

Legislation That Affects People with Disabilities Passed during the 2009 Connecticut General Assembly Regular Session and June Special Session

ACTS ARE LISTED BY TOPIC

Updated October 7, 2009

This report is available in alternative formats upon request.....	1
ANIMALS, INCLUDING SERVICE ANIMALS.....	2
BUDGET (including implementation bills).....	2
BUILDING CODE & PUBLIC ACCOMODATIONS	7
ECOLOGY / ENVIRONMENT / INCLUDES ALLERGIES & ASTHMA.....	8
EDUCATION	9
GOVERNMENT ADMINISTRATION AND ORGANIZATION	9
HEALTH / HEALTH CARE.....	10
INSURANCE	13
JUDICIAL / INCLUDING CRIMINAL JUSTICE / LEGAL REPRESENTATION / DISCRIMINATION.....	16
LABOR / INCLUDING WORKERS' COMPENSATION & FAMILY MEDICAL LEAVE.....	18
LONG TERM CARE	19
PUBLIC SAFETY / INCLUDING EMERGENCY MANAGEMENT AND PLANNING.....	20
TAXES	21
TRANSPORTATION / MOBILITY.....	21

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This report is available in alternative formats upon request.

You can find the text of any new law by going to the legislative website www.cga.ct.gov and entering the bill number in the top of the screen and then pressing the ENTER key.

"SB" means Senate Bill

"HB" means House Bill

ANIMALS, INCLUDING SERVICE ANIMALS

Public Act 09-198 HB 6552 AN ACT BANNING THE POSSESSION OF POTENTIALLY DANGEROUS ANIMALS AND THE IMPORTATION, POSSESSION AND LIBERATION OF WILD ANIMALS.

This Act bans a group of animals that are from the "hominidae" or "hominids" family also known as great apes, including, but not limited to, the gorilla, chimpanzee and orangutan. Capuchin monkeys, sometimes used as service animals, weigh 3 to 9 pounds and are not considered part of the hominid family. Capuchin monkeys are of the genus Cebus.

EFFECTIVE DATE: October 1, 2009

BUDGET (including implementation bills)

The legislature went into Special Session to enact a budget (House Bill 6802) and several related bills called "implementers". The implementers, as the name implies, make changes to state statutes in order to implement the budget. The budget bill has only the dollar amounts allocated to programs—if the budget assumes a change in eligibility for a program, the savings will show as a smaller number in that line of the budget. Then a budget implementer is enacted which legally changes the eligibility requirements for that program to match the assumptions in the budget. You will notice that more than one bill is labeled "PUBLIC ACT 09-3". This is because they each were the third bill passed during separate special sessions. Every time the legislature starts a new session it starts its numbering of Public and Special Acts at "1". Some bills have been passed by the House and Senate and signed into law by the Governor but the Secretary of the State has not assigned a Public Act number yet—those bills are listed only by bill number. Feel free to contact me if you have any questions about this, I know it can be very confusing.

HB 6802 is the Budget Bill

SB 2051 is the "Public Health" implementer

SB 2053 is the "Education" implementer

HB 7005 is the "Human Services" implementer

HB 7007 is the "General Government" implementer (for everything that does not fit into the categories above)

PUBLIC ACT 09-3 HB 6802 AN ACT CONCERNING EXPENDITURES AND REVENUE FOR THE BIENNIUM ENDING JUNE 30, 2011.

This act is the budget bill. It is a line-by-line allocation of state dollars. While it details how much money is allocated for each agency, it does not always have the specific programmatic changes that will be needed to allow agencies to use the money. That is why "budget implementers" need to be enacted. There are some details in this budget bill, however, that will have a very significant impact on just about every state program. This budget bill, on top of any specific cuts to agency programs, also directs the Governor to find the following additional savings:

- \$ 14,000,000 in reductions in expenditures for Personal Services, for the fiscal years ending June 30, 2010, and June 30, 2011
- \$11,000,000 in reductions in Other Expenses for the fiscal years ending June 30, 2010, and June 30, 2011
- \$95,000,000 in reductions in expenditures for contracts and personal service agreements for the fiscal years ending June 30, 2010, and June 30, 2011 (but not direct program and health services to consumers)

PUBLIC ACT 09-3 SB 2051 AN ACT IMPLEMENTING THE PROVISIONS OF THE BUDGET CONCERNING PUBLIC HEALTH AND MAKING CHANGES TO VARIOUS HEALTH STATUTES.

DPH OVERSIGHT OF MANAGED RESIDENTIAL COMMUNITIES: Sections 42 and 61 eliminate from statute the provision of the Department of Public Health (DPH) oversight and regulation of managed residential communities. DPH funding for inspections of managed residential communities in FY 10 and 11 was eliminated in the budget bill, PA 09-3. EFFECTIVE DATE: Upon passage

BIRTH TO THREE: Section 44 increases the parent fees in the Birth to Three program by sixty percent and requires that fees are charged for the first two months of enrollment. PA 09-03 assumes savings of \$700,000 in FY 10 and FY 11 from increased parent fees. Sections 45 and 46 increase the mandated insurance coverage for the Birth to Three program from \$3,200 per child per year to \$6,400 and increases the three year aggregate benefit from \$9,600 to \$19,200. PA 09-03 assumes savings of \$3. 1 million in FY 10 and \$3. 3 million in FY 11 from increased insurance assessments. EFFECTIVE DATE: Upon passage

SB 2053 AN ACT IMPLEMENTING THE PROVISIONS OF THE BUDGET CONCERNING EDUCATION, AUTHORIZING STATE GRANT COMMITMENTS FOR SCHOOL BUILDING PROJECTS, AND MAKING CHANGES TO THE STATUTES CONCERNING SCHOOL BUILDING PROJECTS AND OTHER EDUCATION STATUTES.

IN-SCHOOL SUSPENSIONS: Section 56 of this bill extends, from July 1, 2009 to July 1, 2010, the implementation date of the 2007 law limiting out-of-school suspensions and its definition of "in-school suspension. " The law requires suspensions to be in-school unless the school administration determines, at the required informal suspension hearing, that the student (1) poses such a danger to people or property or (2) is so disruptive of the educational process that the suspension must be served outside of school. Prior law defined in-school suspension as exclusion from classroom activity, but not from school, for up to five consecutive days. The 2007 law extended this to a maximum of 10 consecutive school days. The law's original effective date was July 1, 2008, but it was delayed until July 1, 2009 in 2008. EFFECTIVE DATE: Upon passage

HB 7005 AN ACT IMPLEMENTING THE PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES AND MAKING CHANGES TO VARIOUS SOCIAL SERVICES STATUTES.

DEPARTMENT ON AGING: Section 19 of the bill postpones the reestablishment of a state Department on Aging by two years, from July 1, 2008 to July 1, 2010. Connecticut disbanded its Department on Aging in 1993 and merged most of its functions and personnel into DSS as the Division of Elderly Services. EFFECTIVE DATE: Upon passage

MEDICARE: Connecticut's Medicare Part D recipients can choose one of 47 prescription drug plans to pay for their drugs. The bill requires all full-benefit dually eligible (those for whom DSS provides coverage for services that Medicare does not) individuals to enroll only in one of the 12 available benchmark plans. A benchmark plan is one that offers basic Part

D coverage with premiums equal to or lower than the regional low-income premium subsidy amount calculated annually. The law allows the DSS commissioner representative to enroll dually eligible individuals in a Part D plan. Under the bill, he can enroll people in a benchmark plan. The bill also requires ConnPACE applicants and recipients eligible for Medicare Part D to enroll in these benchmark plans and authorizes the DSS commissioner to enroll ConnPACE recipients in these plans.

Under current law, in addition to paying the premiums for the fully dually eligible, DSS also pays all their Part D prescription co-payments. The bill requires these individuals to pay up to \$15 per month in co-payments, with DSS paying anything above that. These co-pays range from \$1.10 to \$6 per prescription in 2009. EFFECTIVE DATE: Upon passage

ConnPACE: The bill freezes the income limit in the ConnPACE program (currently \$ 25,100 annually for a single person and \$ 33,800 for married couples) until January 1, 2012. It also increases the ConnPACE annual registration fee from \$30 to \$45. Beginning October 1, 2009, it limits new applications for ConnPACE to the period between November 15 and December 30 of each year. This is the same enrollment period that the Medicare Part D program uses. However, people can apply at other times of the year, provided it is within 31 days of either (1) turning age 65 or (2) becoming eligible for federal Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) benefits. EFFECTIVE DATE: Upon passage

PRIOR AUTHORIZATION (PA): The bill eliminates mental health-related drugs' blanket exemption from the preferred drug list (PDL) requirement. Instead, it specifies that PA is not required for these drugs when they have been filled or refilled, in any dosage, at least once in the one-year period before the client presents a prescription for it at the pharmacy. The bill also codifies current practice by (1) specifying that prior authorization applies to drugs prescribed under any medical assistance programs DSS administers, which could also include the HUSKY B, Charter Oak Health Plan, and the Connecticut AIDS Drug Assistance Program and (2) applying the PA authority to over-the counter drugs. It makes a parallel change in the law related to maximum oral dosages of drugs dispensed for program clients. The bill also requires pharmacists to provide a one-time 14-day supply of drugs requiring prior authorization (PA) when a pharmacist is unable to obtain the prescribing physician's authorization at the time the prescription is presented for filling. This provision applies both to nonpreferred drugs in the classes of drugs included in DSS' preferred drug list (PDL) and drugs in classes not in the PDL.

The bill also permits DSS to require PA for (1) high-cost prescription individual drugs or drug classes, at the commissioner's discretion, effective July 1, 2009 and (2) "off-label" drugs prescribed for children under the age of 18, beginning July 1, 2010. The bill defines "off-label" as a drug that is approved for a clinical use other than the one for which it is prescribed. In general, pharmacists serving DSS pharmacy program clients must obtain PA whenever they dispense a brand-name drug when a chemically equivalent generic is available. If PA is not granted or denied within two hours of PA being requested from DSS, it is deemed approved. EFFECTIVE DATE: Upon passage

STATE SUPPLEMENT PROGRAM BENEFIT LEVEL FREEZE: Section 37 of the bill freezes the need standards in the State Supplement Program (SSP) at FY 09 levels for FY 10 and FY 11. EFFECTIVE DATE: Upon passage

SMALL HOUSE NURSING HOMES: Section 43 of the bill prohibits the DSS commissioner from approving more than one project under the Small House Nursing Home pilot program through June 30, 2011 and limits the project to 280 beds. Current law requires the DSS commissioner to establish a pilot program, within existing appropriations, to help develop up to 10 small house nursing homes in the state. The bill requires the commissioner, before approving proposals, to consult with and receive approval from the OPM secretary. Currently, he must consult only with the Long-Term Care Planning Committee. The bill also allows, rather than requires, him to approve up to 10 proposals. And it removes the requirement that two of the 10 proposals selected must develop a small house nursing home in a distressed municipality with more than 100,000 people. It instead allows the commissioner to give preference to such proposals. EFFECTIVE DATE: Upon passage

MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL IN RESIDENTIAL CARE HOMES (RCH): Section 44 of the bill requires the DPH commissioner to revise regulations governing medication administration by unlicensed personnel in RCHs that admit residents requiring medication administration assistance. It also requires that by January 1, 2010, each RCH ensure that the number of unlicensed personnel it determined appropriate actually obtain certification to administer medication. Once certified, they can administer medication, except by injection, to RCH residents unless a resident's physician specifies that a medication be administered only by licensed personnel. EFFECTIVE DATE: Upon passage

DENTAL SERVICES FOR DSS CLIENTS: Sections 48 and 49 of the bill subjects most nonemergency dental services provided under DSS' dental program to prior authorization. EFFECTIVE DATE: Upon passage

DSS FALL PREVENTION PROGRAM ESTABLISHED: Sections 52, 53 and 54 of the bill requires DSS, within available appropriations, to establish a fall prevention program targeted at older adults. The program must promote and support fall prevention research; oversee research and demonstration projects; and establish, in consultation with the public health commissioner, a professional education program on fall prevention for healthcare providers. EFFECTIVE DATE: Upon passage

ADMINISTRATIVE SERVICES FOR MEDICAID RECIPIENTS WHO HAVE DISABILITIES OR ARE ELDERLY: Section 60 of the bill requires the DSS commissioner to contract with one or more entities, either on a at-risk or non-risk basis, to provide administrative services to elderly Medicaid recipients and those who have disabilities, including those (1) dually-eligible for Medicare and (2) enrolled in dually eligible special needs plans. The services the entities may provide include care coordination, utilization management, disease management, provider network management, quality management, and customer service. The bill requires the commissioner to submit a report to the Medicaid Managed Care Council within 30 days of making any policy change with respect to this section. EFFECTIVE DATE: Upon passage

COST SHARING UNDER CHCPE: Connecticut Home Care Program for Elders (CHCPE) is a Medicaid waiver and state-funded program that provides home and community-based services for qualifying individuals age 65 and older who are institutionalized or at risk of institutionalization. Section 66 of the bill requires any participant in the state-funded portion of the program with income up to 200% of the FPL to contribute 15% of the cost of his or her care. A participant whose income exceeds 200% FPL must contribute 15% of the cost of care in addition to the applied income contributed under DSS's existing methodology. The bill exempts from these cost-sharing requirements certain people living in affordable housing under the state's assisted living demonstration program. For these people, cost-sharing is required only if the participant's income exceeds 200% FPL. Cost-

sharing amounts are determined by DSS's existing cost-sharing methodology for medical assistance recipients.

Under the bill, any participant in the state-funded portion of the program who is required to contribute to the cost of care and does not do so is ineligible to receive services. For participants living in affordable housing, this provision applies only to those whose income exceeds 200% FPL. It further provides that, notwithstanding any other state law, DSS is not required to provide an administrative hearing to a person determined ineligible for services because of failure to contribute to the cost of care. EFFECTIVE DATE: Upon passage

PILOT PROGRAM OF MANAGED CARE FOR OAK HILL CLIENTS: Section 76 of the bill permits DSS, to the extent federal law allows, to amend the state Medicaid plan to establish a voluntary pilot program to serve up to 500 people served by Oak Hill-The Connecticut Institute for the Blind, Inc. who are also eligible for Medicare (dually eligible). The pilot must be designed to demonstrate the feasibility and cost effectiveness of delivering comprehensive health care coverage in a managed care setting. (Currently, these individuals receive their Medicaid services on a fee-for-service basis.) The bill allows the commissioner to (1) include optional Medicaid services that the state is not covering on the date the bill passes and (2) make other modifications to the Medicaid program to encourage participation in the pilot. EFFECTIVE DATE: Upon passage

MONEY FOLLOWS THE PERSON: Section 87 of the bill postpones, from January 1, 2009 to January 1, 2012 the date by which the DSS commissioner must submit a plan to implement the Money Follows the Person (MFP) II demonstration program to the Human Services and Appropriations committees. The bill also delays the implementation date of the program from July 1, 2009 to July 1, 2012.

The federal MFP demonstration program is a five-year program that permits states to move individuals out of nursing homes and other institutional settings and into less-restrictive, community-based settings. PA 08-180 required DSS to develop and implement a demonstration program similar to MFP. This program, referred to as "MFP II," must provide home- and community-based long-term care services to adults (age 18 and older) who (1) are institutionalized or at risk of institutionalization and (2) meet CHCPE's financial and level of care eligibility criteria established in regulations. MFP II was created to allow adults who do not meet MFP's federally mandated six-month institutionalization requirement to receive similar services. EFFECTIVE DATE: Upon passage

HB 7007 AN ACT IMPLEMENTING THE PROVISIONS OF THE BUDGET CONCERNING GENERAL GOVERNMENT AND MAKING CHANGES TO VARIOUS PROGRAMS.

NEXT STEPS INITIATIVE: Section 20 of the bill authorizes funds to (1) provide rental assistance and services for the Next Steps Initiative's Round 3 development projects and (2) pay for debt service on the bonds issued to finance the projects. The bill requires any of these authorized funds that are not used for Round 3 to be used for other rental assistance and services for new scattered site supportive housing.

By law, the Next Step Initiative provides affordable housing and support services for people and families affected by psychiatric disabilities and chemical dependency who are homeless or risk homelessness, and for supervised ex-offenders with serious mental health needs, among others. The law allows the state to provide the Connecticut Housing Finance Authority (CHFA) state funds to pay debt service on bonds it issued for mortgage loans under the Next Step Initiative. Round 3 was authorized under PA 08-123. EFFECTIVE DATE: Upon passage

CERTIFICATION OF DISABILITY FOR HANDICAPPED PARKING CREDENTIALS:

Section 105 of the bill rescinds a change made by Public Act 09-187 which eliminated authority for physician's assistants or advanced practice registered nurses to certify someone's disability for purposes of getting a handicapped parking credential issued by the Department of Motor Vehicles. It thus restores the requirements of the prior law which authorized certification by a properly licensed physician, physician's assistant, or advanced practice registered nurse. EFFECTIVE DATE: Upon passage

MEDICALLY NECESSARY DEFINITION UNDER MEDICAID: Section 107 of the bill requires the Department of Social Services (DSS), by July 1, 2010, to amend the definition of "medically necessary" services in its Medicaid regulations to reflect savings in the current biennial budget by reducing program administration inefficiencies while maintaining the quality of care provided to Medicaid beneficiaries. (PA 09-3 already requires DSS to do this.)

MEDICAL INEFFICIENCY COMMITTEE: The bill also establishes a committee identical in composition and responsibilities to that created under PA 09-3 with a different name: the Medical Inefficiency Committee. This committee must (1) advise DSS on the amended definition and its implementation and (2) to provide comment to DSS and the legislature on its impact.

FAMILY SUPPORT COUNCIL: Section 137 of the bill removes the four-year term of members appointed to the Department of Developmental Services' Family Support Council. It instead limits appointees' terms to the term of the appointing authority or until the member's successor is appointed and qualified, whichever is longer. It also makes it clear that appointing authorities may remove members at any time. The bill applies these changes to currently serving, as well as future, appointees. It continues to limit appointed members to serving a maximum of eight consecutive years. The council's appointed members consist of family members of, or individuals who advocate for, children with disabilities who are appointed by the governor and legislative leaders. EFFECTIVE DATE: Upon passage

BUILDING CODE & PUBLIC ACCOMODATIONS

PUBLIC ACT 09-35 HB 6324 AN ACT CONCERNING THE INSPECTION OF ELEVATORS, THE AUTHORITY OF THE STATE AND LOCAL FIRE MARSHALS, THE REGULATION OF EXPLOSIVES AND OTHER TECHNICAL CHANGES.

The act exempts all elevators located in private residences from the Department of Public Safety 18-month inspection and two-year permit renewal requirements, irrespective of their size, capacity, speed, or rise. Prior law exempted "private residence elevators" as defined in regulations. The regulations define "private residence elevators" as any power passenger elevator of limited size, capacity, rise, and speed installed in a private residence or a "multiple dwelling." Under existing law and the act, exempt elevators are inspected at the owner's request.

EFFECTIVE DATE: October 1, 2009

PUBLIC ACT 09-129 HB 6328 AN ACT CONCERNING CUSTOMER ACCESS TO RESTROOMS IN RETAIL ESTABLISHMENTS.

This act provides access to employee restrooms in retail establishments to individuals with certain medical conditions. Specifically, a retail establishment with an employee restroom that typically is not open to the public must allow a customer to use the restroom during normal business hours if

the restroom is maintained in a reasonably safe manner and all of the following conditions are met: the customer presents written evidence from a licensed health care provider that documents that the customer suffers from "Crohn's disease, ulcerative colitis, inflammatory bowel disease, irritable bowel syndrome, celiac disease or a medical condition that requires use of an ostomy device"; a public restroom is not immediately available to the customer; at least three employees are working in the establishment at the time of the restroom access request; the employee restroom is located in an area of the establishment that does not present an obvious risk to the health or safety of the customer or an obvious security risk to the establishment.

EFFECTIVE DATE: October 1, 2009

ECOLOGY / ENVIRONMENT / INCLUDES ALLERGIES & ASTHMA

PUBLIC ACT 09-155 SB 755 AN ACT CONCERNING THE USE OF ASTHMATIC INHALERS AND EPINEPHRINE AUTO-INJECTORS WHILE AT SCHOOL.

This act requires, rather than allows, the State Department of Education to adopt regulations governing medication administration by school personnel and student self-medication. It specifies that the latter must address students using asthmatic inhalers and epipens. It adds licensed athletic trainers employed by a school board to those personnel permitted to administer medication to students under the general supervision of a school nurse. Finally, the act requires school boards to make their plans for managing students with life-threatening food allergies publicly available on the Internet or otherwise.

EFFECTIVE DATE: August 15, 2009

PUBLIC ACT 09-56 SB 1020 AN ACT CONCERNING PESTICIDE APPLICATIONS AT CHILD DAY CARE CENTERS AND SCHOOLS.

This act eliminates certain restrictions on when applications of pesticides, other than lawn care pesticides, can be made in or on the grounds of day care centers. The act defines "day care center" as a licensed child day care center, group day care home, or family day care home that provides child day care services.

The act also establishes pesticide application notification requirements for day care center licensees to inform parents and guardians of children in their care who have requested notice. By law, applications on day care center buildings and grounds cannot be of a pesticide the U. S. Environmental Protection Agency (EPA) considers a restricted use pesticide, and no child enrolled in a day care center or home may enter an area where a pesticide has been applied until it is safe to do so according to the provisions on the pesticide label.

Prior law prohibited the application of lawn care pesticides on the grounds of any public or private school with students up to grade eight, except in emergencies to eliminate threats to human health. But it allowed, until July 1, 2009, applying lawn care pesticides according to an integrated pest management plan on these schools' playing fields and playgrounds. The act extends this exception to the ban until July 1, 2010.

EFFECTIVE DATE: October 1, 2009, except for the extension of the lawn care pesticides exception, which is effective July 1, 2009.

EDUCATION

PUBLIC ACT 09-01 (June 19, 2009 Special Session) HB 6901 AN ACT CONCERNING EDUCATOR CERTIFICATION AND PROFESSIONAL DEVELOPMENT AND OTHER EDUCATION ISSUES.

This Act makes several changes in teacher training, qualifications, and professional development. One of the changes is that beginning July 1, 2012 any person entering a program of teacher preparation leading to professional certification will be required to complete training in the development and characteristics of learners, evidence-based and standards-based instruction, evidence-based classroom and behavior management. It also requires the Connecticut Attorney General to report to the legislative Education Committee by January 1, 2010 on recommendations arising from his investigation of behavioral analysis services provided to children with autism spectrum disorder.

EFFECTIVE DATE: July 1, 2009.

GOVERNMENT ADMINISTRATION AND ORGANIZATION

PUBLIC ACT 09-65 SB 854 AN ACT CONCERNING THE OFFICE OF PROTECTION AND ADVOCACY FOR PERSONS WITH DISABILITIES. (This bill was proposed by the Office of Protection and Advocacy)

The Office of Protection and Advocacy for Persons with Disabilities is an independent state agency whose purpose is to protect and advocate for the civil rights of people with disabilities. This act adds to the director's existing powers the authority to ensure that all aspects of the agency's operations comply with federally established confidentiality requirements. By law, the director must ensure that all aspects of the agency's operations conform to federal protection and advocacy requirements for program independence and authority.

EFFECTIVE DATE: May 27, 2009

Public Act No. 09-224 HB 6693 AN ACT CONCERNING GOVERNMENT ADMINISTRATION AND THE DESIGNATION OF CERTAIN DAYS AND MONTHS BY THE GOVERNOR.

This act designates certain days of the year for the Governor to proclaim, including: the month of September to be Arnold-Chiari Malformation Awareness Month to heighten public awareness of Arnold-Chiari Malformation's attendant presentations and treatments; May twelfth of each year to be Fibromyalgia Awareness Day to heighten public awareness of the associated presentation and available treatments for fibromyalgia disorder; September thirteenth of each year to be Fragile X Awareness Day to heighten public awareness of Fragile X's attendant presentations and treatments; March first of each year to be Self Injury Awareness Day to increase awareness of the issues surrounding self injury; and the third week in September of each year to be Mitochondrial Disease Awareness Week to raise awareness of Mitochondrial Disease. Suitable exercises shall be held in the State Capitol and elsewhere as the Governor designates for these observances.

EFFECTIVE DATE: July 08, 2009

HEALTH / HEALTH CARE

PUBLIC ACT 09-108 SB 243 AN ACT CONCERNING TRAINING IN PAIN MANAGEMENT.

This act requires all nursing home facilities, except residential care homes, to provide at least two hours of annual training in pain recognition and administration of pain management techniques to (1) all licensed and registered direct care staff and (2) nurse's aides who provide direct patient care. Prior law required this only for Alzheimer's special care units or programs. The law defines a "nursing home facility" as a nursing home, residential care home, or rest home with 24-hour nursing supervision. Although residential care homes are included in the definition of nursing home facilities, they are not licensed as nursing homes. They provide some limited assistance with activities of daily living but do not provide nursing care.

EFFECTIVE DATE: July 1, 2009

PUBLIC ACT 09-142 SB 789 AN ACT CONCERNING THE SHARING OF INFORMATION BETWEEN THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

This act allows limited disclosure of Department of Children and Families (DCF) records to the Department of Developmental Services (DDS) without the consent of the person named in the records. In order for DDS to determine a child's eligibility for its Voluntary Services Program (the child must already be a DDS client), assist the child's enrollment in the program, and plan services for the child, the act allows DCF to disclose a written summary of any child abuse or neglect investigation it conducted. DDS must notify parents and guardians when they apply to enroll a child in the program that it may obtain these records from DCF without their consent.

EFFECTIVE DATE: June 25, 2009

PUBLIC ACT 09-66 SB 872 AN ACT PROVIDING STATE-FUNDED MEDICAL COVERAGE TO CHILDREN IN THE CARE OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

This act expands eligibility for state-funded medical assistance to include children under the Department of Developmental Services' (DDS) voluntary services program who are not receiving, have not yet qualified for, or are ineligible for Medicaid. The act requires the DDS commissioner, to the extent practicable, to apply on behalf of a child, or help a child in the program qualify for, Medicaid.

EFFECTIVE DATE: July 1, 2009

PUBLIC ACT 09-67 SB 893 AN ACT CONCERNING NOTIFICATION TO THE OFFICE OF PROTECTION AND ADVOCACY FOR PERSONS WITH DISABILITIES OF DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES CLIENT DEATHS. (This bill was proposed by the Office of Protection and Advocacy)

This act requires the Department of Mental Health and Addiction Services (DMHAS) commissioner to report to the Office of Protection and Advocacy for Persons with Disabilities director, the death of anyone receiving inpatient behavioral health services in a DMHAS-operated facility. The commissioner must report within 30 days after the individual's death.

EFFECTIVE DATE: May 27, 2009

PUBLIC ACT 09-73 SB 957 AN ACT CONCERNING THE ELIGIBILITY OF PERSONS LIVING IN RESIDENTIAL CARE HOMES FOR STATE SUPPLEMENT ASSISTANCE.

In general, individuals who transfer assets within 24 months before applying for State Supplement Program assistance are presumed to have done so to qualify for the program. Such individuals are generally ineligible for State Supplement for a period of unless the applicant can provide convincing evidence that the transfer was made for another reason.

This act allows transfers to "special needs trusts" by individuals who are living in residential care homes or New Horizons, Inc. and have available income that is above 300% of the maximum federal Supplemental Security Income program benefit for an individual (\$2,022 per month in 2009) and below the private rate that the RCH or New Horizons charges. By law, an individual whose gross income exceeds 300% of the SSI benefit ("excess income") cannot qualify for State Supplement benefits. The act requires the Department of Social Services Commissioner to disregard excess income deposited into such trusts for purposes of State Supplement eligibility.

The act requires the trust to be funded solely with the individual's excess income. The trust must provide that, once the individual dies, the state will receive all amounts remaining in it after the Medicaid program is reimbursed for Medicaid-funded services the individual received, up to the amount of State Supplement provided.

EFFECTIVE DATE: July 1, 2009

PUBLIC ACT 09-94 SB 981 AN ACT CONCERNING THE AVAILABILITY OF AUTOMATIC EXTERNAL DEFIBRILLATORS IN SCHOOLS.

This act requires a school board to have at each school in its jurisdiction, if funding is available, an automatic external defibrillator (AED) and school staff trained in its use and in cardiopulmonary resuscitation (CPR). The act allows school boards to accept donated AEDs under certain conditions. It also allows boards to accept gifts, donations, and grants for AED acquisition and staff training costs. It also requires each school to develop plans for the appropriate use of school personnel to respond to individuals experiencing sudden cardiac arrest or similar life-threatening emergencies.

EFFECTIVE DATE: July 1, 2009

PUBLIC ACT 09-76 SB 1010 AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS.

This act requires a hospital to notify an emergency service organization when a patient they attended, treated, assisted, handled, or transported to the hospital is diagnosed with infectious pulmonary tuberculosis. The act prohibits the hospital from revealing the patient's identity.

The act requires each Emergency Service Organization (ESO), such as a fire department or ambulance company, to designate an employee or volunteer to receive the notice; initiate notification requests in cases where an ESO member or volunteer reports possible exposure to an infectious disease, including TB; and perform related functions with regard to infectious diseases. The act allows the designee, if unavailable, to name another employee or volunteer to perform these functions.

Under the act, "infectious diseases" include infectious pulmonary TB; hepatitis A, B, or C; human immunodeficiency virus ("HIV"), including "AIDS"; diphtheria; pandemic flu; methicillin-resistant staphylococcus aureus (MRSA); hemorrhagic fevers; meningitis or other meningococcal disease; plague; and rabies. The act applies when a person is exposed to these diseases through the skin or

a mucous membrane. An ESO member who believes that he or she may have been exposed to an infectious disease must report the possible exposure to the EMO's designated officer. The officer must immediately collect determine if it is reasonable to believe that the member may have been exposed to an infectious disease. An officer who determines any such possible exposure must submit a written request to the hospital that received the patient, asking to be notified of the results of any test performed to determine if the patient had an infectious disease.

EFFECTIVE DATE: October 1, 2009

PUBLIC ACT 09-95 SB 1079 AN ACT CONCERNING THE CONNECTICUT HEALTH INFORMATION NETWORK.

This act allows state agencies participating in the Connecticut Health Information Network (CHIN) to disclose personally identifiable information in their databases to the CHIN administrator and its subcontractors for (1) network development and verification and (2) data integration and aggregation to allow responses to network inquiries. Such disclosure is subject to federal restrictions on disclosure or redisclosure of such information. The CHIN administrator and CHIN subcontractors must not disclose personally identifiable information.

State law authorizes the Department of Public Health and the UConn Health Center, within available appropriations, to develop a CHIN plan. This plan is to integrate state health and social services data within and across the UCHC, the Office of Health Care Access, DPH, and the Developmental Services, and Children and Families departments. The act prohibits state agencies participating in CHIN from disclosing information to CHIN if it would violate federal law, including the 1996 federal Health Insurance Portability and Accountability Act (HIPAA) and the 1974 Family Educational Rights and Privacy Act and associated regulations.

EFFECTIVE DATE: October 1, 2009

PUBLIC ACT 09-96 HB 5915 AN ACT CONCERNING "STUCK KIDS".

This act requires the Commissioner of Children and Families to conduct case and service reviews for each child in the four categories listed below and must submit an annual report to the legislative Human Services Committee and the Select Committee on Children. The report must contain the following information about children:

- The number and age of children living in a psychiatric hospital or out-of-state residential treatment center, the average length of stay for such children, the number of children who have overstayed their estimated placement time in such placements and an analysis of the reasons for the placements out of state and overstay.
- The number and age of such children who are runaways or homeless, the number of days that each child or youth has been a runaway or homeless, and an analysis of the trends relating to runaways and homelessness.
- The number and age of children who have a permanency plan of another planned permanency living arrangement and an analysis of the trends relating to permanency plans.
- The number and age of children and youth who have refused services offered by the department and an analysis of the trends relating to participation in services.

EFFECTIVE DATE: July 1, 2009

Public Act No. 09-128 HB 6200 AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS FOR THE TREATMENT OF LYME DISEASE.

This act allows a licensed physician to prescribe, administer, or dispense long-term antibiotic therapy to a patient for a therapeutic purpose that eliminates the infection or controls the patient's symptoms of Lyme disease. The act also prohibits the Department of Public Health and the Connecticut Medical Examining Board from taking action against any physician for using long-term antibiotics for Lyme disease.

EFFECTIVE DATE: July 1, 2009

PUBLIC ACT 09-20—HB 6263 AN ACT REQUIRING THE ADMINISTRATION OF A SCREENING TEST FOR CYSTIC FIBROSIS TO NEWBORN INFANTS.

This act requires all health care institutions caring for newborn infants to test them for cystic fibrosis, unless, as allowed by law, their parents object on religious grounds. It requires the testing to be done as soon as is medically appropriate. Under the act, the cystic fibrosis test is in addition to, but separate from, the Public Health Department's newborn screening program for genetic diseases and metabolic disorders. That program, in addition to the initial screening test, directs parents of identified infants to appropriate counseling and treatment.

EFFECTIVE DATE: October 1, 2009

PUBLIC ACT 09-149 HB 6320 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING SUBSTANCE ABUSE TREATMENT FOR ADULTS.

This act establishes specific topics, including benchmarks for state-operated programs, the Department of Mental Health and Addiction Services' (DMHAS) state substance abuse plan must address; requires DMHAS to consult with various groups in developing the plan; and requires DMHAS to report on progress in achieving those benchmarks.

It also requires the Department of Public Health, by January 1, 2011, to implement dual licensure for behavioral health care providers that provide both mental health and substance abuse services.

EFFECTIVE DATE: July 1, 2009 for the state substance abuse plan changes, October 1, 2009 for reports on plan outcomes, and June 29, 2009 for the DPH regulatory requirement.

INSURANCE

PUBLIC ACT 09-115 SB 301 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS.

This act requires a group health insurance policy to cover the diagnosis of autism spectrum disorders and expands the requirements on insurers to cover treatment of these disorders. It requires insurers to cover behavioral therapy for a child age 14 or younger and certain prescription drugs and psychiatric and psychological services for covered persons with autism. The act permits a policy to set a certain annual dollar maximum for behavioral therapy coverage.

Prior law required a group health insurance policy to cover physical, speech, and occupational therapy services provided to treat autism to the same extent that it covers them for other diseases

and conditions. The act removes that limitation, but specifies different conditions for covering the therapies.

The act specifies that it is not to be interpreted as limiting or affecting (1) other covered benefits under the policy, the state mental and nervous condition insurance law, and the birth-to three coverage law; a board of education's obligation to provide services to an autistic student under an individualized education program in accordance with law; or any obligation imposed on a public school by the federal Individual with Disabilities Education Act. The act also specifies that it must not be interpreted to require a group health insurance policy to reimburse special education and related services provided to an individual under state law that requires boards of education to provide special education programs and services unless state or federal law requires otherwise.

EFFECTIVE DATE: January 1, 2010

PUBLIC ACT 09-49 SB 959 AN ACT CONCERNING EXTERNAL APPEALS OF ADVERSE DETERMINATIONS BY A MANAGED CARE ORGANIZATION, HEALTH INSURER OR UTILIZATION REVIEW COMPANY.

This act establishes an expedited external appeal process that supplements the legally required standard external appeal process. By law, a health plan enrollee, or a licensed health care provider acting on the enrollee's behalf with his or her consent ("provider"), must exhaust the internal appeal process before applying to the insurance commissioner for a standard external appeal.

The act permits an enrollee or provider to ask the insurance commissioner for an expedited external appeal before exhausting the company's internal appeal process if he or she has filed a request for an expedited internal review and the time to complete it could cause, or exacerbate, an emergency or life-threatening situation for the enrollee.

After receiving an expedited external appeal request, the required medical release, and a \$25 filing fee, the insurance commissioner must assign the appeal to an independent review entity. The review entities and their clinical reviewers decide whether to reverse, revise, or uphold a denial. The act makes a review entity's decisions regarding standard and expedited external appeals binding on all parties.

EFFECTIVE DATE: October 1, 2009

PUBLIC ACT 09-123 HB 5019 AN ACT PROHIBITING THE USE OF CERTAIN PRESCRIPTION DRUG HISTORY AS AN UNDERWRITING TOOL TO DENY INDIVIDUAL HEALTH INSURANCE COVERAGE.

This act prohibits insurers or other entities in the individual health insurance market from using as an underwriting factor a person's history of taking a prescription drug for anxiety for six months or less. But it allows them to use such history if it arises directly from a medical diagnosis of an underlying condition.

EFFECTIVE DATE: January 1, 2010

PUBLIC ACT 09-51 HB 5023 AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR WOUND CARE FOR INDIVIDUALS WITH EPIDERMOLYSIS BULLOSA.

This act requires certain insurance policies to cover wound care supplies that are medically necessary to treat epidermolysis bullosa and administered under a physician's direction. The act

applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut on and after January 1, 2010 that cover basic hospital expenses; basic medical-surgical expenses; major medical expenses; and hospital or medical services, including coverage under an HMO plan. Due to federal law (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2010

PUBLIC ACT 09-216 HB 6279 AN ACT CONCERNING ACCELERATED BENEFITS OF LIFE INSURANCE POLICIES.

This Act expands the benefits available under a life insurance policy's accelerated death benefit option by revising what constitutes a "qualifying event." An accelerated death benefit pays benefits during an insured person's life, upon the occurrence of a qualifying event. Such a payment reduces the benefit payable upon death. The law permits life insurers and fraternal benefit societies to include an accelerated benefit option in life insurance policies.

The Act adds as a qualifying event confinement in the insured person's residence or an acute care hospital for at least six months due to a "medically determinable condition," if the person is expected to remain confined at that location until death. Current law requires benefits to be paid only if the confinement is in a nonacute care institution where a certified or licensed health care provider renders the necessary care. The Act eliminates the requirement that a certified or licensed health care provider render the care in an institutional setting.

EFFECTIVE DATE: January 1, 2010

PUBLIC ACT 09-136 HB 6540 AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS.

This act prohibits certain health insurance policies that provide prescription eye drop coverage from denying coverage for prescription renewals when the refill is requested by the insured less than 30 days from either the date the original prescription was given to the insured or the last date the prescription refill was given to the insured, whichever is later, and the prescribing physician indicates on the original prescription that additional quantities are needed and the refill request does not exceed this amount.

The act applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut on or after January 1, 2010 that cover basic hospital expenses; basic medical-surgical expenses; major medical expenses; and hospital or medical services, including coverage under an HMO plan. Due to federal law (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2010

PUBLIC ACT 09-148 HB 6600 AN ACT CONCERNING THE ESTABLISHMENT OF THE SUSTINET PLAN.

The Governor vetoed this bill but the House and Senate successfully voted to override her veto.

This Act establishes a nine-member SustiNet Health Partnership Board of Directors that must make legislative recommendations, by January 1, 2011, on the details and implementation of the "SustiNet Plan," a self-insured health care delivery plan. The Act specifies that these recommendations must address: establishment of a public authority or other entity with the power

to contract with insurers and health care providers, develop health care infrastructure (“medical homes”), set reimbursement rates, create advisory committees, and encourage the use of health information technology; provisions for the phased-in offering of the Sustinet Plan to state employees and retirees, HUSKY A and B beneficiaries, people without employer sponsored insurance, people with unaffordable employer sponsored insurance, small and large employers, and others ; guidelines for development of a model benefits package; and public outreach and methods of identifying uninsured citizens.

The board must establish a number of separate committees to address and make recommendations concerning health information technology, medical homes, clinical care and safety guidelines, and preventive care and improved health outcomes. The Act also establishes an independent information clearinghouse to provide employers, consumers, and the public with information about Sustinet and private health care plans. Finally, the Act creates task forces addressing obesity, tobacco usage, and the health care workforce.

EFFECTIVE DATE: July 1, 2009, except that the sections on identifying uninsured adults and children and Medicaid and public education outreach take effect July 1, 2011, and the three task forces take effect July 20, 2009.

JUDICIAL / INCLUDING CRIMINAL JUSTICE / LEGAL REPRESENTATION / DISCRIMINATION

PUBLIC ACT 09-59 SB 1089 AN ACT CONCERNING AUTOMATIC EXTERNAL DEFIBRILLATORS.

This act provides immunity in a lawsuit for damages for acts arising out of a person's or entity's negligence in providing or maintaining an automatic external defibrillator (AED). Existing law already provides immunity for those rendering assistance. The act specifies that immunity does not apply to gross, willful, or wanton negligence. Lastly, it makes technical changes.

EFFECTIVE DATE: October 1, 2009

PUBLIC ACT 09-158 SB 1127 AN ACT CONCERNING CERTAIN STATE CONTRACTING NONDISCRIMINATION REQUIREMENTS.

By law, all state contracts and contracts of political subdivisions, other than municipalities, must contain anti-discrimination provisions that protect people based on race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, physical disability, or sexual orientation. This act defines “marital status” as being single, married under Connecticut law, widowed, separated, or divorced. Among other things, this act expands the categories of protected people to include those with mental disabilities, and under the act, “mental disability” means one or more mental disorders, as defined in the latest edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. The manual (known as the “DSM-IV”) lists approximately 400 disorders of varying degrees of severity. It is the standard classification of mental disorders used by mental health professionals in the United States. It was substantially revised in 1994.

EFFECTIVE DATE: June 30, 2009

PUBLIC ACT 09-79 HB 6341 AN ACT CONCERNING COMPETENCY TO STAND TRIAL.

The act gives clinical teams evaluating a defendant's competency access to information on treatment dates and locations in the treatment history in the Department of Mental Health and Addiction Service's (DMHAS) database. The team can then use this information to ask the defendant for permission to access the medical records related to the treatments.

In addition, when a court orders a defendant to be treated to restore his or her competency, the act requires the clinical evaluating team to give the court-ordered health care provider information they obtained in the course of their evaluation. Finally, no later than five business days after a court determines that the defendant will not become competent within the time that he or she can be detained or supervised or has become competent, the person in charge of the treatment facility, or a designee, must give a copy of its progress report to the clinical team that originally evaluated the defendant. The act extends the deadline for completing the initial competency exam from 15 calendar to 15 business days.

EFFECTIVE DATE: June 02, 2009

PUBLIC ACT 09-162 HB 6343 AN ACT CONCERNING TEMPORARY LEAVE ORDERS ISSUED BY THE PSYCHIATRIC SECURITY REVIEW BOARD.

Current law gives the superintendent of Connecticut Valley Hospital (CVH) or the commissioner of the Department of Developmental Services (DDS), respectively, authority to request that the Psychiatric Security Review Board (PSRB) grant temporary leave to people in CVH or DDS custody because they have been acquitted of crimes due to a mental disease or defect ("acquittee"). This act gives PSRB express authority to set conditions and order supervision during the leave.

The act also permits PSRB to designate a capable person or agency to supervise the acquittee during the leave. Prior to any designation, the board must notify the person or agency and give him or her an opportunity for a hearing before the board. Any designee must comply with the conditions the board sets in its order for temporary leave.

EFFECTIVE DATE: June 30, 2009

PUBLIC ACT 09-114 HB 6384 AN ACT CONCERNING PROBATE COURT REFORMS AND ESTABLISHING A PROBATE REDISTRICTING COMMISSION.

The act requires that each probate judge elected for a term beginning on or after January 5, 2011, must be a member of the bar of the state of Connecticut. But this requirement does not apply to any judge who was in office on January 4, 2011, for the period the judge continues to serve on and after January 5, 2011, without a break in service.

The act authorizes a court to refer certain matters, with the consent of the parties or their attorneys, to a probate magistrate or attorney probate referee, new positions created by the act. The law allows anyone aggrieved by a probate court decision to appeal to the Superior Court. The act allows the aggrieved party to mail a copy of the complaint to the probate court that made the decision instead of serving a copy on the court.

With certain exceptions listed below, the act allows the Superior Court to refer appeals from a probate court decision to a special assignment probate judge assigned by the probate court administrator for the purposes of such appeals, except the appeal must be heard by the Superior Court if any party files a demand in writing with the Superior Court that such appeal be heard by the Superior Court. Any demand must be filed within 20 days after service of appeal. The act

requires that an appeal referred to a special assignment probate judge must proceed in accordance with the rules for referrals set forth in the rules of the judges of the Superior Court.

The following matters may not be referred to a special assignment probate judge:

- commitment of children with mental illness
- placement of any person found to have mental retardation with the Department of Developmental Services for placement in any appropriate setting
- commitment of people with psychiatric disabilities
- procedures governing medication, treatment, psychosurgery, and shock therapy
- administration of medication to criminal defendants placed in the custody of the commissioner of the Department of Mental Health and Addiction Services
- application for involuntary commitment due to alcohol or drug dependency
- guardianship matters, termination of parental rights, adoptions, claims for paternity, emancipation, and voluntary admission to the Department of Children and Families of any child or youth who could benefit from any of the services offered by or administered by or available to the department
- conservators
- guardians of persons with mental retardation
- sterilization
- any matter in a probate court heard on the record

EFFECTIVE DATE: June 09, 2009 for most provisions, the special assignment probate judge provisions are effective January 05, 2009

LABOR / INCLUDING WORKERS' COMPENSATION & FAMILY MEDICAL LEAVE

Public Act 09-70 SB 710 AN ACT CONCERNING UPDATES TO THE FAMILY AND MEDICAL LEAVE ACT.

This act permits an employee to take unpaid family and medical leave (FML) to care for an immediate family member or next of kin who is a current member of the U. S. military, National Guard, or the reserves with a serious illness or injury received in the line of duty. The employee may take up to 26 weeks of unpaid leave if the family member is undergoing medical treatment, recuperation, or therapy; otherwise in outpatient status; or on the temporary disability retired list for a serious injury or illness.

The act provides for 26 weeks of leave over a 12-month period under the private-sector FML law and 26 weeks of leave over a two-year period under the state-employee law. Under both private and state employee provisions, the employee's leave is permitted for a related armed forces member per serious injury or illness incurred in the line of duty. Under the private-sector law, the 12-month period begins on the first day of military caregiver leave.

The act incorporates the new military caregiver leave into existing provisions of FML laws for private sector and state employees regarding written certification of medical need, intermittent leave, and other items. The act specifies that leave taken pursuant to private-sector FML does not run concurrently with a transfer to "light duty" work in lieu of regular work duties under the Workers' Compensation Act.

EFFECTIVE DATE: May 27, 2009

PUBLIC ACT 09-85 SB 756 AN ACT CONCERNING A DEPARTMENT OF CHILDREN AND FAMILIES CHILD ABUSE AND NEGLECT REGISTRY CHECK FOR APPLICANTS OF EMPLOYMENT WITH THE DEPARTMENT OF DEVELOPMENTAL SERVICES OR THE DEPARTMENT'S PROVIDERS.

This act permits the Department of Developmental Services (DDS) commissioner to require anyone applying for a job with the department or a provider it licenses or funds to submit to a check of the Department of Children and Families' child abuse and neglect registry. Existing law already requires anyone applying for a job in a DDS program that provides direct services to clients to submit to a state criminal history background check, and DDS policy requires private providers to establish written policies requiring such checks for their job applicants.

EFFECTIVE DATE: October 1, 2009

LONG TERM CARE

PUBLIC ACT 09-64 SB 814 AN ACT CONCERNING PERSONAL CARE ASSISTANCE SERVICES UNDER THE CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY.

This act requires the Department of Social Services (DSS) to provide personal care assistance (PCA) services under the Connecticut Homecare Program for Elders if these services are not available under the Medicaid state plan, are more cost effective on an individual client basis than existing services covered under the plan, and the provision of such services is approved by the federal government. By law, DSS also provides PCA services through a state-funded PCA pilot program for certain qualifying seniors, the PCA Medicaid waiver program for disabled adults, and the acquired brain injury (ABI) Medicaid waiver program.

EFFECTIVE DATE: April 1, 2010

PUBLIC ACT 09-75 SB 989 AN ACT CONCERNING THE ALZHEIMER'S RESPITE CARE PROGRAM.

The State-Wide Respite Care Program provides respite care for people with Alzheimer's disease or related disorders, regardless of age, who are not enrolled in the Connecticut Homecare Program for Elders (CHCPE). This act increases, from \$30,000 to \$41,000, the program's annual income limit and increases its asset limit from \$80,000 to \$109,000. Beginning July 1, 2009, the act requires the Department of Social Services (DSS) commissioner annually to increase the income and asset limits to reflect Social Security cost of living adjustments.

The act requires the commissioner to adopt regulations allowing program participants who demonstrate a need for additional services to receive up to \$7,500 for respite care services. Prior law limited respite care services to \$3,500 annually. The act also adds personal care assistant (PCA) services to the list of respite care services the program provides. Respite care services provide short-term relief for family members caring for an individual with Alzheimer's or related diseases. They include homemaker services, adult day care, short-term medical facility care, home-health care, and companion services.

EFFECTIVE DATE: July 1, 2009

PUBLIC ACT 09-17 HB 5297 AN ACT CONCERNING THE STATUS OF THE MONEY FOLLOWS THE PERSON PROJECT.

The federal Money Follows the Person (MFP) Demonstration program is a five-year program that permits states to move individuals out of nursing homes or other institutional settings into less-restrictive, community-based settings. This act requires the Department of Social Services (DSS) commissioner to provide MFP status reports to the Human Services and Aging committees, semiannually, starting October 1, 2009.

To meet this requirement, the commissioner must provide the committees with a copy of any report he is required to submit to the federal Department of Health and Human Services pertaining to (1) the program's implementation status, (2) the anticipated date the first eligible participant will transition into the community, and (3) the department's plan to transition additional eligible participants into the community. Reports prepared before October 1, 2009 must be submitted to the committees by that date.

If the commissioner is not required to submit an MFP status report to the federal government during any six-month period, he must prepare and submit his own report addressing these issues to the committees.

EFFECTIVE DATE: July 1, 2009

PUBLIC SAFETY / INCLUDING EMERGENCY MANAGEMENT AND PLANNING

PUBLIC ACT 09-109 SB 451 AN ACT ESTABLISHING A SILVER ALERT SYSTEM.

This act requires the Department of Public Safety's (DPS) Missing Child Information Clearinghouse to collect, process, maintain, and disseminate information to assist in locating missing persons who are seniors age 65 and older or mentally impaired adults at least 18 years old. The missing person's relative, legal or healthcare representative, or nursing home administrator must file a DPS missing person report and attest under penalty of perjury that the missing person meets the eligibility criteria. He or she must notify the clearinghouse or law enforcement agency if the missing person is found.

The act requires local police departments that receive a report of a missing senior or mentally impaired adult to immediately accept the report and notify all on-duty police officers and other appropriate law enforcement agencies. Prior law required this only for reports of missing children under age 15. The act also clarifies that within existing resources the clearinghouse may collect, process, maintain, and disseminate information to help locate missing persons other than children, seniors, or mentally impaired adults.

EFFECTIVE DATE: July 1, 2009

PUBLIC ACT 09-86 SB 761 AN ACT CONCERNING AN ENHANCED 9-1-1 SERVICE DATABASE.

This act allows subscriber information in the enhanced 9-1-1 (E 9-1-1) database to be used for enabling emergency notification systems (e.g., Reverse 9-1-1) in life-threatening emergencies. It defines an "emergency notification system" as a service that notifies the public of emergencies. Under prior law, subscriber information could be used only in responding to emergency calls or investigating false or intentionally misleading reports of incidents requiring emergency service.

Emergency notification systems are used to provide pre-recorded emergency telephone messages to targeted areas or entire cities at a rate of hundreds or thousands of calls per minute. The system can be used to warn residents in the event of severe weather, hazardous material spills, pandemics, or other emergencies.

EFFECTIVE DATE: July 1, 2009

TAXES

PUBLIC ACT 09-176 SB 846 AN ACT CONCERNING THE DISABLED VETERANS' PROPERTY TAX EXEMPTION.

This act eliminates the requirement that a veteran under age 65 claiming the veterans' disabled property tax exemption provide annual proof of his or her disability to the town assessor. Under the act, a veteran who submits initial proof of his or her disability rating, as determined by the federal Veterans' Administration (VA), is required to submit proof and reestablish eligibility in subsequent years only if the VA modifies the rating.

EFFECTIVE DATE: June 30, 2009

TRANSPORTATION / MOBILITY

PUBLIC ACT 09-154 SB 735 AN ACT IMPROVING BICYCLE AND PEDESTRIAN ACCESS.

This act requires, beginning October 1, 2010, a minimum of 1% of the total funds received in any fiscal year by the Department of Transportation (DOT) and any municipality for construction, restoration, rehabilitation, or relocation of any highway or street to be spent to provide facilities for "all users" including, at least, bikeways and sidewalks with curb cuts or ramps unless nonmotorized usage is prohibited; there is a demonstrated absence of need; the accommodation of all users would be an excessively expensive component of the total project cost; or the accommodation of all users is not consistent with the state's or such municipality's, respectively, program of construction, maintenance and repair.

This act establishes an 11-member Connecticut Bicycle and Pedestrian Advisory Board to report to the governor, transportation commissioner, and the Transportation Committee on actions, policies, and procedures that improve the bicycling and walking environment in Connecticut.

Finally, the act requires the transportation commissioner to report, by October 1, 2009 and again on October 1, 2010 to the Transportation Committee and the advisory board with a list of transportation projects he has undertaken that contain bicycle and pedestrian access.

EFFECTIVE DATE: July 1, 2009

PUBLIC ACT 09-16 HB 6599 AN ACT CONCERNING PATIENT SAFETY.

This act permits only licensed or certified ambulance and rescue services to transport patients on stretchers in motor vehicles. The Public Health Department licenses commercial ambulance and rescue services and issues certificates to volunteer and municipal ambulance services. By law, anyone who willfully violates an emergency medical services law can be fined up to \$250, imprisoned for up to three months, or both.

The act requires any ambulance used to transport patients between hospitals to meet state regulatory requirements for basic ambulance service, including those concerning medically necessary supplies and services. These regulations require, among other things, one medical response technician and one emergency medical technician in the ambulance, the latter of whom must attend the patient at all times.

The act permits a licensed registered nurse, advanced practice registered nurse, physician assistant, or respiratory care practitioner to supplement the ambulance transport if he or she has current training and certification (1) in pediatric or adult advance life support or (2) from the American Academy of Pediatrics' neonatal resuscitation program, as appropriate and based on the patient's condition.

EFFECTIVE DATE: April 30, 2009 for inter-hospital transport; October 1, 2009 for stretcher transport.

PUBLIC ACT 09-186 HB 6649 AN ACT CONCERNING THE PROGRAMS AND ACTIVITIES OF THE DEPARTMENT OF TRANSPORTATION.

The Governor vetoed this bill but the House and Senate successfully voted to override her veto.

Section 10 of this act permits any vehicle that complies with the wheelchair accessibility requirements of the Americans with Disabilities Act and meets Department of Motor Vehicles registration requirements to be used to provide taxicab service for people requiring wheelchair accessibility regardless of any DOT regulatory requirements on wheelchair accessibility that might otherwise apply.

EFFECTIVE DATE: October 1, 2009