuant to this section.]

Sec. 29. Subsection (a) of section 17b-351 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(a) Notwithstanding the provisions of [sections 17b-8 or] section 17b-9, any nursing home participating in the Title XVIII and Title XIX programs may, on a one-time basis, increase its licensed bed capacity and implement a capital construction project to accomplish such an increase without being required to request or obtain approval of the increase in services, licensed bed capacity or the capital expenditures program from the Department of Social Services provided that the project (1) shall not require licensure by the Department of Public Health of more than ten additional nursing home beds, and (2) the total capital cost of said program shall not exceed thirty thousand dollars per bed, adjusted for inflation annually by said department.

Sec. 30. Section 17b-605a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

(a) The Commissioner of Social Services shall seek a waiver from federal law to establish a personal care assistance program for persons eighteen years of age or older with disabilities funded under the Medicaid program. Such a program shall be limited to a specified number of slots available for eligible program recipients and shall be operated by the Department of Social Services within available appropriations. [Such a waiver shall be submitted to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services in accordance with section 17b-8 no later than January 1, 1996.]
(b) The Commissioner of Social Services shall amend the waiver specified in subsection (a) of this section to enable persons eligible for or receiving medical assistance under section 17b-597 to receive personal care assistance. Such amendment shall not be subject to the provisions of section 17b-8 provided such amendment shall consist only of modifications necessary to extend personal care assistance to such persons.

(c) On and after April 1, 2013, upon attaining sixty-five years of age, any person served under such program shall be transitioned to the Connecticut home-care program for the elderly, established under section 17b-342.

Sec. 31. Section 17b-706c of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2016):

[The Commissioners of Social Services and Developmental Services shall submit any application for a waiver of federal law necessary to effectuate the provisions of sections 17b-706 to 17b-706b, inclusive, in accordance with the provisions of section 17b-8.] The Commissioners of Social Services and Developmental Services and any other department or agency of the state shall take all actions reasonably necessary to obtain approval for any [such] waiver of federal law necessary to effectuate the provisions of sections 17b-706 to 17b-706b, inclusive, and to ensure the continuation of necessary federal funding.

Sec. 32. Sections 17a-484e, 17b-8 and 38a-1051 of the 2016 supplement to the general statutes are repealed. (Effective July 1, 2016)

Sec. 33. Section 17b-277b of the general statutes is repealed. (Effective July 1, 2016)

This act shall take effect as follows and shall amend the following sections:

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**Statement of Purpose:**

To implement the Governor's budget recommendations.

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

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

Section 1. (NEW) (Effective October 1, 2016) (a) For the purposes of this section:

(1) "Caregiver" means a person who is responsible for the care of a mentally or physically impaired person.

(2) "Mentally or physically impaired person" means a person who requires assistance with two or more activities of daily living, including, but not limited to, bathing, dressing, grooming, eating, meal preparation, shopping, housekeeping, transfers, bowel and bladder care, laundry, communication, self-administration of medication and ambulation, as certified in writing by a physician licensed in this state.

(3) "Temporary health care structure" means a transportable residential structure that provides an environment in which a caregiver may provide care for a mentally or physically impaired person, that is primarily assembled at a location other than its site of
installation, is limited to one occupant who is the mentally or physically impaired person, is not larger than three hundred gross square feet and complies with the applicable provisions of the State Building Code and Fire Safety Code.

(b) Zoning regulations adopted pursuant to section 8-2 of the general statutes or any special act shall not prohibit a temporary health care structure for use by a caregiver in providing care for a mentally or physically impaired person on property owned or occupied by the caregiver as his or her primary residence.

(c) Any person who wishes to install a temporary health care structure shall first obtain a permit from the municipality in which the temporary health care structure will be installed, for which the municipality may charge a fee not to exceed one hundred dollars and an annual permit renewal fee not to exceed fifty dollars. The municipality may not withhold such permit if the applicant provides sufficient proof of compliance with this section. The municipality may require that the applicant provide written evidence of compliance with this section on an annual basis as long as the temporary health care structure remains on the property. Such evidence may be obtained through an inspection by the municipality of the temporary health care structure at reasonable times convenient to the caregiver.

(d) A temporary health care structure installed pursuant to this section may be required to connect to water, sewer and electric utilities that serve the primary residence.

(e) A temporary health care structure may not be placed on a permanent foundation.

(f) Not more than one temporary health care structure shall be installed on a single parcel of land.

(g) No signage advertising or otherwise promoting the existence of the temporary health care structure shall be permitted either on the
45 exterior of the structure or elsewhere on the property.

46 (h) The municipality may revoke a permit issued pursuant to subsection (c) of this section if the permit holder violates any provision of this section.

This act shall take effect as follows and shall amend the following sections:

| Section 1 | October 1, 2016 | New section |

**Statement of Purpose:**
To permit residents of this state to install temporary health care structures on their property.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]
AN ACT INCREASING ACCESS TO OVERDOSE REVERSAL DRUGS.

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

Section 1. Section 17a-714a of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

(b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe, dispense or administer an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing, dispensing or administering such
opiod antagonist or for any subsequent use of such opioid antagonist. A licensed health care professional who prescribes, dispenses or administers an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

(c) Any person, who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

(d) Not later than January 1, 2017, each municipality shall amend its local emergency medical services plan, as described in section 19a-181b, to ensure that the municipality's primary emergency medical services provider is equipped with an opioid antagonist and its personnel has received training, approved by the Commissioner of Public Health, in the administration of opioid antagonists.

Sec. 2. (NEW) (Effective January 1, 2017) No individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state that provides coverage for prescription drugs and includes on its formulary naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose shall require prior authorization for such drug.

Sec. 3. (NEW) (Effective January 1, 2017) No group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the general statutes
delivered, issued for delivery, renewed, amended or continued in this
state that provides coverage for prescription drugs and includes on its
formulary naloxone hydrochloride or any other similarly acting and
equally safe drug approved by the federal Food and Drug
Administration for the treatment of drug overdose shall require prior
authorization for such drug.

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<td>Sec. 3</td>
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**Statement of Purpose:**
To implement the Governor's budget recommendations.

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

February Session, 2016

LCO No. 1088

Raised Bill No. 5211

LCO No. 1088

Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING CERTIFICATES OF NEED.

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

Section 1. Section 19a-630 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2016):

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

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

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

(3) "Bed capacity" means the total number of inpatient beds in a facility licensed by the Department of Public Health under sections 19a-490 to 19a-503, inclusive.
(4) "Capital expenditure" means an expenditure that under generally accepted accounting principles consistently applied is not properly chargeable as an expense of operation or maintenance and includes acquisition by purchase, transfer, lease or comparable arrangement, or through donation, if the expenditure would have been considered a capital expenditure had the acquisition been by purchase.

(5) "Certificate of need" means a certificate issued by the office.

(6) "Days" means calendar days.

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

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

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

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

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

(12) "Nonhospital based" means located at a site other than the main campus of the hospital.

(13) "Office" means the Office of Health Care Access division within the Department of Public Health.

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

(15) "Physician" has the same meaning as provided in section 20-13a.
(16) "Transfer of ownership" means a transfer that impacts or changes the governance or controlling body of a health care facility, institution or large group practice, including, but not limited to, all affiliations, mergers or any sale or transfer of net assets of a health care facility.

(17) "Reduction of specialty services" means a fifty per cent or greater decrease of direct care staff hours within a health care facility unit that provides inpatient or outpatient obstetric and maternity, pediatric, emergency or critical care services.

Sec. 2. Subsection (a) of section 19a-638 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2016):

(a) A certificate of need issued by the office shall be required for:

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

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

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

(4) The establishment of a freestanding emergency department;

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

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

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

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

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

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

(11) The acquisition of nonhospital based linear accelerators;

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

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

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

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

(16) The reduction of specialty services offered by a hospital.

Sec. 3. Subsection (a) of section 19a-639 of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2016):

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

(1) Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;

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

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

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

(5) Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including, but not limited to, provision of or any change in the access to services for Medicaid recipients and indigent persons;
(6) The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons;

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

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

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

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

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

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

(13) Whether the applicant has satisfactorily demonstrated that the proposal will meet the health care needs of the public in the geographic region served by considering any community needs assessment.

Sec. 4. Subsection (e) of section 19a-639a of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu
thereof (Effective October 1, 2016):

(e) Except as provided in this subsection, the office shall hold a public hearing in the affected community, as defined in subsection (d) of section 19a-639, on a properly filed and completed certificate of need application if [three or more individuals or an individual representing an entity with five or more people] any individual submits a request, in writing, that a public hearing be held on the application. For a properly filed and completed certificate of need application involving a transfer of ownership of a large group practice, as described in subdivision (3) of subsection (a) of section 19a-638, as amended by this act, when an offer was made in response to a request for proposal or similar voluntary offer for sale, a public hearing shall be held if twenty-five or more individuals or an individual representing twenty-five or more people submits a request, in writing, that a public hearing be held on the application. Any request for a public hearing shall be made to the office not later than thirty days after the date the office determines the application to be complete.

Sec. 5. Section 19a-641 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2016):

Any health care facility or institution, [and] any state health care facility or institution, any three or more individuals, collectively, or any individual representing an entity with five or more people, aggrieved by any final decision of said office under the provisions of sections 19a-630 to 19a-639e, inclusive, as amended by this act, may appeal from such decision in accordance with the provisions of section 4-183, except venue shall be in the judicial district in which it is located. Such appeal shall have precedence in respect to order of trial over all other cases except writs of habeas corpus, actions brought by or on behalf of the state, including informations on the relation of private individuals, and appeals from awards or decisions of workers' compensation commissioners.
This act shall take effect as follows and shall amend the following sections:

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**Statement of Purpose:**
To change the requirements for certificates of need.

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