



2018 Legislative Session Report

July 10, 2018

The 2018 Legislative Session convened on February 7 and adjourned on May 9. Thousands of bills were introduced, over 200 of which would have had an impact on nonprofits in Connecticut.

This year, The Alliance testified on 45 bills during the Public Hearing process — testimony you will find linked throughout this document — and our members testified on countless more. The Alliance also met with all legislative leaders and many rank and file legislators to advance our message and collective voice.

This year, hundreds of nonprofit staff, board members, volunteers, and people served descended on the Legislative Office Building for our annual “#IAmEssential” Lobby Day, and many more joined us in the halls of the Capitol for evening “Visibility Shifts” as Session wound down.

On the final night of Session, the legislature passed a budget adjustment for FY 2019. Covered in more detail in [Section III](#) of this document, the budget includes funding for a number of Alliance priorities. Some of the highlights include:

- \$31 million to fund a 1% increase for private providers for wage increases and a larger wage increase for DDS providers.
- \$7 million savings targets through a hard hiring freeze and acceleration of efforts to privatize the delivery of services currently provided by the State to nonprofits.
- \$5 million in new funding for Emergency Placements in DDS.
- Maintaining funding for DECD line items for arts and culture programs.

All told, 44 bills that impact nonprofits passed the legislature and were signed into law by Governor Malloy, and one bill was vetoed. This document contains an abridged analysis of each of these 44 new laws, taken mostly from the nonpartisan Office of Legislative Research’s Bill Analyses. You can also read their [2018 Major Public Acts](#) document, which summarizes other important legislation passed this year.

Thank you for your continued leadership, support and advocacy.

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Section I: The Alliance's Priority Legislation

Below is a summary of the priority issues The Alliance worked on this legislative session. This section also contains a short summary of issues The Alliance worked to pass that were not successful this session. Finally, The Alliance and our members worked hard to defeat legislation that would harm nonprofits, detailed at the end of this section.

Alliance Priorities Passed Into Law:

[SB-543 \(Public Act 18-81\)](#) – An Act Concerning Revisions to the State Budget for Fiscal Year 2019 and Deficiency Appropriations for Fiscal Year 2018

Covered in more detail in [Section III](#) of this document, the state budget includes funding for a number of Alliance priorities. Some of the highlights include:

- \$31 million to fund a 1% increase for private providers for wage increases and a larger wage increase for DDS providers.
- \$7 million savings targets through a hard hiring freeze and acceleration of efforts to privatize the delivery of services currently provided by the State to nonprofits.
- \$5 million in new funding for Emergency Placements in DDS.
- Maintenance of funding for DECD line items for arts and culture programs.
- Restoration of the Medicare Savings Plan.
- Restoration of HUSKY A insurance for low-income parents
- Restrictions preventing the Governor from reducing funding for mental health and substance abuse services.

[HB-5460 \(Special Act 18-5\)](#) - An Act Concerning Minimum Employee Wages for Providers of State-Administered Services for Persons with Intellectual Disabilities

- [Click here](#) to read The Alliance's testimony

The bill raises the minimum wage for DDS providers to \$14.75 an hour and provides a 5% increase to all staff making between \$14.75 and \$30.00 per hour.

This bill allows the Office of Policy and Management (OPM) secretary to allocate available FY 19 funds to increase the wages of certain employees who provide services to individuals with intellectual disabilities authorized to receive services and supports through the Department of Developmental Services. The increase applies to private providers of employment, day, and behavioral services and group home services. Additionally, OPM must reimburse the providers, within available appropriations, for the cost of employer taxes, increased benefits, and other costs associated with the wage increase provisions.

[HB-5574 \(Public Act 18-42\)](#) – An Act Concerning the Failure to File for Certain Grand List Exemptions, etc.

The bill allows taxpayers in four municipalities to claim a property tax exemption, for the property and grand lists, even though they missed the November 1 filing deadline. Section 4 allows for owners of Property owned, or held in trust for, any corporation organized exclusively for scientific, educational, literary, historical, or charitable purposes and used exclusively for such purposes or preserving open space land (§ 12-81(7)) in the City of Norwich to file for that exemption if they missed the November 1 deadline. It does so by waiving the deadline if the taxpayer files for the exemption by July 31, 2018, and pays the statutory late filing fee. In each case, the tax assessor must confirm that he or she received the fee, verify the property's eligibility for the exemption, and subsequently approve the exemption. The municipality must refund any taxes paid on the property as if the claim was filed in a timely manner. In the case of Norwich, the municipality must also refund any interest and penalties paid on the property as if the claim was filed in a timely manner.

[SB-463 \(Special Act 18-2\)](#) – An Act Establishing a Task Force to Study the Needs of Persons with Intellectual Disability and Pilot Programs to Establish and Evaluate Alternative Service Models for Persons with Intellectual Disability

- [Click here](#) to read The Alliance's testimony on the pilot program and [here](#) on the bill before amendment

The bill creates a pilot program for DDS providers to move people from CLAs to less-restrictive settings. The pilot program will allow providers to retain any savings they achieve from such moves, rather than giving it back to the State through cost-settlement. It also creates a task force to study (1) the short-term and long-term needs of adults with intellectual disability, including adults with significant behavioral health issues or significant issues related to aging, including Alzheimer's disease, dementia and related disorders, and (2) ways in which the services and support such adults need may be provided.

Licensure and Certification Workgroup Legislative Package

The Licensure and Certification Workgroup was born out of Special Act No. 17-21, which was one of The Alliance's priority pieces of legislation in 2017. The Workgroup has done a significant amount of work to streamline the licensure and certification processes of several state agencies that contract with nonprofit providers. In 2018, the Workgroup made a number of proposals to change the laws that govern the licensure practices of state agencies. All proposals were passed and signed into law:

[SB-165 \(Public Act 18-32\)](#) – An Act Concerning the Department of Developmental Services' Recommendations for Technical Revisions to Its Statutes

- [Click here](#) to read The Alliance's testimony
- This is the DDS portion of the Licensure and Certification Work Group package.
- Removes the requirement that one half of visits by DDS staff related to licensure of DDS Community Living Arrangements (group homes) be unannounced, which would relieve significant administrative burden.
- Allows the DDS Commissioner to waive a \$50 licensing fee that is currently required of private providers who operate DDS licensed Community Living Arrangements, and eliminates a regulatory provision that provider applications be notarized.

HB-5163 (Public Act 18-168) – An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes

➤ [Click here](#) to read The Alliance's testimony

- Sec. 40 eliminates the requirement for healthcare institutions to have their applications for licensure notarized.
- Other sections, while not included in the License and Certification Workgroup package (see above), will impact providers. Sec. 11 extends the period of time for providers to submit a plan of correction from ten calendar days to ten business days.
- Secs. 501-504 allow students with advanced degrees in Marriage and Family Therapy, Professional Counseling or Psychology to practice without a license while completing their supervision requirements for two years.
- Sec. 510 exempts ICF-IID employees from undergoing a DPH background check because they already are subjected to one from DDS.
- Sec. 511 allows DDS and private providers to employ applicants on a conditional basis until they receive and review background check results.
- Sec. 514 modifies the definition of "Alcohol & Drug Counselor" to distinguish between ADPCs who are licensed and those who are certified. It allows Licensed ADPCs to clinically evaluate substance use and co-occurring disorders, and apply methods to assist an individual or group.

SB-315 (Public Act 18-67) – An Act Concerning Minor Revisions to the Statutes of the Department of Children and Families and Establishing a Pilot Program to Permit Electronic Reporting by Mandated Reporters

➤ [Click here](#) to read The Alliance's testimony.

Sec. 10 removes the redundant DCF licensure requirement for kids with Intellectual/developmental disabilities living in DDS-funded facilities, leaving oversight to DDS.

Alliance Priorities That Did Not Pass:

We have made significant progress educating the legislature on these issues and will continue to advocate for the passage of these proposals in the 2019 Legislative Session.

HB-5288 – An Act Concerning Attorney's Fees in Wrongful Property Tax Assessment Actions

➤ [Click here](#) to read The Alliance's testimony

If passed, the underlying bill would have allowed nonprofits to be awarded attorney's fees by a judge if their property had been wrongfully assessed by a municipality. The Alliance had drafted an amendment to clarify the meaning of "charitable" in statute, taking wording from a Connecticut Supreme Court Case.

Despite strong bipartisan support, the bill fell victim to opposition from the City of Hartford, and therefore the Majority Leader, heavy opposition lobbying from CT Conference of Municipalities and the Connecticut Association of Assessing Officers, and ultimately, the end-of-session time crunch that could not sustain a long debate. The bill died on the House Calendar.

SB-172 – An Act Concerning Access to Treatment for Opioid Use Disorder in Correctional Facilities

➤ [Click here](#) to read The Alliance’s testimony

This bill required the Department of Correction (DOC), by January 1, 2019 and in consultation with the departments of public health and mental health and addiction services, to establish a medication-assisted treatment (MAT) program in correctional facilities for inmates with opioid use disorder.

Under the bill, program participation was as follows: (1) at least five correctional facilities must participate in the first year, (2) at least 30% of all correctional facility inmates must have program access in the second year, (3) at least 60% of inmates must have program access in the third year, and (4) all inmates must have program access from the fourth year on. The bill establishes program requirements regarding staff procedures for MAT and access to such treatment.

Under the bill, correctional facilities participating in the program would:

1. establish procedures enabling qualified correctional staff to dispense and administer all drugs approved by the FDA for use in MAT for opioid use disorder and
2. make such treatment available to any inmate for whom a qualified, licensed health care provider finds it to be appropriate.

The bill also required the program to ensure that an inmate receiving MAT for opioid use disorder immediately before his or her incarceration continues the treatment while incarcerated unless (1) the inmate voluntarily discontinues it or (2) a qualified, licensed health care provider determines it is no longer appropriate.

Under the bill, DOC was required, to the extent practicable, to prioritize placing inmates who were receiving MAT for opioid use disorder immediately preceding their incarceration in a facility that provides access to the program.

With a high price tag, \$15.5m per year at full implementation, the bill died on the Senate Calendar. In another bill, [SB-483](#), the legislature ordered the Department of Correction to conduct a study about expanding the MAT treatment system across all facilities and to make a report due in January, 2019.

SB-384 – An Act Concerning Mental Health Parity, Data Reported By Managed Care Organizations and the All-Payer Claims Database

➤ [Click here](#) to read The Alliance’s testimony

This bill required certain health insurance policies to cover, at an annual physical, screenings for mental or nervous conditions. It also expanded:

1. reporting requirements for the insurance commissioner, health carriers, and the Office of Health Strategy (OHS) and
2. the data that must be included in the Consumer Report Card on Health Insurance Carriers in Connecticut and, in doing so, expands the data the insurance commissioner may investigate for discrepancies.

Additionally, the bill specified that (1) health carriers must comply with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) (P.L. 110-343) and (2) the federal act prevails in any conflict with state law or regulation. It allows the commissioner to adopt regulations to implement these provisions.

Ultimately, the bill fell victim to opposition from health insurers, and ultimately, bipartisan opposition in the final hours that promised debate would eat up too much time. Despite passing the Senate unanimously following an amendment that weakened some provisions of the original bill, the bill died on the House Calendar.

Innovation Incentive Program Expansion (Revenue Retention)

Following the passage of PA-17-122 in 2017, The Alliance came back to the legislature and requested the Innovation Incentive program be expanded to allow for more nonprofits to participate and to require OPM to implement the plan. The Human Services Committee decided not to raise this issue in legislation this year.

Bills Opposed by the Alliance that Were Defeated:

SB-316 – An Act Establishing a Child Care Facility Neighbor Relations Task Force

➤ [Click here](#) to read The Alliance’s testimony

The bill would have created a Child Care Facility Neighbor Relations Task Force, and was born out of neighbor complaints in Coventry and Southington. As drafted, the task force could serve as vehicle for discrimination, potentially violating the rights of children to live freely in the community and reinforcing stereotypes and perpetuating stigma about youth in DCF care. The task force did not include any provider representatives or children and families who have received services.

The bill passed the Committee on Children and died on the Senate Calendar.

SB-414 – An Act Establishing a Tax Deduction for Contributions to a Citizens in Need Account

➤ [Click here](#) to read The Alliance’s testimony

This bill would have established a personal income tax deduction for charitable contributions to assist Connecticut residents whose social service benefits have been reduced because of budget constraints. Under the bill, taxpayers who make voluntary contributions to a separate nonlapsing General Fund account the bill would have established (i.e., the “citizens in need account”) would be eligible for a deduction equal to 200% of their contribution. The account was to also contain any other money the law requires.

The Comptroller, in consultation with the Department of Social Service (DSS) commissioner, was to use the account to fund only assistance to residents who have had their DSS program benefits reduced due to budget cuts and may not use the account for administrative purposes. The DSS commissioner may adopt regulations, in consultation with the comptroller, establishing:

1. standards or criteria for determining the programs that may be funded from the account and how disbursements will be made,
2. the schedule and methods for determining and making benefit payments, and
3. other requirements for funding these payments.

The bill passed the Finance, Revenue & Bonding Committee, and then the Senate with Republican support 18-17 along party lines (with one Democrat absent) and died on the House Calendar after being

called briefly for debate on the floor approximately 15 minutes before Session adjourned.

HB-5267 – An Act Concerning the State Contracting Standards Board and Requirements for Privatization Contracts

- [Click here](#) to read The Alliance’s testimony

This bill would have expanded the requirements for privatizing state services, including the (1) contracts and agencies subject to the state's privatization law and (2) steps agencies must take to comply with the law. It did the following, among other things:

1. expanded the definition of “privatization contract” to include procurement contracts that will require subsequent related services of more than \$50,000 per year, including contracts with nonprofit agencies that are currently exempted from statute;
2. subjected quasi-public agencies to the state's privatization law;
3. required that, for privatization contracts for currently privatized services, the state or quasi-public agency provide a business case for the privatization if the contract is for more than \$1 million, in addition to the cost-effectiveness evaluation required by existing law;
4. required state and quasi-public agencies that enter into privatization contracts due to insufficient staffing levels to submit plans for hiring more state employees;
5. prohibited (a) state and quasi-public agencies from entering into a privatization contract without the attorney general's formal approval and (b) privatization contracts from being valid unless certain certifications are posted on the State Contracting Portal at least 30 days before the contract's execution;
6. expanded the State Contracting Standards Board's (SCSB's) authority over the constituent units of higher education; and
7. required the auditors of public accounts and state contracting agencies to assume certain duties if SCSB is determined to be understaffed.

The bill was referred to the Appropriations Committee following passage from the Government Administration and Elections Committee. It failed to pass the Appropriations Committee with Republican opposition by a party line 23-24 vote, with several Democrats absent and not voting.

Recommendations of the Commission on Fiscal Stability & Economic Growth

- [Click here](#) to read an example of The Alliance’s testimony on these bills

Several bills in the legislature would have moved forward with implementing the recommendations of the Commission on Fiscal Stability & Economic Growth. The Alliance opposed the Commission’s report because it recommended drastic reductions to the state budget—cuts which could only come from funding for community nonprofits. All the standalone bills failed, but the budget implementer created a panel to study the Commission’s recommendations. The bills proposed this session, all of which were defeated, were:

- [HB-5580](#) - An Act Concerning the Recommendations of the Commission on Fiscal Stability and Economic Growth
- [HB-5587](#) - An Act Concerning the Commission on Fiscal Stability and Economic Growth
- [SB-445](#) - An Act Concerning an Analysis of the Recommendations of the Commission on Fiscal Stability and Economic Growth

Section II: New Laws Impacting Nonprofits

The Alliance tracked over 200 different bills this legislative session that would impact nonprofits, offering testimony on 45 bills during the Public Hearing process. Forty-four bills that impact nonprofits passed the legislature and were signed into law by Governor Malloy. One bill was vetoed by the Governor.

In this section, you will find an abridged analysis **taken mostly from the Office of Legislative Research's bill analyses on each of the bills that became law**. If you would like more details about any bill, please click the link in the bill number. On the linked page, you may read the text, the full bill analysis, and the fiscal impact of each bill. For bills on which The Alliance testified, you will also find a link to our testimony below.

[HB-5041 \(Public Act 18-31\)](#) - An Act Concerning the Recommendations of the Juvenile Justice Policy and Oversight Committee and Concerning the Transfer of Juvenile Services from the Department of Children and Families to the Court Support Services Division of The Judicial Branch

Starting on July 1, 2018, this bill transfers legal authority from the Department of Children and Families (DCF) to the judicial branch over any child who was committed to DCF as a delinquent pursuant to a juvenile court order entered before that date. The branch's Court Support Services Division (CSSD) must, in turn, assume responsibility for supervising the children and may exercise its powers, duties, and functions to provide such supervision (§ 8).

Under existing law, the juvenile court is prohibited, starting July 1, 2018, from committing a child to DCF as a result of a delinquency adjudication. Existing law also (1) establishes a one-year transition period, from July 1, 2018 to January 1, 2019, during which the judicial branch may place a child convicted as delinquent in a DCF-operated congregate care setting or order the child to receive community-based DCF services and (2) requires the agencies to enter into an agreement that (a) allows the judicial branch to use these settings and services and (b) requires it to pay DCF for their use (PA 17-2 June Special Session (§§ 321 & 323)).

The bill also makes numerous other changes to the juvenile justice statutes. Principally, it:

1. specifies a deadline by which the appropriate school district must enroll a child in detention who is not otherwise enrolled in school and requires that the student remain enrolled in that district for the duration of his or her detention (§ 3);
2. requires school districts with over 6,000 students enrolled in the 2016-17 school year to designate at least one liaison to facilitate transitions between the district and the juvenile and criminal justice systems (§ 4);
3. requires the technical high school system superintendent and board, by January 1, 2019, to develop a plan to address education, training, and work experience for children in post-conviction justice system custody (§ 5);
4. requires the State Department of Education (SDE), by January 1, 2020, to develop a plan related to a statewide information technology platform (§ 6);
5. imposes various new juvenile justice-related reporting requirements on the Juvenile Justice Policy and Oversight Committee (JJPOC) and certain state agencies (§ 7);

6. deems any child transferred from DCF to CSSD under the bill to be on probation for a period no longer than his or her remaining delinquency commitment to DCF as of June 30, 2018, and requires the court to review and, if appropriate, modify the probation conditions (§§ 8 & 37);
7. allows the Department of Corrections (DOC) to transfer an inmate under age 18, to CSSD under certain conditions, instead of allowing it to transfer such an inmate to DCF as under previous law (§ 23);
8. limits and modifies the ways that a juvenile court may dispose of a delinquency adjudication and adds to the factors the court must consider when making a disposition (§ 36);
9. modifies the probation conditions the court may order, allows a juvenile probation supervisor's designee to establish the term of nonjudicial supervision for a juvenile for whom the court entered a nonjudicial disposition, and makes various other changes to laws related to juvenile probation (§§ 25, 31, 23, 32, 36-38);
10. makes changes to several definitions in the juvenile matters laws and adds several new ones (§§ 15 & 25);
11. eliminates provisions that permit the DCF commissioner, in certain circumstances, to transfer a child committed to the department to the John R. Manson Youth Institution or York Correctional Institution, as appropriate (§§ 20 & 43);
12. eliminates a provision that (a) explicitly allows a judge hearing a juvenile matter to make any order in connection to it that a Superior Court judge is authorized to grant and (b) gives such an order the same force and effect as a Superior Court order (§ 27);
13. modifies various juvenile justice system goals (§ 28);
14. permits the judicial branch to contract to establish secure residential facilities and requires it to develop a continuum of community-based programs (§ 29);
15. permits, instead of requires, the judicial branch to consult with the Commission on Racial and Ethnic Disparity in the Criminal Justice System to address the needs of minorities in the juvenile justice system (§ 29);
16. limits the circumstances in which DCF employees may have access to juvenile court records and adds to the records of delinquency proceedings that must be disclosed to the DMV commissioner (§ 30);
17. designates the chief court administrator or his designee, instead of the DCF commissioner or her designee, as administrator of the Interstate Compact for Juveniles (ICJ) (The compact enables states to transfer a juvenile's supervision between states and return a runaway juvenile to his or her home state) (§§ 9 & 18);
18. eliminates as possible qualifications for members of the state Advisory Council on Children and Families that the member (a) represent young people, parents, and others interested in delivering juvenile justice services or (b) is a parent, foster parent, or family member of a child who has received or is receiving juvenile justice services (§ 17);
19. eliminates a requirement that a law enforcement officer who arrests a youth for prostitution report suspected abuse or neglect to DCF (§ 33);
20. specifies that, as required under existing law, CSSD and other state agencies must develop a community-based diversion system and school-based diversion plan (§§ 1 & 2);
21. makes numerous changes to conform with the transferred responsibility for children adjudicated delinquent from DCF to CSSD by eliminating references throughout the bill to (a) children committed to DCF for delinquency and (b) the Connecticut Juvenile Training School

(CJTS), which was a DCF-run secure detention facility for juveniles that permanently closed in April 2018 (§§ 10-14, 16, 18, 19, 21-22 & 35);

22. repeals several provisions pertaining to DCF responsibility for juveniles adjudicated delinquent, CJTS, and certain CSSD responsibilities (§ 43);
23. makes minor, technical, and conforming changes (§§ 26, 34, & 39-42).

HB-5149 (Public Act 18-171) – An Act Concerning Sober Living Homes

➤ [Click here](#) to read The Alliance’s testimony

This bill contains various provisions regarding the oversight of sober living homes. Under the bill, these homes are alcohol- and drug-free residences where (1) unrelated adults who are recovering from substance use disorder choose to live together in a supportive environment during their recovery and (2) no formal substance use disorder treatment services are provided. Specifically, the bill:

1. permits a certified sober living home's operator to report the home's certified status to the Department of Mental Health and Addiction Services (DMHAS) if certain conditions are met;
2. requires an operator that does so to also provide DMHAS with the number of available beds the home has at the time of the report and weekly thereafter;
3. requires DMHAS to post on its website a list of these certified sober living homes as well as the number of available beds at each home and update the information weekly;
4. establishes certain advertising and marketing requirements and restrictions for sober living home operators;
5. requires DMHAS to (a) create a one-page disclosure form for operators to distribute to potential residents and (b) post the form on the department's website; and
6. authorizes DMHAS to adopt implementing regulations.

HB-5169 (Public Act 18-172) - An Act Implementing the Recommendations of the Office of Early Childhood

This bill makes the following changes in the statutes governing early childhood care and education:

1. allows a child care center, group child care home, or family child care home to provide child care services to homeless children and youths, as defined under federal law, for up to 90 days without meeting physical examination and immunization requirements (§§ 1 & 2);
2. requires the above centers and homes to keep a record on file of all homeless children and youths who attended under such a physical examination or immunization exemption for at least two years after their attendance ends (§§ 1 & 2);
3. removes the requirement for licensed child care centers and group child care homes to submit a waiver request prior to a change of operator, ownership, or location in order for the Office of Early Childhood (OEC) commissioner to waive the requirement for a new license application (§ 3);
4. allows (a) family child care homes to accept up to three additional school-aged children during the summer months if an OEC-approved assistant or substitute staff member is present and assisting the provider and (b) all of the child care provider's children to be present without requiring additional staff (§ 4);

5. exempts certain private school and relative child care providers from child care licensing requirements (§ 4);
6. changes the minimum state school readiness grant to a town from \$25,000 to five percent of the total grant allocation while maintaining the \$75,000 cap and grant calculation method in current law (§ 5);
7. requires child care centers, group child care homes, and family child care homes to give their contact information to OEC, rather than the local police, and requires OEC to share this information through a memorandum of understanding with the Department of Emergency Services and Public Protection to be used in an emergency notification system that notifies the provider when the safety or welfare of the children at the centers or homes may be endangered (§ 6); and
8. excludes relatives who provide child care and are Care 4 Kids recipients from comprehensive background checks, including state and national criminal history records checks, and instead requires them to submit to other types of background checks, including the Connecticut Online Law Enforcement Communication Teleprocessing System (COLLECT) (see BACKGROUND) (§ 7).

It also makes several technical and conforming changes.

[HB-5190 \(Special Act 18-13\)](#) - An Act Extending the Reporting Deadline of the Task Force to Study Voluntary Admission to the Department of Children and Families

This bill extends the deadline from February 1, 2018 to January 1, 2019 the report that the Task Force to Study Voluntary Admission to the Department of Children and Families is required by statute to make to the Governor and Legislature.

[HB-5210 \(Public Act 18-10\)](#) - An Act Mandating Insurance Coverage of Essential Health Benefits and Expanding Mandated Health Benefits for Women, Children and Adolescents

This bill requires certain health insurance policies to cover 10 essential health benefits, which are the same benefits the federal Patient Protection and Affordable Care Act (ACA) (P.L. 111-148, as amended) requires most policies to cover. It authorizes the insurance commissioner to adopt related regulations.

The bill also requires certain health insurance policies to cover specified benefits and services, including preventive health care services; immunizations; and contraceptive drugs, devices, and products approved by the U.S. Food and Drug Administration (FDA). It generally requires the policies to cover these benefits and services in full with no cost sharing (such as coinsurance, copayments, or deductibles), except policies may impose cost sharing when an out-of-network provider renders the benefits and services. The bill provides that high deductible plans designed to be compatible with federally qualified health savings accounts must comply with the cost-sharing prohibition to the extent permitted by federal law without disqualifying the account for the applicable federal tax deduction.

The ACA generally requires health insurance policies, except grandfathered ones, to cover these benefits and services with no cost sharing. (Grandfathered plans are those that existed before March 23, 2010 that have not made significant coverage changes since that date.)

With respect to contraception, the bill requires policies to cover a 12-month supply of an FDA-approved contraceptive drug, device, or product when prescribed by a licensed physician, physician assistant, or

advanced practice registered nurse (APRN). The supply may be dispensed at one time or at multiple times, but an insured person cannot receive a 12-month supply more than once per plan year.

The bill generally applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. However, only individual policies and group policies covering small employers (up to 50 employees) must cover the 10 essential health benefits. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

HB-5253 (Public Act 18-99) - An Act Expanding Access to the Money Follows the Person Demonstration Project and Repealing Obsolete Statutes

This bill removes the 5,000-person cap on the number of individuals who may be served under the Money Follows the Person (MFP) demonstration program, which supports Medicaid enrollees who choose to transition from living in institutions to less restrictive, community-based settings.

Authorized by the federal Deficit Reduction Act of 2005, MFP is designed to help states rebalance their long-term care systems by offering (1) enhanced federal Medicaid reimbursement for the first 12 months the participant lives in the community and (2) flexibility to provide supplemental support services, such as housing coordinators, that Medicaid does not typically cover.

DSS implemented MFP in December 2008. To qualify, a person must (1) have been institutionalized for at least 90 days and (2) meet Medicaid eligibility criteria. In addition, it cannot cost more to care for the person in the community than in an institution.

As of June 30, 2017, DSS has transitioned a total of 4,447 institutionalized people into the community since the program's inception and projects an additional 716 participants will transition in FY 18.

The bill also repeals various obsolete or inoperative provisions of the human services statutes. They are:

1. Requiring the Department of Social Services (DSS) to submit a Medicaid state plan amendment for a one-time Medicaid rate increase, within available appropriations, for private psychiatric residential treatment facilities. DSS did so in 2014 (CGS § 17b-241b).
2. Requiring DSS to establish and operate a two year, state-funded pilot program, subject to available appropriations, for up to 10 ventilator-dependent Medicaid recipients in Fairfield County who receive medical care at home. DSS has not implemented the program to date (CGS § 17b-242b).
3. Allowing DSS to establish a two-year pilot program to provide health insurance assistance for unemployed people under 200% of the federal poverty level (FPL) and with less than \$10,000 in cash assets and requiring DSS to implement regulations to execute the program. To date, DSS has not implemented the program or adopted regulations (CGS § 17b-258).
4. Requiring DSS to apply for a Medicaid waiver to provide coverage of family planning services to adults at 185% of the FPL and report to the legislature by 2010 if they fail to seek the waiver (CGS § 17b-260c). DSS has established a family planning coverage group as permitted by the Affordable Care Act.

5. Requiring (1) DSS, in consultation with the Department of Mental Health and Addiction Services (DMHAS), to amend the Medicaid state plan before 2007 to include assertive community treatment teams and community support services within the definition of optional adult rehabilitation services and (2) DMHAS to be responsible for clinical management of adult rehabilitation services provided to adults receiving DMHAS services (CGS § 17b-263a).
6. Requiring DSS to (a) establish a pilot program to provide financial benefits to people with severe physical disabilities who cannot transfer independently during an emergency and live with people who could transfer them and (b) adopt regulations to administer the program. DSS implemented the program, but did not enact regulations (CGS § 17b-600a).

[HB-5255 \(Public Act 18-23\)](#) - An Act Concerning the Autism Spectrum Disorder Advisory Council

➤ [Click here](#) to read The Alliance's testimony

This bill makes the Autism Spectrum Disorder Council permanent. Under previous law, the council terminated June 30, 2018.

By law, the Autism Spectrum Disorder Council consists of 25 members, including persons with the disorder, their parents or guardians, and service providers appointed by the governor and legislative leaders. The council must advise the Department of Social Services (DSS) on policies and programs for people with autism spectrum disorder, services provided by DSS's Division of Autism Spectrum Disorder Services, and implementing the autism feasibility study's recommendations. It can also recommend policy and program changes to the DSS commissioner.

[HB-5257 \(Public Act 18-96\)](#) - An Act Concerning Reports of Abuse or Neglect of Persons with Intellectual Disability or Autism Spectrum Disorder

➤ [Click here](#) to read The Alliance's testimony

This bill reduces, from 72 to 48 hours, the amount of time a mandated reporter (see BACKGROUND) has to report the suspected abuse or neglect of a person (1) with an intellectual disability or (2) served by the Department of Social Services's (DSS) Division of Autism Spectrum Disorder Services. The bill also makes licensed behavioral analysts mandated reporters.

Previous law requires mandated reporters to make such reports to the Department of Developmental Services (DDS) commissioner. The bill allows them to also report to his designee.

Existing law, unchanged by the bill, imposes a fine of up to \$500 on anyone who violates the reporting requirement. Under the bill, an unsuccessful attempt to make an initial report to the commissioner, or his designee, on a weekend, holiday, or after normal business hours is not a violation if the mandated reporter makes reasonable attempts, including by phone, email, or in person, to reach the commissioner or his designee as soon as practicable after the initial attempt.

[HB-5332 \(Public Act 18-111\)](#) - An Act Concerning the Recommendations of the Department of Children and Families

This bill makes several changes in laws related to the Department of Children and Families (DCF). It requires the department to:

1. take certain steps to identify and address racial and ethnic disparities within child welfare practices (§§ 1 - 3),
2. provide records without the subject's consent to the chief state's attorney's office to investigate benefits fraud (§ 4),
3. develop guidelines for the care of high-risk newborns who are born with signs indicating prenatal substance exposure or fetal alcohol syndrome (§ 5), and
4. perform child abuse and neglect registry checks on a foster care provider seeking to renew his or her license or approval and anyone age 16 or older living in the home (§ 6).

The bill also:

1. requires health care providers to notify DCF when a child is born with symptoms indicating prenatal substance exposure or fetal alcohol spectrum disorder, and include a copy of the newborn's safe care plan (§ 5);
2. eliminates a provision that permits the commissioner, when someone applies for, or seeks to renew, a license or approval to provide foster care, to run state and national criminal history record checks on anyone over age 16 who does not live in the applicant's house but who has regular unsupervised access to children in the home (§ 6);
3. establishes notice and hearing requirements that DCF may follow before imposing a fine for failure to comply with certain licensing requirements to care for, board, or place a child (§ 7); and
4. makes other minor and technical changes.

HB-5335 (Public Act 18-129) - An Act Concerning the Alignment of the Coordinated State-Wide Reading Plan with the State's Two-Generational Initiative

This bill (1) requires the State Department of Education to include the alignment of reading instruction with the two-generational initiative in its statewide reading plan and (2) allows the Office of Early Childhood, in its two-generational initiative and within available appropriations, to consider the alignment of state and local support systems around the statewide reading plan for students in kindergarten to grade three.

By law, the reading plan must contain various research-driven strategies and frameworks for effective reading instruction. The two-generational school readiness and workforce development initiative promotes early childhood care and education, health, and workforce readiness and self-sufficiency across two generations in the same household.

HB-5375 (Special Act 18-14) - An Act Creating a Working Group to Study Housing Options for Persons Reentering the Community after Incarceration

The bill creates a working group convened by the Commission on Equity and Opportunity to (1) study housing options for people reentering the community after incarceration and (2) recommend evidence-based housing policy for such persons.

HB-5386 (Public Act 18-8) - An Act Concerning Pay Equity

This bill generally prohibits employers, including the state and its political subdivisions, from asking, or directing a third-party to ask, about a prospective employee's wage and salary history. The prohibition

does not apply (1) if the prospective employee voluntarily discloses his or her wage and salary history or (2) to any actions taken by an employer, employment agency, or its employees or agents under a federal or state law that specifically authorizes the disclosure or verification of salary history for employment purposes. The bill also allows an employer to ask about the other elements of a prospective employee's compensation structure (e.g., stock options), but the employer may not ask about their value.

The bill allows prospective employees to bring a lawsuit within two years after an alleged violation of the bill's prohibition on asking about salary histories. Employers can be found liable for compensatory damages, attorney's fees and costs, punitive damages, and any legal and equitable relief the court deems just and proper.

[HB-5442 \(Public Act 18-27\)](#) - An Act Concerning the Participation of Nonprofit Entities in Worker Cooperatives

This bill allows a nonprofit corporation to become a member of a worker cooperative and own ownership shares in this business entity, which, by law, must be owned and controlled by its employees. Previous law allows only a cooperative's full- and part-time employees to become members and own ownership shares.

By becoming a member of a worker cooperative, a nonprofit organization can serve on its board and receive a portion of the cooperative's net earnings (i.e., patronage allocations), which, by law, the cooperative must apportion to each member in proportion to his or her share of the work performed by all members during a specified period.

[HB-5447 \(Public Act 18-183\)](#) - An Act Implementing the Recommendations of the Auditors of Public Accounts Concerning Private Providers of Special Education

➤ [Click here](#) to read The Alliance's testimony

This bill requires, starting July 1, 2019, a local or regional board of education to have a written contract, instead of an agreement as under previous law, with a private special education provider in order to receive a state reimbursement grant for special education costs (known as the excess cost grant). Under the excess cost grant program, the state reimburses a board when the cost of a student's special education services exceed four and a half times the average per pupil educational cost of that school district.

The bill requires that any agreements entered into or amended on or after July 1, 2018 but before June 30, 2019 and any contract entered into or amended on or after July 1, 2019 must include an explanation of how the provider's tuition or costs for services provided are calculated. It makes the same change to the current law's requirements that districts must follow when they choose to enter into a contract for private special education services.

The bill also requires the State Department of Education (SDE) to develop standards and a process for documenting special education services provided by private providers that includes the use of standard forms or other electronic reporting systems.

It also requires any private provider providing special education services for a local or regional board of education to annually submit its operating budget to SDE.

Lastly, the bill also makes other minor, conforming, and technical changes.

§ 1 — Contracts with Special Education Providers

The bill prohibits the individualized education program of a student from being considered a contract between a board of education and a private special education services provider for purposes of the excess cost grant.

The bill specifies that the requirement to have a contract must not be construed to limit or interrupt special education and related services to a student by a board or private provider.

§§ 2 & 3 — Auditors of Public Accounts and Contracts

Under current law, the auditors of public accounts have authority to audit and report on agreements between boards and private special education providers. The bill extends this authority to include the contracts it requires in order to be eligible for the state reimbursement grant. Specifically, it:

1. requires boards that enter into these contracts to submit to an examination by the auditors of the board's monitoring of student attendance at the provider's program to ensure that proper services are being provided and costs are being controlled;
2. authorizes the auditors to act as the board's agent in order to conduct an audit of the private providers' records and accounts; and
3. requires the auditors to report their findings to the board of education that entered into the contract, the education commissioner, and the Education Committee.

§ 4 — Documentation Standards and Process for Private Special Education Services

The bill requires SDE to develop documentation standards and a process for special education services provided by private providers. The standards and process must include the use of standard forms or other electronic reporting systems that a private provider can use, as long as the forms or systems allow the provider to:

1. document the scope and type of services provided to an individual student on a daily, weekly, and monthly basis;
2. record the number of such services provided on a daily, weekly, and monthly basis; and
3. include, at a minimum, the name of the student receiving services, the service being provided, the date and length of time the service was provided, and the name and signature of the person providing the service.

The department must consult with private special education services providers to develop the standards and process.

§ 5 — Provider Budgets Submitted to SDE

Under the bill, whenever any child is identified by a board of education as requiring special education and the board determines that the child's special education requirements could be met by a program provided by an agreement or a contract with a private special education services provider, the private provider must submit its operating budget to SDE on or before October 1 of the school year in which the provider is providing the program, except that the private provider is not required to submit its

operating budget more than once in a single school year. This requirement does not apply to the child's need for non-educational services (i.e., medical, psychiatric or institutional care or services).

HB-5449 (Public Act 18-184) - An Act Concerning the Administration of Certain Early Childhood Programs and the Provision of Early Childhood Services by the Office of Early Childhood

This bill authorizes the Office of Early Childhood (OEC) to use up to 2% of the amount appropriated for five of its programs to carry out purposes the bill names, and it limits to no more than 2%, the amount OEC can expend for these purposes from any single program's appropriation. OEC may use this money for, among other things, innovative and results-driven service delivery pilots, and program evaluation and improvement and its other statutory duties. The bill prohibits the OEC commissioner from using any of the funds for administrative or other overhead costs.

The bill also:

1. adds promoting the delivery of infant and toddler services to ensure optimal health, safety, and learning of children from birth to three years of age to OEC's existing list of responsibilities (§ 1);
2. changes the Care 4 Kids program waiting list prioritization law (§ 3);
3. removes the fixed figure \$8,927 per child cost in the school readiness program and instead allows the OEC commissioner to set rates (per child cost) for the program beginning in FY 20 (§ 8); and
4. adds transition to preschool and parental engagement and family supports through the two generational initiative to an existing list of approved ways the OEC commissioner can use unexpended school readiness funds (§ 9).

HB-5450 (Public Act 18-123) - An Act Concerning the Staff Qualifications Requirement for Early Childhood Educators

By law, state-funded early childhood education program staff must meet an increasingly advanced level of educational attainment over the next three years. These heightened staff qualification requirements increase in three distinct phases. This bill extends the duration of each phase by two years, giving staff more time to comply with the education attainment requirements.

It also requires the Office of Early Childhood (OEC) to complete an analysis of the state-funded early childhood education staff qualifications requirement, within available appropriations, and submit it and the office's recommendations to the Education Committee by January 1, 2020.

HB-5470 (Public Act 18-186) - An Act Concerning the Provision of Timely Notice of Child Placement Information from the Department of Children and Families to the Attorney or Guardian Ad Litem Representing the Child in a Child Protection Matter

This bill generally requires the Department of Children and Families (DCF) to provide written notice to an attorney or guardian ad litem (GAL) representing a child before any:

1. meeting in which the department is considering removing a child from his or her home on the basis of abuse or neglect,
2. placement or placement change of a child who is in DCF custody, and
3. administrative or permanency team meeting to review the child's permanency plan.

The bill establishes timeframes for each of these notice requirements. It provides an exception to the first notice requirement above when the DCF commissioner or her designee authorizes an emergency removal from the home to ensure a child's safety.

The bill also requires DCF to provide notice to any attorney or GAL appointed to represent a child when he or she absconds from care, but it does not specify a timeframe for the notification.

[HB-5517 \(Public Act 18-175\)](#) - An Act Concerning Executive Branch Agency Data Management and Processes, the Transmittal of Town Property Assessment Information and the Suspension of Certain Regulatory Requirements

The bill expands participation in LEANCT, the statewide government process improvement initiative, to all executive agencies (including higher education) and codifies the Statewide Process Improvement Steering Committee. It also expands state agencies' ability to suspend paper filing or document service requirements. It allows them to require the electronic filing or service of any documents or data (1) required to be submitted to them by any provision of federal or state law, any regulation adopted by an agency, any order, or any license or (2) otherwise filed with the agency or served on others in formal or informal proceedings.

[SB-11 \(Public Act 18-49\)](#) - An Act Concerning an Affected Business Entity Tax, Various Provisions Related to Certain Business Deductions, the Estate and Gift Tax Imposition Thresholds, the Tax Treatment of Certain Wages and Income and a Study to Identify Best Practices for Marketing the Benefits of Qualified Opportunity Zones

➤ [Click here](#) to read The Alliance's testimony

This bill makes a number of changes to tax law, many of which were in response to the change in federal tax law. Many of the changes provide Connecticut residents with options to lessen the impact the federal law will have. Specifically, the bill:

1. imposes a new income tax on most pass-through businesses, levied at the top personal income tax rate (6.99%) and offset by a credit at the personal or corporate income tax level (§§ 1-8);
2. allows municipalities to provide a property tax credit to eligible taxpayers who make voluntary payments to municipally-approved "community supporting organizations" (§ 10);
3. requires individuals, for personal income tax purposes, to apportion the federal deduction for bonus depreciation over four tax years (§§ 11 & 12);
4. requires individuals and corporations, for personal income and corporation business tax purposes respectively, to apportion the federal asset expensing deduction over five years (§§ 11 & 12);
5. for purposes of calculating the dividends received deduction under the corporation business tax, specifies that expenses related to dividends equal 10% of all dividends received by a company during an income year and allows companies to petition the Department of Revenue Services (DRS) commissioner for an alternative percentage under certain conditions (§ 13);
6. extends, by three years, the phase-in of the state estate and gift tax threshold to the federal threshold (§§ 14-16);
7. authorizes the Connecticut Green Bank to secure its obligations under a lease-purchase agreement it entered into in December 2017 with a special capital reserve fund (SCRF) even

though it did not receive the statutorily-required approvals before entering into the agreement (§ 17); and

8. requires the economic and community development commissioner to study and report on the best practices for marketing the benefits of qualified opportunity zones in order to increase investment in distressed census tracts and municipalities (§ 18).

SB-14 (Public Act 18-63) - An Act Concerning Special Parole for High-Risk, Violent and Sexual Offenders

This bill makes changes to sentencing laws as they pertain to special parole.

Specifically, the bill:

1. eliminates special parole as a sentencing option for convictions of offenses related to dependency-producing drugs;
2. prohibits the court from imposing a period of special parole unless it determines that special parole is necessary to ensure public safety; and
3. allows the Board of Pardons and Paroles to discharge, from Department of Correction (DOC) custody, a person on special parole who the board believes will lead an orderly life.

“Special parole” is parole ordered by the court as part of the sentence when someone is convicted of a crime. The judge can require a period of special parole under parole supervision after an offender completes his or her maximum prison sentence. Generally, the special parole period must be between one and 10 years. However, the court can impose a period of more than 10 years on certain sexual assault or persistent offenders (CGS § 54-125e).

SB-170 (Public Act 18-39) - An Act Concerning the Department of Mental Health and Addiction Services' Recommendations Regarding Streamlining Reports

This bill eliminates the requirement that the Department of Mental Health and Addiction Services (DMHAS) annually report to the Public Health Committee on substance abuse treatment program availability for pregnant women. Instead, the bill requires DMHAS to include this same information, which includes statistical and demographic data on pregnant women and women with children in treatment and on waiting lists, as part of its triennial state substance abuse plan.

SB-243 (Public Act 18-76) - An Act Concerning Audits of Medical Assistance Providers

This bill makes several changes to the requirements the Department of Social Services (DSS) must follow when conducting Medicaid provider audits.

The bill requires the DSS commissioner to ensure that auditors review any electronic medical record associated with a patient chart included in the audit. Existing law also requires DSS or their auditing contractors to have on staff or consult with a medical or dental professional experienced in treatment, billing, and coding procedures used by the provider being audited. The bill requires this professional to also have experience using and reviewing electronic medical records.

Existing law prohibits the DSS commissioner from applying agency guidelines and other criteria to make audit determinations unless the guidelines or criteria and related effective dates were promulgated and

distributed to a provider before the service included in the audit was rendered. Under the bill, such criteria include updated medical payment codes.

The bill also requires the DSS commissioner and entities with which he contracts to accept certain types of documents when conducting Medicaid provider audits, but allows him to seek additional documentation in various circumstances.

By law, the DSS commissioner and entities with which he contracts must disclose certain information when beginning an audit of a Medicaid provider, including the assigned auditor's name and contact information and whether the audit will be conducted on site. Under the bill, this disclosure also includes the types of information to be reviewed in the audit.

Lastly, the bill requires the DSS commissioner to post standard audit procedures on the department's website. He must already post information on the audit process and methods to avoid clerical errors.

Documentation Requirements

The bill requires the DSS commissioner and entities with which he contracts to accept certain types of documents when conducting Medicaid provider audits.

It requires the DSS commissioner or auditing contractor to accept as sufficient proof of a written order:

1. a photocopy,
2. a fax,
3. an electronically maintained document, or
4. an original pen and ink document.

The bill also requires the commissioner or auditing contractor to accept a receipt signed by the Medicaid services recipient or a nursing facility representative as proof that a covered item or service was delivered. For Medicaid-covered items or services delivered by a shipping or delivery service (e.g., durable medical equipment), the bill requires DSS or the auditing contractor to accept as proof of delivery a supplier's detailed shipping invoice and the delivery service tracking information substantiating delivery.

The bill allows the commissioner or auditing contractor to seek additional documentation in various circumstances, including if (1) provided proof is insufficiently legible or contradicted by other information sources reviewed in the audit or (2) he or she makes a good faith determination that the vendor is engaging in vendor fraud.

SB-244 (Public Act 18-17) - An Act Requiring Behavior Analysts to be Mandated Reporters of Suspected Child Abuse and Neglect

This bill adds licensed behavior analysts to the statutory list of mandated reporters of suspected child abuse and neglect.

By law, people in certain professions and occupations who have contact with children or whose primary focus is children must report suspected child abuse or neglect (CGS § 17a-101). As mandated reporters they must make such a report when, in the ordinary course of their employment or profession, they have reasonable cause to believe or suspect that a child under age 18 has been abused, neglected, or

placed in imminent risk of serious harm (CGS § 17a-101a). A mandated reporter who fails to report may be subject to criminal penalties.

SB-246 (Public Act 18-77) - An Act Limiting Auto Refills of Prescription Drugs Covered Under The Medicaid Program and Requiring the Commissioner of Social Services to Provide Chip Data to the Health Information Technology Officer

This bill allows the commissioner of the Department of Social Services (DSS) to prohibit pharmacy providers from automatically refilling certain prescription drugs for medical assistance (e.g. Medicaid) recipients regardless of a recipient's consent or request to participate in such a program. It prohibits DSS from paying for such prescription refills unless it was explicitly requested verbally or in writing by the recipient or his or her legal representative.

The bill allows the Pharmaceutical and Therapeutics (P&T) Committee to make recommendations to DSS on what prescribed drugs, if any, should be eligible for automatic refill. It also requires the commissioner to submit to the Human Services Committee recommendations on the types, classes, or usage of prescription drugs to be subject to, and exempt from, the automatic refill prohibition.

The bill establishes a process for the Human Services Committee to consider the commissioner's recommendations. It requires the committee to hold a public hearing on the recommendations within 30 days of receiving them; otherwise they are deemed approved. The committee must notify the commissioner of the hearing date and time. Following the public hearing, the committee must advise the commissioner of its approval, denial, or modification of the recommendations. The bill prohibits the commissioner from implementing the recommendations if the committee has denied them, however, he may submit new recommendations for committee approval. The commissioner must submit any approved or modified recommendations to the P&T Committee.

Finally, the bill requires the DSS commissioner to submit the provider registry, health claims data, and recipient data from the Children's Health Insurance Program (CHIP) for inclusion in the all-payer claims database for CHIP administration-related purposes only. Under previous law, DSS must submit Medicaid data to such database, and the state's health information technology officer (who oversees the database) is permitted to enter into a contract or take any action necessary to obtain such Medicaid data. Under the bill, the health information technology officer may also do so to obtain CHIP data.

SB-302 (Public Act 18-148) - An Act Concerning Telehealth Services

- [Click here](#) to read The Alliance's two pieces of testimony on telehealth.

This bill modifies requirements for health care providers who provide medical services through the use of telehealth. Among other things, it:

1. allows telehealth providers to prescribe non-opioid Schedule II or III controlled substances using telehealth to treat a psychiatric disability or substance use disorder, if certain conditions are met;
2. modifies requirements for telehealth providers to obtain and document patient consent to provide telehealth services and disclose related records; and
3. adds registered nurses and pharmacists to the list of health care providers authorized to provide telehealth services.

The bill specifies that its provisions do not prevent a licensed or certified health care provider from using telehealth to order medication or treatment for hospital inpatients in accordance with the federal Ryan Haight Online Pharmacy Consumer Protection Act.

Telehealth Requirements

Prescribing Controlled Substances

The bill allows telehealth providers to prescribe a non-opioid Schedule II or III controlled substance using telehealth to treat a psychiatric disability or substance use disorder, including medication-assisted treatment (i.e., the use of federal Food and Drug Administration-approved medication in combination with counseling and behavioral therapies).

Under the bill, providers may only do this (1) in a manner consistent with the federal Ryan Haight Online Pharmacy Consumer Protection Act; (2) if it is allowed under their current scope of practice; and (3) if they submit the prescription electronically, in accordance with existing law. Previous law prohibits telehealth providers from prescribing any Schedule I, II, or III controlled substances using telehealth.

Patient Consent

By law, at the first telehealth interaction with a patient, a telehealth provider must document in the patient's medical record that the provider (1) informed the patient about telehealth methods and limitations and (2) obtained the patient's consent to provide telehealth services. Under the bill, if the patient later revokes his or her consent, the telehealth provider must document it in the patient's medical record.

Additionally, previous law requires a telehealth provider to ask for the patient's consent to disclose telehealth records to his or her primary care provider. The bill requires the provider to do this only at the initial telehealth interaction, instead of at every such interaction as under previous law. If the patient consents, the telehealth provider must give the primary care provider records of all telehealth interactions.

Under the bill, consent for providing telehealth services or records disclosure may be obtained from the patient or the patient's legal guardian, conservator, or other authorized representative.

SB-312 (Public Act 18-71) - An Act Concerning Risk Assessment Practices and the Needs of Children with Intellectual and Developmental Disabilities

This bill requires the Department of Children and Families (DCF) commissioner, in collaboration with the early childhood, developmental services, and social services commissioners, to develop investigation, assessment, and case-planning procedures that are responsive to the needs of children with intellectual and developmental disabilities. By February 1, 2019, the bill requires the DCF commissioner to submit to the Children's Committee a report that describes the procedures developed and includes any legislative recommendations resulting from the collaboration.

By law, DCF must annually report certain information to the Children's Committee for inclusion in the children's report card (see BACKGROUND). The bill requires the report to additionally include an analysis of the efficacy of DCF's risk and safety assessment practices, including information about the (1)

methodology used to determine the practices' reliability, (2) use of evidence-based practices and tools, and (3) effectiveness of these practices for identifying children at risk of abuse or neglect.

SB-323 (Public Act 18-58) - An Act Requiring Notice Prior to the Transfer of a Child to a New Out-Of-Home Placement

This bill requires the Department of Children and Families to provide written notice to any child or youth being transferred to a new out-of-home placement and his or her attorney at least 10 days before the transfer, except when immediate transfer is necessary due to an emergency or risk to the child's well-being.

SB-327 (Public Act 18-59) - An Act Concerning License Renewal Requirements for Certified Public Accountants

This bill establishes continuing professional education reciprocity for certified public accountants (CPAs) whose principal place of business is not in Connecticut.

Previous law required all CPAs seeking license renewal to show that they completed 40 hours of continuing education per year since the last renewal or issuance. Under the bill, out-of-state CPAs qualify for Connecticut license renewal if they certify in writing that they completed the continuing education requirements applicable in the state serving as their principal place of business.

SB-404 (Public Act 18-86) - An Act Concerning Whiting Forensic Hospital and Connecticut Valley Hospital

This bill makes various changes affecting Department of Mental Health and Addiction Services (DMHAS) facilities, principally Connecticut Valley Hospital (CVH) and Whiting Forensic Hospital. Specifically, it:

1. establishes an eight-member task force to, among other things, (a) review and evaluate DMHAS facility operations and conditions and (b) evaluate the feasibility of creating an Office of Inspector General to receive and investigate complaints about DMHAS hospitals (§ 1);
2. establishes mandatory reporting of suspected patient abuse at DMHAS-operated behavioral health facilities and related reporting requirements and penalties (§ 2);
3. requires the DMHAS commissioner to investigate reports of suspected abuse of behavioral health facility patients and establishes related requirements, such as disclosure of and access to patient abuse reports and investigations (§ 3);
4. requires the Department of Public Health (DPH) to conduct an on-site inspection and records review of Whiting Forensic Hospital, by January 1, 2019, and report the outcome to the Public Health Committee and DMHAS facility task force (§ 501);
5. subjects Whiting Forensic Hospital to DPH licensure and regulation, which it is currently exempt from, and makes minor, technical, and conforming changes to reflect the hospital's separation from CVH pursuant to 2017 Executive Order 63 (§§ 502-550); and
6. repeals obsolete provisions in various DPH- and DMHAS-related statutes (§ 551).

SB-437 (Public Act 18-19) - An Act Concerning a Two-Generational Initiative

By law, the Two-Generational Initiative is a statewide initiative to foster family economic self-sufficiency in low-income households through a comprehensive two-generational service delivery approach. This bill makes several changes to the initiative related to data sharing.

By September 1, 2018, the bill requires the Two-Generational Advisory Council to consult with the Attorney General's office, Office of Policy and Management, and the Connecticut Preschool through Twenty and Workforce Information Network (P20 WIN) to develop a uniform approach to facilitate data sharing among the initiative's partner agencies in accordance with state and federal law.

The law requires the council, by December 31, 2018, to report certain information (e.g., recommendations to eliminate barriers to the initiative's success) to designated legislative committees. The bill requires this report to also include recommendations to improve data sharing among partner agencies. It also adds the Labor Committee to the list of report recipients.

The law designates the Office of Early Childhood (OEC) as the initiative's coordinating agency for the Executive Branch. The bill specifies that OEC is responsible for coordinating the initiative's agency efforts and data sharing.

Finally, the bill requires the Department of Social Services commissioner to disclose information to the labor and OEC commissioners for initiative-related purposes.

SB-438 (Public Act 18-88) - An Act Requiring Timely Payment of Fuel Vendors in the Connecticut Energy Assistance Program

This bill requires the Department of Social Services (DSS) commissioner to require, by November 1, 2018, community action agencies (CAA) that administer fuel assistance programs to pay deliverable fuel vendors within 30 days after receiving an authorized fuel slip or payment invoice from the vendor.

CAAs generally administer fuel assistance programs under the federal Low-Income Home Energy Assistance Program (LIHEAP), which funds the Connecticut Energy Assistance Program (CEAP). The bill expands two requirements for existing reports on these programs that DSS must submit annually to the Appropriations, Energy and Technology, and Human Services committees. First, the bill requires DSS' LIHEAP plan, due August 1, to include a payment plan for fuel deliveries beginning November 1, 2018, that ensures that deliverable fuel vendors who complete CAA-authorized deliveries for a fuel assistance program are paid by the CAA within 30 business days after the CAA receives an authorized fuel slip or payment invoice from the vendor. Secondly, the bill requires DSS's annual LIHEAP report, due January 30, to include a list of CAAs that failed to make timely payments to deliverable fuel vendors in CEAP and steps taken by the DSS commissioner to ensure future timely payments by such agencies.

SB-439 (Public Act 18-55) - An Act Concerning Technical Revisions to Human Services Statutes

This bill makes various technical revisions in the human services statutes. Among other things, it updates terminology to use "person-first" language relating to the Advisory Board for Persons Who are Deaf or Hard of Hearing.

SB-466 (Public Act 18-5) - An Act Concerning Dual Arrests and the Training Required of Law Enforcement Personnel with respect to Domestic Violence

This bill requires a peace officer, in responding to a family violence complaint made by two or more opposing parties, to arrest the person the officer determines is the dominant aggressor. The bill does not prohibit dual arrests, but discourages it when appropriate. It does not apply to (1) college and university students who live together in on-campus housing and (2) tenants who live together in a residential rental property, who are not in a dating relationship.

Under the bill, a “dominant aggressor” is the person who poses the most serious ongoing threat in a situation involving a suspected family violence crime.

The bill also:

1. establishes the factors a peace officer must consider in determining which person is the dominant aggressor,
2. allows the officer to submit a report to the state's attorney for further review and advice on the conduct of the person or persons not arrested, and
3. gives the officer immunity from civil liability based on such actions.

It expands certain police and state's attorneys' training programs to include training on the factors for determining a dominant aggressor in a family violence case. It also allows an entity representing the statewide domestic violence coalition to assist with the training curriculum and allows certain domestic violence agencies to conduct training.

SB-479 (Public Act 18-57) - An Act Concerning Immunity from Civil or Criminal Liability for Persons Providing Medical Assistance or Intervention in a Child Abuse or Neglect Case

This bill provides immunity from civil and criminal liability to any person, institution, or agency that, in good faith, provides professional medical intervention or assistance in any proceeding involving child abuse or neglect. The bill's immunity applies to liability that might otherwise arise from or is related to actions such as:

1. causing a photograph, x-ray, or physical custody examination to be made;
2. causing a child to be taken into emergency protective custody;
3. disclosing a medical record or other information pertinent to the proceeding; or
4. performing a medically relevant test.

The bill also eliminates current immunity from civil or criminal liability for any person, institution, or agency that, in good faith, does not report suspected child abuse or neglect or alleged sexual assault of a student to the Department of Children and Families (DCF) or law enforcement as required or permitted by law. The bill retains immunity for a person, institution, or agency that, in good faith, makes such a report and applies the immunity to civil or criminal liability that might otherwise arise from, or is related to, making the report. Currently, this immunity applies to civil or criminal liability that might otherwise be incurred or imposed.

Under the bill, the immunity from civil or criminal liability for providing medical intervention or assistance or making a good faith report does not extend to medical malpractice that results in personal

injury or death.

[SB-483 \(Public Act 18-166\)](#) - An Act Concerning the Prevention and Treatment of Opioid Dependency and Opioid Overdoses in the State

- [Click here](#) to read The Alliance's testimony on opioid legislation and [here](#) for testimony on DOC's MAT program

This bill makes various changes to prevent and treat opioid drug abuse. It:

1. requires the Chief Court Administrator to study the feasibility of establishing an opioid intervention court;
2. prohibits prescribing practitioners from prescribing, dispensing, or administering schedule II to IV controlled substances to themselves or immediate family members, except in emergencies;
3. authorizes prescribing practitioners and pharmacists authorized to prescribe naloxone to enter into an agreement to distribute opioid antagonists to certain entities (e.g., community health organizations and law enforcement agencies), and provides immunity to prescribers and pharmacists who enter into such an agreement;
4. requires the Alcohol and Drug Policy Council to convene a working group to evaluate methods of combating the opioid epidemic;
5. requires any hospital or emergency medical services personnel that treats a patient for an opioid overdose to report such overdose to the Department of Public Health (DPH); and
6. extends a Department of Corrections (DOC) pilot treatment program, expands its scope if federal funds are available, and requires a new report on the program's results by July 1, 2019.

§ 503 — Alcohol and Drug Policy Council Working Group

The bill requires the Alcohol and Drug Policy Council to convene a working group to evaluate methods of combating the opioid epidemic in the state. The working group must investigate and advise the council's chairpersons on:

1. the number of people annually receiving services from each methadone treatment program funded by a Department of Mental Health and Addiction Services contract, the rate at which such people relapse, and the number of people who die from drug overdose while participating in such program;
2. the availability of opioid antagonists at such methadone and state-funded treatment programs for people with substance use disorders;
3. the advantages and disadvantages of a licensed mental health professional at each methadone treatment program and treatment program for people with substance use disorder to be allowed to dispense an opioid antagonist directly to a person at discharge without having him or her go to a pharmacy to obtain such opioid antagonist;
4. whether a nonfatal drug overdose at a hospital or outpatient surgical facility should qualify as an adverse event, which is currently any event that is identified on the National Quality Forum's List of Serious Reportable Events or on a list the Department of Public Health (DPH) commissioner compiles and adopted as regulations;
5. the role of health carriers in shortening a person's stay at a treatment program for people with substance use disorders;

6. the availability of federal funds to supply emergency medical services personnel in the state with opioid antagonists and provide training to such personnel in administering such drugs;
7. the development and implementation of a state-wide uniform prehospital data reporting system to capture the demographics of prehospital administration or use of an opioid antagonist and opioid reversal outcomes due to such administration or use;
8. the development of a state-wide strategy to (a) identify potential federal funding sources for treating and preventing opioid use disorders and (b) maximize federal reimbursement and grant funding for state initiatives in combatting the opioid epidemic in the state; and
9. whether using physical therapy, acupuncture, massage, and chiropractic care can reduce the need for opioid drugs in mitigating a patient's chronic pain.

By January 1, 2019, the working group must report its findings to the Alcohol and Drug Policy Council chairpersons. The chairpersons must then report to the Public Health committees the findings and any recommendations for legislation.

§§ 505 & 506 — DOC Pilot Treatment Program

Previous law allowed DOC to initiate a pilot treatment program for 18 months for methadone maintenance and other drug therapies at correctional facilities. The bill extends the pilot program, expands its scope if federal funds are available, and requires a new report on the program's results by July 1, 2019. Current law requires this report be provided to the Human Services, Judiciary, and Appropriations committees. The bill adds the Public Health Committee. As under previous law, the program must treat 60 to 80 inmates per month.

The bill requires DOC, by January 15, 2019 and in consultation with DMHAS, DPH, the Department of Social Services, and the Office of Policy and Management, to review the pilot program and report to the Public Health and Judiciary committees the following:

1. a comprehensive plan for expanding the pilot program to serve all state inmates with opioid use disorders, including estimates of the lives the pilot program saved, the costs, short-and long-term savings, which include savings to other state departments and agencies, and the availability of federal funds for expanding the pilot program;
2. opportunities to expand the pilot program without incurring additional costs, including through existing programs that make long-term injectable opioid antagonists available to the state at a reduced cost or no cost; and
3. the feasibility of DOC embedding, within available resources, treatment of opioid use disorders in its health care delivery system.

Under the bill, DOC and DMHAS must seek, within available resources, all available federal funds for expanding access to medication-assisted treatment for opioid use disorders in correctional facilities. If federal funds are available, DOC must expand the pilot program, including offering the program to additional facilities, increasing the number of inmates with access, or providing partial opioid agonists through the program. By January 1, 2020, the DOC and DMHAS commissioners must report to the Judiciary and Public Health committees the availability of funds and the plan for expanding the pilot program.

Under the bill, “long-term injectable opioid antagonist” means naltrexone for extended-release injectable suspension or any other similarly acting and equally safe drug approved by the federal Food

and Drug Administration for the treatment of opioid use disorder. “Partial opioid agonist” means a medication that binds to the opiate receptors and provides relief to individuals in treating abuse of or dependency on an opioid drug and that causes less conformational change and receptor activation in the central nervous system than a full opioid agonist.

SB-502 (Public Act 18-154) - An Act Concerning the Conveyance of Certain Parcels of State Land

This bill conveys Cedarcrest Hospital from DAS to the Town of Newington and the Ella Grasso Regional Center from DDS to the Town of Stratford.

SB-521 (Public Act 18-155) - An Act Concerning the Administration of the Department of Correction

➤ [Click here](#) to read The Alliance’s testimony

Under the bill, beginning by January 1, 2019, CJPAC must report quarterly to the General Assembly, after consulting with the DOC commissioner, on any earned risk reduction credits awarded to reduce an inmate's sentence. Currently, the commissioner is responsible for reporting this information, after consulting with CJPAC. By law, the report includes such things as how many inmates were released early due to receiving credits, the inmates' crimes, the amount of credits received, and recidivism data.

The original bill contained four sections that created a “First Chance Trust Fund,” which would provide funding for youth with incarcerated family. However, the creation of that fund was removed in an amendment from the bill.

Section III – The State Budget & Budget Implementer

Just before the end of session at midnight on May 9, the legislature adopted a \$20.8 billion bipartisan midterm FY19 budget adjustment ([PA 18-81](#)) that was the result of two weeks of negotiations between the leadership of Republican and Democratic caucuses in the House and the Senate. The State Senate adopted the budget by a vote of 36-0 and the House of Representatives adopted the budget by a vote of 142-8. It was signed by Governor Malloy on May 15.

[Click here to read The Alliance’s analysis of the appropriations made in the FY19 budget](#) (previously distributed).

The budget includes a one percent increase for private providers for wage increases, and funding for [HB-5460](#), which provided the pay increases to low-wage workers who serve people with developmental disabilities, together totaling \$31 million in new funding. The budget also includes:

- Restoration of the Medicare Savings Program;
- Restoration of HUSKY A health insurance for low-income parents;
- \$7 million savings in FY19 through hard hiring freeze and acceleration of efforts to privatize the delivery of services currently provided by the state; and
- \$5 million in new funding Emergency Placements in DDS.

The budget does not raise taxes, restores some cuts to line items from the Governor’s proposed FY19 adjustments, reverses some holdbacks included in Public Act 17-2, and deposits over \$1 billion in the Budget Reserve Fund (Rainy Day Fund).

The so-called “bond lock,” a provision aimed to control spending and borrowing created in the biennial budget of October 2017, was modified by indexing the volatility cap and reducing the length of covenants on bonds issued from 10 years to 5 years

The Budget Implementer

Each budget includes language authorizing the policy changes that coincide with appropriations. This is called the “Budget Implementer.” Unlike in previous years, the implementer language was passed alongside the budget in the same legislation, rather than as a separate bill. Departing again from tradition, the 2018 implementer language is relatively short and contains relatively few items unrelated to the budget. Where in previous years, the Budget Implementer was in excess of 500 pages long, in 2018 the entire legislation was only 105 pages long containing only 70 sections.

Below, please find a summary of the sections of the 2018 Budget Implementer that impact nonprofits. The analysis is largely provided by the legislature’s nonpartisan Offices of Fiscal Analysis and Legislative Research.

- [Read Public Act 18-81](#), the FY 2019 State Budget
- Read the Office of Fiscal Analysis’ [Fiscal Impact Report](#)
- Read the Office of Legislative Research’s [Bill Analysis](#)

Section 10 – Restricting the Governor’s Holdback Authority

Sec. 10 specifies that the Office of Policy and Management may not achieve any unallocated FY 19 General Fund lapses in PA 17-2, the FY 18 and FY 19 budget, or PA 17-4 by reducing (1) municipal aid, (2) mental health and substance abuse services, (3) grants to the Connecticut Children's Medical Center or the Justice Education Center, or (4) funding for the Youth Employment Program or the Youth Violence Prevention Initiative. This precludes any reduction in these grant programs in FY 19 that would have been achieved through a lapse.

Section 13 — Medicare Savings Program (MSP)

The bill eliminates a decrease to MSP income limits scheduled to go into effect July 1, 2018.

Under federal law, MSP generally consists of three separate program tiers (Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) and Qualified Individual (QI)), with applicants at the lowest income levels qualifying for the most benefits. To qualify, individuals must be enrolled in Medicare Part A. Program participants get financial assistance from the state's Medicaid program with their Medicare cost sharing, including premiums and deductibles.

Under previous law, MSP income limits for each tier will decrease July 1, 2018, as shown in Table 1. The bill maintains current eligibility limits, as shown in Table 2. MSP income eligibility limits are based on the federal poverty level (FPL). Income limits calculations shown in the tables are based on 2018 FPL values for an individual. FPL values change annually.

Sections 20-22 - Volatility Cap, Budget Reserve Fund, and Bond Covenant Requirements

Requires the volatility cap threshold to be adjusted annually for personal income growth and allows the legislature to amend the threshold under certain circumstances by a supermajority vote; shortens the length of bond covenant requirement; requires a portion of the income tax revenue diverted to the BRF in FY 18 to be used to pay certain liabilities.

Volatility Cap Threshold (§ 20)

Under previous law, the state treasurer must transfer to the BRF the revenue the state receives each fiscal year in excess of \$3.15 billion from personal income tax estimated and final payments (i.e., the income tax revenue generated from taxpayers who make estimated income tax payments on a quarterly basis). This threshold is commonly referred to as the “volatility cap.” Beginning July 1, 2018, the bill requires the \$3.15 billion threshold amount to be adjusted annually for personal income growth, based on the compound annual growth rate of state personal income over the preceding five calendar years, using U.S. Bureau of Economic Analysis data.

The bill also authorizes the General Assembly to amend the \$3.15 billion threshold, by a vote of three-fifths of the members of each house, due to changes in state or federal tax law or policy or significant adjustments to economic growth or tax collections.

Bond Covenant (§ 21)

Existing law expressly requires the state to comply with certain state laws, including the volatility cap, for each fiscal year during which state general obligation (GO) or credit revenue bonds issued from May 15, 2018, to June 30, 2020, are outstanding. The bill makes a conforming change to the bond pledge to incorporate the bill's changes to the volatility cap threshold.

Under previous law, for GO and credit revenue bonds issued during this timeframe, the treasurer must include a pledge to bondholders that the state will not enact any laws taking effect from May 15, 2018, to June 30, 2028, that change the state's obligation to comply with the specified laws until the bonds are fully paid off, unless certain conditions are met. The bill shortens this timeframe by five years, to July 1, 2023. It also requires the bond pledge to apply for five years, rather than 10 years, from the bonds' first issuance date.

FY 18 Transfer (§ 22)

The bill requires a portion of the income tax revenue diverted to the BRF for FY 18 to be transferred to the retired teachers' health insurance premium account. Under the bill, after the treasurer has made the transfer required under existing law for FY 18, and the comptroller has determined the amount of any deficit for FY 18 and such amount has been deemed appropriated from the excess revenue, the comptroller must transfer \$16.1 million to the retired teachers' health insurance premium account. The transferred amount must be in addition to any other statutorily required contributions or payments to the account.

Section 25 – Homeless Service Grants Earmarks

The bill requires that up to \$240,000 appropriated to the Department of Housing for Housing/Homeless services for FY 19 be used for (1) a \$150,000 grant to the New London Homeless Hospitality Center and (2) a \$90,000 grant to Noble House operated by CASA, Inc. in Bridgeport.

Section 34 – Renter's Rebate Program

The bill eliminates the requirement under the Renters' Rebate Program that the Office of Policy and Management (OPM) annually recover from each municipality 50% of the cost of issuing rebates, up to \$250,000. It thus shifts responsibility for funding the program entirely back to the state.

Beginning in FY 18, previous law requires OPM to recover rebate costs by selecting at least one state grant per municipality from which to withhold funds, up to the \$250,000 maximum.

By law, the Renters' Rebate Program provides rent and utility reimbursements to older adults or totally disabled renters whose incomes do not exceed certain limits. Individuals apply annually to local assessors or their agents between April 1 and October 1 for reimbursement for payments made in the preceding calendar year.

Section 35 – Connecticut Television Network (CT-N)

The bill increases, from \$1.6 million to \$2.6 million, the amount of funding reserved for CT-N annually beginning in FY 18. The funding comes from the gross receipts tax on cable, satellite, and competitive

video service companies and is used by the Office of Legislative Management to defray the costs of providing the state with CT-N coverage of state government deliberations and public policy events.

Sections 44-47 – Deficiency Appropriations

The bill makes deficiency appropriations for FY 18, the current year, in the following amounts:

- \$5.5 million to the Department of Developmental Services
- \$2.0 million to the Department of Mental Health and Addiction Services
- \$4.5 million to the Department of Correction
- \$9.2 million to the Department of Children and Families

Section 48 – HUSKY A Medicaid Eligibility

By law, DSS provides Medicaid coverage to children under age 19 and their parents or caretaker relatives through HUSKY A. Under previous law, the income limit for parents and caretakers in this program is 133% FPL (e.g., \$27,637 for a family of three for 2018). The bill expands HUSKY A eligibility by raising the income limit for non-pregnant adults (i.e., parents or caretaker relatives) to 150% FPL (e.g., \$31,170 for a family of three for 2018).

However, federal law requires state agencies to include a 5% income disregard when making certain Medicaid eligibility determinations. Thus, under the bill and including this disregard, the HUSKY A income limit for parents and caretaker relatives is effectively 155% FPL (\$32,209 for a family of three for 2018).

Section 51 - Executive Branch Required Savings for FY 19

The bill requires the Office of Policy and Management secretary to make reductions in allotments in any budgeted executive branch agency in order to achieve savings in the General Fund of \$7 million for FY 19. He must do this by means of a “hard hiring reduction” and accelerating efforts to privatize the service delivery currently provided by the state. The hiring reduction and privatization must be consistent with provisions of the ratified 2017 SEBAC (State Employees Bargaining Agent Coalition) agreement, dated June 25, 2017, between the state and the SEBAC concerning job security and layoffs

Under the 2017 SEBAC agreement, job security generally includes no loss of employment from July 1, 2017 through June 30, 2021 for any unionized employee hired before July 1, 2017, including loss of employment due to programmatic changes (those hired after July 1, 2017 do not have the protection).

Under SEBAC, the job security provisions do not cover (1) working test periods; (2) natural expirations of fixed appointment terms; (3) expirations of temporary, durational, or special appointments; (4) non-renewal of non-tenured employees, unless non-tenured employees have permanent status; (5) terminations of grants or other outside funding for positions; and (6) part-time employees who are not eligible for health insurance.

Finally, job security also does not include state restructuring or eliminating positions as long as those affected may bump or transfer to another comparable job under the agreement's procedure.

Section 56 - Panel to Study the Commission on Fiscal Stability and Economic Growth's Recommendations

The bill establishes a 7-member panel to study the Commission on Fiscal Stability and Economic Growth's proposals concerning the rebalancing of state taxes to better stimulate economic growth without raising net new taxes. It requires the panel's study to (1) include a review of options for expanding municipal revenue sources and methods to broaden the sales and use tax base and (2) consider the work of the commission and the 2015 State Tax Panel.

Under the bill, the panel's members consist of (1) one member appointed by each of the top six legislative leaders, who either served on the commission or the State Tax Panel, and (2) the revenue services commissioner, who serves as an ex-officio, nonvoting member. Appointing authorities must (1) make their appointments within 30 days after the bill's passage and (2) fill any vacancy on the panel.

Section 69 - Human Services Provider COLA

The bill requires the OPM secretary to allocate available FY 19 funds to provide a 1% COLA to employees who provide state-administered human services. The bill allows the secretary to reduce rates for any provider that receives such funds but fails to provide his or her employees with such adjustment.

Under the bill, "employee" means any privately employed person who provides state-administered human services, including any person in a contractual arrangement with a human services provider who is not directly employed by such provider (e.g., sub-contractor), and "state-administered human services" means any of the services administered by the Departments of Correction, Housing, Public Health, Social Services, Children and Families, Rehabilitation Services and Mental Health and Addiction Services; the Office of Early Childhood; and the Judicial Department that involve direct care of or services for eligible persons, including (1) medical services, (2) mental health and addiction treatment, (3) nutrition and housing assistance, and (4) services for children.

Section IV: Bills That Did Not Become Law

In addition to the new laws outlined previously in this document, a significant amount of legislation was proposed this year that would have impacted nonprofits had it become law. Because many concepts will be raised again by legislators in future years, it is informative to review the proposed bills that did not pass in 2018.

This section contains a list of bills The Alliance tracked in 2018 not covered previously in this document that did not become law. Please note that in some cases, language or concepts from some of these bills was incorporated into other bills that moved farther along in the process, some of which became law.

Vetoed Legislation:

[SB-188 \(Public Act 18-140\)](#) - An Act Establishing the State Oversight Council on Children and Families

To establish the State Oversight Council on Children and Families in place of the State Advisory Council on Children and Families, and require the State Oversight Council on Children and Families to report annually to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and children.

Passed One Chamber of the Legislature:

- [HB-5045](#) - An Act Establishing Accountability for Fair and Affordable Housing through Zoning Regulations
- [HB-5189](#) - An Act Concerning the Suspension of Delinquency Proceedings for Fire-Starting Behavior Treatment
- [HB-5262](#) - An Act Concerning the Reporting of the Triennial Audit of State Contracting Agencies by the State Contracting Standards Board
- [HB-5331](#) - An Act Concerning the Children's Report Card
- [HB-5463](#) - An Act Concerning the Study of Health Insurance Options for Individuals Ineligible for Medicaid
- [SB-371](#) - An Act Concerning Reimbursement for Health Care and Clinical Services Provided at State Expense
- [SB-436](#) - An Act Promoting Public-Private Partnerships for the Cost-Efficient Delivery of Human Services
 - [Read](#) The Alliance's testimony

Passed Legislative Committee:

Bill Number	Bill Title	Alliance Testimony
HB5034	<u>AN ACT MAKING DEFICIENCY APPROPRIATIONS FOR THE FISCAL YEAR ENDING JUNE 30, 2018</u>	
HB5038	<u>AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES</u>	
HB5039	<u>AN ACT PROTECTING HEALTH CARE FAIRNESS AND AFFORDABILITY</u>	
HB5043	<u>AN ACT PROMOTING A FAIR, CIVIL AND HARASSMENT-FREE WORKPLACE</u>	
HB5044	<u>AN ACT CONCERNING FAIR TREATMENT OF SICK WORKERS</u>	
HB5144	<u>AN ACT CONCERNING A STUDY OF MEDICAID-FUNDED PROGRAMS</u>	
HB5153	<u>AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING GUARDIANSHIP ASSESSMENTS</u>	
HB5159	<u>AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES REGARDING OVERSIGHT OF EMERGENCY MEDICAL CARE AND END-OF-LIFE PLANNING</u>	
HB5197	<u>AN ACT MAKING TECHNICAL CORRECTIONS TO A STATUTE CONCERNING CONGREGATE HOUSING</u>	
HB5238	<u>AN ACT INCREASING MENTAL HEALTH RESOURCES TO VETERANS AND MEMBERS OF THE ARMED FORCES</u>	
HB5243	<u>AN ACT INCREASING FUNDING FOR AGING-IN-PLACE INITIATIVES</u>	
HB5251	<u>AN ACT ESTABLISHING BENEFIT LIMITED LIABILITY COMPANIES</u>	<u>Read</u>
HB5256	<u>AN ACT REQUIRING THE DEPARTMENT OF SOCIAL SERVICES TO COLLECT AND MAINTAIN DATA CONCERNING THE TRANSPORTATION NEEDS OF MEDICAID RECIPIENTS</u>	<u>Read</u>
HB5271	<u>AN ACT REDEFINING "PUBLIC AGENCY" FOR PURPOSES OF THE FREEDOM OF INFORMATION ACT</u>	
HB5287	<u>AN ACT CONCERNING A MUNICIPAL OPTION FOR PROPERTY TAX ABATEMENTS FOR ARTS AND CULTURE</u>	
HB5296	<u>AN ACT CONCERNING A STUDY TO IDENTIFY WAYS FOR STATE GOVERNMENT TO PARTNER WITH HOSPITALS</u>	
HB5302	<u>AN ACT CONCERNING ACCESSIBLE PUBLIC BATHROOMS FOR PERSONS WITH DISABILITIES</u>	
HB5326	<u>AN ACT CONCERNING MEDICAID FUNDING</u>	
HB5327	<u>AN ACT CONCERNING THE GENERAL FUND BUDGET.</u>	
HB5330	<u>AN ACT CONCERNING HOMELESS CHILDREN ENROLLING IN CHILD CARE</u>	
HB5333	<u>AN ACT CONCERNING THE CHILD ABUSE AND NEGLECT REGISTRY</u>	

Bill Number	Bill Title	Alliance Testimony
HB5385	AN ACT ESTABLISHING A WORKING GROUP TO STUDY HEALTH INSURANCE PREMIUM RATE INCREASES AND DEVELOP RECOMMENDATIONS TO MITIGATE SUCH INCREASES	
HB5387	AN ACT CONCERNING PAID FAMILY MEDICAL LEAVE	Read
HB5388	AN ACT CONCERNING A FAIR MINIMUM WAGE	Read
HB5394	AN ACT CONCERNING THE LEGALIZATION AND REGULATION OF THE RETAIL SALE OF MARIJUANA	
HB5415	AN ACT CONCERNING THE COLLECTION AND USAGE OF HEALTH CARE DATA	
HB5418	AN ACT RESTORING ELECTORAL PRIVILEGES TO FELONY CONVICTS WHO ARE ON PAROLE	Read
HB5510	AN ACT CONCERNING THE ZONING OF GROUP HOMES	Read
HB5544	AN ACT CONCERNING THE RECOMMENDATIONS OF THE CONNECTICUT SENTENCING COMMISSION WITH RESPECT TO MISDEMEANOR SENTENCES	
HB5546	AN ACT CONCERNING LARCENY AGAINST AN INTELLECTUALLY DISABLED PERSON	
HB5583	AN ACT CONCERNING A TAX CREDIT FOR EMPLOYERS THAT EMPLOY INDIVIDUALS CONVICTED OF A FELONY AND ALLOWING ACCESS TO THE NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT BY CERTAIN BUSINESS FIRMS	
HB5584	AN ACT ESTABLISHING A TAX CREDIT FOR EMPLOYERS THAT PROVIDE PAID FAMILY AND MEDICAL LEAVE BENEFITS AND CONCERNING FAMILY AND MEDICAL LEAVE ACCOUNTS	
HB5588	AN ACT CONCERNING AN ANALYSIS OF THE REVENUE STREAMS OF THE STATE	
SB1	AN ACT CONCERNING EARNED FAMILY AND MEDICAL LEAVE	Read
SB10	AN ACT CONCERNING REVENUE ITEMS TO IMPLEMENT THE GOVERNOR'S BUDGET	Read
SB15	AN ACT CONCERNING FAIR AND EQUAL PAY FOR EQUAL WORK	
SB16	AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH	
SB151	AN ACT CONCERNING RETROACTIVE MEDICAID ELIGIBILITY FOR HOME-CARE SERVICES	
SB168	AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING GROUP HOME LICENSING VISITS	Read
SB187	AN ACT CONCERNING THE TRANSFER OF A CHILD CHARGED WITH CERTAIN OFFENSES TO THE CRIMINAL DOCKET AND THE GROUNDS FOR DETENTION OF AN ARRESTED CHILD	Read
SB189	AN ACT CONCERNING CHILDREN'S PROGRAMS	

Bill Number	Bill Title	Alliance Testimony
SB223	<u>AN ACT ESTABLISHING A TRAINING PROGRAM FOR MENTAL HEALTH AND POST-TRAUMATIC STRESS DISORDER ISSUES IMPACTING VETERANS INVOLVED IN THE CRIMINAL JUSTICE SYSTEM</u>	<u>Read</u>
SB234	<u>AN ACT PERMITTING A COMMUNITY SPOUSE OF AN INSTITUTIONALIZED SPOUSE TO RETAIN THE MAXIMUM AMOUNT OF ALLOWABLE ASSETS</u>	
SB236	<u>AN ACT PROVIDING AN INCOME TAX DEDUCTION FOR INDIVIDUALS CARING FOR ELDERLY PERSONS, CHILDREN AND DISABLED PERSONS</u>	
SB240	<u>AN ACT PROMOTING THE REPORTING OF CHILD ABUSE AND NEGLECT</u>	
SB245	<u>AN ACT AUTHORIZING THE DEPARTMENT OF SOCIAL SERVICES TO CONTRACT WITH OTHER STATES.</u>	
SB249	<u>AN ACT CONCERNING ADMINISTRATION OF THE HOME-CARE PROGRAM FOR THE ELDERLY BY THE DEPARTMENT OF SOCIAL SERVICES</u>	
SB264	<u>AN ACT ELIMINATING THE REGIONAL TOURISM DISTRICTS</u>	
SB278	<u>AN ACT CONCERNING MENTAL HEALTH AND WELLNESS TRAINING AND SUICIDE PREVENTION FOR POLICE OFFICERS</u>	
SB296	<u>AN ACT ESTABLISHING A PILOT PROGRAM TO SERVE PEOPLE SEEKING RESIDENTIAL SERVICES FROM THE DEPARTMENT OF DEVELOPMENTAL SERVICES</u>	<u>Read</u>
SB310	<u>AN ACT CONCERNING PERMANENCY PLANNING FOR CHILDREN</u>	
SB313	<u>AN ACT CONCERNING MEDICAL CARE FOR CHILDREN IN THE CUSTODY OF THE DEPARTMENT OF CHILDREN AND FAMILIES</u>	
SB318	<u>AN ACT ESTABLISHING A TASK FORCE TO STUDY INTERVENTIONS FOR AT-RISK YOUTH</u>	
SB400	<u>AN ACT CONCERNING GRADUATE FUNDING AND THE PROVISION OF SUPPORT AND SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITY</u>	<u>Read</u>
SB406	<u>AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, CONNECTICUT VALLEY HOSPITAL AND WHITING FORENSIC HOSPITAL.</u>	
SB486	<u>AN ACT CONCERNING NOTIFICATION TO BOARDS OF EDUCATION OF THE RELEASE OF A JUVENILE SEXUAL OFFENDER AND A MODEL POLICY CONCERNING THE REENTRY OF SUCH JUVENILES INTO THE SCHOOL SYSTEM</u>	
SB494	<u>AN ACT REQUIRING STATE CONTRACTORS AND UNIONS TO ADOPT A SEXUAL HARASSMENT POLICY</u>	
SB511	<u>AN ACT CONCERNING OPIOIDS</u>	<u>Read</u>
SB512	<u>AN ACT CONCERNING THE PSYCHIATRIC SECURITY REVIEW BOARD</u>	

Did Not Pass Legislative Committee:

Bill Number	Bill Title	Alliance Testimony
HB5029	AN ACT ESTABLISHING AN INCOME TAX DEDUCTION FOR ABLE ACCOUNT DEPOSITS	
HB5033	AN ACT CONCERNING BUDGETING FOR MEDICAID EXPENDITURES	
HB5035	AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2019	Read Read Read Read
HB5040	AN ACT CONCERNING ADJUDICATION OF CERTAIN YOUNG ADULTS IN JUVENILE COURT	
HB5042	AN ACT CONCERNING PROSECUTION OF LOW-RISK YOUNG OFFENDERS IN ADULT COURT	
HB5065	AN ACT ESTABLISHING A CREDIT AGAINST THE HOSPITALS TAX FOR HOSPITALS THAT MAKE BEDS AVAILABLE FOR OPIOID ADDICTION TREATMENT SERVICES	
HB5071	AN ACT CONCERNING GENERATORS IN STATE-FUNDED GROUP HOMES	
HB5073	AN ACT RESTORING HOLDBACKS TO THE STATE BUDGET	
HB5074	AN ACT ELIMINATING FUNDING FOR THE CONNECTICUT TELEVISION NETWORK	
HB5075	AN ACT INCREASING THE BUDGET FOR THE CONNECTICUT TELEVISION NETWORK	
HB5082	AN ACT PROVIDING FUNDS FOR HURRICANE VICTIMS FROM PUERTO RICO AND THE U.S. VIRGIN ISLANDS LIVING IN CONNECTICUT	
HB5086	AN ACT ESTABLISHING A TAX CREDIT FOR FOOD DONATED BY FARMERS TO CHARITABLE ORGANIZATIONS	Read
HB5098	AN ACT CONCERNING A TAX CREDIT FOR BUSINESSES THAT PROVIDE PAID FAMILY AND MEDICAL LEAVE	
HB5103	AN ACT CONCERNING A TAX CREDIT FOR BUSINESSES THAT PROVIDE PAID FAMILY AND MEDICAL LEAVE	
HB5114	AN ACT CONCERNING MANDATORY HEALTH INSURANCE COVERAGE, ESTABLISHING AN AFFORDABLE HEALTH CARE FUND AND A TASK FORCE TO DEVELOP A REINSURANCE PROGRAM TO SEEK A STATE INNOVATION WAIVER	
HB5126	AN ACT PROVIDING ASSISTANCE TO STUDENTS AND FAMILIES FROM PUERTO RICO BY INCREASING ECS AND FAMILY RESOURCE CENTER GRANTS	
HB5134	AN ACT CONCERNING A TAX CREDIT FOR BUSINESSES THAT PROVIDE PAID FAMILY AND MEDICAL LEAVE	Read
HB5138	AN ACT CONCERNING THE MINIMUM FAIR WAGE	

Bill Number	Bill Title	Alliance Testimony
HB5139	AN ACT CREATING A PAID FAMILY AND MEDICAL LEAVE SYSTEM IN THE STATE.	
HB5140	AN ACT INCREASING THE MINIMUM FAIR WAGE	
HB5147	AN ACT PROHIBITING ASSET LIMITS FOR THE MEDICARE SAVINGS PROGRAM	
HB5152	AN ACT CONCERNING THE PRESCRIBING OF CONTROLLED SUBSTANCES USED IN MEDICATION-ASSISTED TREATMENT OF SUBSTANCE USE DISORDERS THROUGH THE USE OF TELEHEALTH	Read
HB5162	AN ACT REQUIRING A STUDY OF FUNDING FOR MENTAL HEALTH SERVICES	
HB5165	AN ACT ELIMINATING DIVERSIONS OF ELECTRIC RATEPAYER FUNDS	
HB5187	AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES	
HB5207	AN ACT EXPANDING HEALTH INSURANCE PRODUCTS AVAILABLE IN THIS STATE	
HB5215	AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING REVISIONS TO THE OFFICE OF HEALTH CARE ACCESS STATUTES	
HB5216	AN ACT CONCERNING COMMUNICATION BETWEEN THE DISABILITY RIGHTS ORGANIZATION AND THE DEPARTMENT OF DEVELOPMENTAL SERVICES REGARDING ABUSE OR NEGLECT OF PERSONS WITH DISABILITIES	
HB5218	AN ACT CONCERNING MINIMUM QUALITY STANDARDS FOR SCHOOL-BASED HEALTH CENTERS AND EXPANDED SCHOOL HEALTH SITES	
HB5250	AN ACT CONCERNING RELEASED FELONS' VOTING RIGHTS	Read
HB5279	AN ACT CONCERNING THE HISTORIC PRESERVATION COUNCIL AND MUNICIPAL AUTHORITY WITH RESPECT TO HISTORIC PRESERVATION	
HB5299	AN ACT CONCERNING TELEHEALTH PRESCRIBING FOR TREATMENT OF PSYCHIATRIC DISORDERS	Read
HB5379	AN ACT ESTABLISHING A STATE INDIVIDUAL HEALTH CARE RESPONSIBILITY FEE AND THE CONNECTICUT HEALTH CARE SAVINGS PROGRAM	
HB5431	AN ACT INCREASING THE AGGREGATE AMOUNT OF TAX CREDITS FOR THE REHABILITATION OF HISTORIC STRUCTURES	Read
HB5482	AN ACT CONCERNING THE RECOMMENDATIONS OF THE FAIR HOUSING WORKING GROUP	
HB5531	AN ACT CONCERNING ENHANCED EMPLOYMENT OPPORTUNITIES FOR INCARCERATED INDIVIDUALS	Read
HB5547	AN ACT CONCERNING ACCOUNTABILITY FOR THE EARNED RISK REDUCTION CREDIT PROGRAM	
HB5548	AN ACT CONCERNING INMATE FURLOUGHS	

Bill Number	Bill Title	Alliance Testimony
HB5558	AN ACT CONCERNING JUVENILE MATTERS.	
HB5559	AN ACT CONCERNING THE TRANSFER OF CASES OF REPEAT JUVENILE FELONY OFFENDERS TO THE REGULAR CRIMINAL DOCKET	
HB5562	AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE JUVENILE JUSTICE POLICY AND OVERSIGHT COMMITTEE	
HB5564	AN ACT CONCERNING THE CLOSURE OF THE CONNECTICUT JUVENILE TRAINING SCHOOL	
HB5576	AN ACT CONCERNING AN ON-LINE REGISTRY OF PERSONS CONVICTED OF A CRIME INVOLVING MURDER	
HB5578	AN ACT CONCERNING THE RECOMMENDATIONS OF THE CONNECTICUT SENTENCING COMMISSION WITH RESPECT TO THE SEXUAL OFFENDER REGISTRY	Read
HB5587	AN ACT CONCERNING THE COMMISSION ON FISCAL STABILITY AND ECONOMIC GROWTH	
SB72	AN ACT CONCERNING THE INCREASE OF FUNDING FOR OPIOID TREATMENT CENTERS TO COMBAT THE OPIOID EPIDEMIC	
SB73	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB74	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB75	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB76	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB77	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB78	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB79	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB80	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB81	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB82	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB83	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	
SB84	AN ACT EXPANDING ACCESS TO AND INCREASING FUNDING FOR FACILITIES TREATING OPIOID ADDICTION	

Bill Number	Bill Title	Alliance Testimony
SB93	AN ACT MANDATING FULL PAYMENTS TO THE STATE'S UNFUNDED LIABILITIES	
SB159	AN ACT RESTORING FUNDING FOR THE MEDICARE SAVINGS PROGRAM	
SB163	AN ACT CONCERNING PAYMENT PARITY FOR MEDICAL SPECIALISTS WHO SERVE MEDICAID PARTICIPANTS	
SB174	AN ACT CONCERNING THE EXPANSION OF A PROGRAM FOR OPIOID TREATMENT TO ALL OF THE STATE'S CORRECTIONAL FACILITIES	
SB179	AN ACT REQUIRING A PERFORMANCE AUDIT OF CERTAIN GOVERNMENT PROGRAMS	Read
SB191	AN ACT CONCERNING CHILDREN IN THE TEMPORARY CUSTODY OF THE DEPARTMENT OF CHILDREN AND FAMILIES	
SB192	AN ACT CONCERNING CHILDREN'S HEALTH	
SB218	AN ACT PROHIBITING INVOLUNTARY STERILIZATION OF PERSONS WITH DISABILITIES	
SB252	AN ACT REQUIRING THE SALE OF THE FORMER SEASIDE REGIONAL CENTER	
SB270	AN ACT CONCERNING WORK AND COMMUNITY SERVICE REQUIREMENTS FOR RECIPIENTS OF CERTAIN PUBLIC ASSISTANCE PROGRAMS	Read
SB294	AN ACT CONCERNING THE PSYCHIATRIC SECURITY REVIEW BOARD	
SB321	AN ACT STABILIZING WORKING FAMILIES BY LIMITING "ON CALL" SHIFT SCHEDULING	
SB365	AN ACT CONCERNING EARLY CHILDHOOD EDUCATION FUNDING	
SB366	AN ACT CONCERNING MENTAL HEALTH FUNDING	
SB378	AN ACT CONCERNING REIMBURSEMENTS UNDER CERTAIN HIGH DEDUCTIBLE HEALTH PLANS	Read
SB405	AN ACT CONCERNING LICENSURE OF PROFESSIONAL COUNSELOR ASSOCIATES	
SB449	AN ACT CONCERNING THE DISPOSITION OF THE FORMER SEASIDE SANATORIUM FACILITY	
SB470	AN ACT CONCERNING THE UNAUTHORIZED PRACTICE OF ELDER LAW	
SB507	AN ACT CONCERNING ELIGIBILITY TO EARN RISK REDUCTION RELEASE CREDITS	
SB515	AN ACT CONCERNING MINOR AND TECHNICAL CHANGES TO VARIOUS STATUTES CONCERNING THE JUVENILE JUSTICE SYSTEM	
SB531	AN ACT CONCERNING THE ASSESSMENT OF A FEE ON CERTAIN EMPLOYERS	
SB533	AN ACT CONCERNING A STUDY OF STATE REVENUE POLICIES	