Summary of 2007 Public and Special Acts

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Legal Services Reporter

C I V I L R I G H T S

P.A. 07-62 DISCRIMINATION BASED ON SEXUAL ORIENTATION (eff. October 1, 2007).

Existing Connecticut law prohibits discrimination based on sexual orientation in housing, employment, public accommodations, credit, and similar matters (C.G.S. 46a-81a et seq.). Sexual orientation is not, however, one of the protected classes covered by the Connecticut Civil Rights Act (C.G.S. 46a-58), which prohibits the deprivation of "any rights, privileges, or immunities" protected by federal or state Constitutions or laws. That statute can be used to claim illegal discrimination in some matters not otherwise covered by the anti-discrimination laws. P.A. 07-62 adds sexual orientation to the protected classes in C.G.S. 46a-58. It also adds sexual orientation to the Ku Klux Klan Act (C.G.S. 53-37a), which makes it a Class D felony to deprive a person of state or federal rights while wearing a mask or hood.

P.A. 07-245 DISCRIMINATION BASED ON CIVIL UNION STATUS (eff. July 10, 2007).

This act adds a prohibition on discrimination based on "civil union status" to existing statutes prohibiting discrimination based on sexual orientation in employment, public accommodations, housing, and credit and to existing statutes prohibiting other forms of discrimination based on marital status. The act also requires municipalities, effective October 1, 2007, to provide employees in civil unions who have worked for the municipality for at least one year, including at least 1,250 hours during the past 12 months (an average of about 24 hours per week), with the same Family and Medical Leave Act benefits that federal law provides to parties to a marriage.

See also: Department of Mental Health and Addiction Services (P.A. 07-148), p. 11.
Recoupment Against Occupants of Humane Institutions (P.A. 07-44), p. 12.
Veterans' Advocacy and Assistance Unit (P.A. 07-97), p. 72.

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C O N S U M E R

DEBT COLLECTION

P.A. 07-176 PRIVATE CAUSE OF ACTION UNDER THE DEBT COLLECTION PRACTICES ACT (eff. July 1, 2007).

This act supplements administrative remedies under the Connecticut Debt Collection Practices Act, which prohibits abusive and deceptive debt collection practices by creditors, with a private cause of action for actual damages, additional damages of up to $1,000, and reasonable attorney's fees. The act explicitly directs the court, in assessing damages, to consider the nature of the non-compliance with the statute and the extent to which the non-compliance was intentional. A creditor can avoid liability by showing that the violation was unintentional and resulted from a bona fide error, notwithstanding the maintenance of procedures reasonably adopted by the creditor to avoid any such error. A private action under the act must be brought within one year after the occurrence of the violation.

P.A. 07-37 EXEMPTION OF MOTOR VEHICLES FROM EXECUTION (eff. July 1, 2007).

Under existing law, the first $1,500 of equity in a motor vehicle is exempt from execution on a judgment. This act increases the exemption to $3,500.

P.A. 07-111 SEQUENTIAL SERVICE OF BANK ACCOUNT EXECUTIONS ON MULTIPLE FINANCIAL INSTITUTIONS (eff. October 1, 2007).

Section 4 of this act amends C.G.S. 52-367b to prohibit state marshals from serving bank account executions against the bank account of a "natural person" on multiple banks simultaneously. The marshal may not serve a second bank until the first bank confirms that it has insufficient funds of the debtor to satisfy the execution. Section 3 of the act, which amends C.G.S. 52-367a concerning execution on commercial and other non-individual bank accounts, makes a similar change, except that it permits the marshal to serve other banks if no response is received from the first bank within 25 days. Other sections of the act change the procedure for levying tax warrants on bank accounts.

BANKING PRACTICES

P.A. 07-2 NOTICE OF BANK ACCOUNT DORMANCY FEES (eff. October 1, 2007).

This act requires banks that impose dormancy fees on inactive accounts to mail, at least 15 days before the fee is imposed, a notice to the depositor stating that the account will become inactive and that a dormancy fee may be imposed. The notice must be in capital letters at least 12 points in size. The act does not apply to accounts for which the bank sends the depositor a periodic account statement.

P.A. 07-91 AMENDMENTS TO THE REGULATORY POWERS OF THE BANKING COMMISSIONER (eff. October 1, 2007).

This act makes a number of minor changes in the regulatory powers of the Banking Commissioner regarding the practices of mortgage, small loan, and money transmitter licensees. In particular, the act (a) expands the definition of mortgage "originators" to include persons not employed or retained by a mortgage lender who nevertheless take mortgage applications for a lender; (b) requires mortgage lenders to give the Commissioner 21 days' notice of any change of name or location and allows the Commissioner to deny permission; (c) authorizes the Commissioner's small loan regulations to include the company's association with other businesses and the conduct of those businesses; (d) makes clear that the Commissioner's regulation of businesses which transmit "money" includes the transmission of anything of "monetary value"; and (e) clarifies the scope of the Commissioner's existing powers by making explicit that he can issue a cease-and-desist order to "effectuate the purposes" of his powers and that he can take "any other action" to supplement his existing powers to suspend, revoke, or refuse to renew the license of a licensed lender. The act also narrows an existing statute requiring lenders to promptly pay over the loan proceeds at the time of closing or at the end of any applicable three-day rescission period by excluding banks and limiting the statute to licensed first and second mortgage lenders.

P.A. 07-118 MORTGAGE TRIGGER LEADS (eff. October 1, 2007).

This act prohibits first and second mortgage lenders and brokers from engaging in certain unfair or deceptive acts or practices when soliciting a mortgage secured by residential property, if the solicitation is based in whole or in part on a "mortgage trigger lead." It defines such a lead as a credit report obtained from a credit bureau or other consumer reporting agency in connection with a consumer's credit application. Violation of the act is made a per se unfair or deceptive trade practice.

The act explicitly makes it an unfair or deceptive trade practice for a lender or broker to: (a) fail in the initial phase of the solicitation to clearly and conspicuously state that the solicitor is not affiliated with the lender or broker with which the consumer initially applied and that the solicitation is based on information about the consumer purchased from a consumer reporting agency without the initial lender's or broker's knowledge or consent; (b) fail in the initial solicitation to comply with the provisions of the Fair Credit Reporting Act (FCRA) concerning pre-screened offers of credit, including the requirement to make a firm offer of credit to the consumer; or (c) knowingly or negligently use information from a mortgage trigger lead to solicit consumers who have, in accordance with FCRA, opted-out of receiving pre-screened offers of credit or who are on the federal or state "Do Not Call" list.

P.A. 07-156 PARTICIPATION IN THE NATIONAL MORTGAGE LICENSING SYSTEM (eff. September 30, 2008).

This act allows the Banking Commissioner to participate in the National Mortgage Licensing System beginning on September 30, 2008, and to permit that system to process applications for first and second mortgage lender, broker, and originator licenses in Connecticut. The system, which is being developed by the Conference of State Bank Supervisors and the American Association of Residential Mortgage Regulators, will provide uniform licensing applications for residential mortgage lenders and mortgage brokers nationwide, as well as a central repository of information about licensing and publicly adjudicated enforcement actions. The system will be accessible over the internet, allowing prospective and current licensees to apply for or renew licenses for one or more jurisdictions through a secure website. Participation in the system will not affect the Banking Commissioner's power to enforce Connecticut laws concerning licensed first and second mortgage lenders, brokers, and originators; and each state agency will retain its regulatory authority to approve, deny, suspend, or revoke a license.

MOTOR VEHICLES

P.A. 07-212 NEW CAR LEMON LAW (eff. October 1, 2007).

Under the prior version of the New Car Lemon Law, arbitration is to be conducted either by a three-person arbitration panel designated by the Department of Consumer Protection or, at the discretion of DCP, by the American Arbitration Association (AAA). Section 1 of this act eliminates the three-person DCP panels and substitutes individual arbitrators. Such arbitrators must be members of an arbitration organization and may not be employees or independent contractors involved in the manufacture, distribution, sale, or servicing of motor vehicles. Their appointments will be for indefinite terms (panel members previously had to be reappointed every two years), and they are to be paid for their services (DCP panel members were previously not paid). DCP may also refer complaints to any arbitration association, and not just to the AAA, but neither the arbitrator nor the arbitration association may be affiliated with any motor vehicle manufacturer, distributor, dealer, or repairer.

The act allows the parties to have the case decided solely on the basis of the written documents filed, but only if the agreement to do so is signed after the request for arbitration has been filed. It also eliminates the consumer's right to choose to present subsequent testimony orally or in writing.

P.A. 07-167 ABANDONED MOTOR VEHICLE TASK FORCE (eff. June 25, 2007).

Section 46 of this act creates a 12-member Abandoned Motor Vehicle Task Force. Its study is to include an examination of (a) the magnitude of the problem of abandoned motor vehicles, (b) procedures for their disposal, (c) the cost of disposal, (d) the impact on municipal tax rolls, and (e) other states' legislation. The task force is to include two representatives of the towing industry; two representatives of consumer advocacy groups; one representative each of a property owners' association, the Connecticut Tax Collectors Association, and the Connecticut Conference of Municipalities; a representative of the Department of Motor Vehicles; and four legislators or their designees. The task force report is due on February 1, 2008.

P.A. 07-167 LIEN FOR STORAGE OF MOTOR VEHICLES (eff. October 1, 2007).

Under existing law, the owner of a garage where a motor vehicle is stored has a lien for the owner's storage charges. Section 31 of this act gives the owner a lien for its towing charges as well.

See also: Automobile Insurance Discounts (P.A. 07-5), p. 22.

OTHER CONSUMER PROTECTION

P.A. 07-210 LIQUIDATED DAMAGES PROVISIONS IN CONSUMER CONTRACTS (eff. July 1, 2008).

Section 1 of this act makes a liquidated damages clause in consumer contracts unenforceable unless the contract contains a separately initialed disclosure statement immediately following the clause, in at least 12-point boldface type, stating, "I acknowledge that this contract contains a liquidated damages provision." The act is explicit that the existence of such an acknowledgment will not validate a purported liquidated damages clause that is actually a penalty clause or is otherwise invalid under Connecticut law. The act does not apply to provisions for late fees, prepayment penalties, or default interest rates. It also does not apply to negotiable instruments or to contracts with a governmental agency. The act applies only to contracts entered into, renewed, or extended after July 1, 2008.

P.A. 07-215 AUTOMATIC RENEWAL PROVISIONS IN CONSUMER CONTRACTS (eff. October 1, 2007).

C.G.S. 42-126b specially regulates automatic renewal clauses in consumer contracts for the sale of goods or services over a period of 180 days or more. The act applies only if the automatic renewal clause will bind the consumer to a contract extension that will last more than one month. The act requires that the

consumer be given a notice of the right to cancel the contract and thereby block the automatic renewal. Under prior law, the notice had to be given between 15 and 60 days before the end of the contract. Some contracts with automatic renewal provisions, however, required the right to cancel to be exercised more than 60 days before the end of the contract, i.e., before the statute required the notice to be given. Section 2 of this act modifies the existing statute to provide that (a) the 15-to-60-day advance period for giving notice is to be measured from the earlier of the date on which the right to cancel expires or the contract ends, (b) mailing of the notice to the address listed in the contract satisfies the notice requirement, and (c) the notice may be transmitted by email if the consumer agrees to receive notices electronically or if the contract was entered into electronically.

P.A. 07-150 RETURN POLICIES OF RETAIL STORES (eff. July 1, 2007).

Under existing law, retailers can use electronic systems to monitor and limit the number or dollar value of returns made by each customer and can terminate a consumer's right to return goods after giving the consumer written notice that a no-return policy will apply to all future purchases. This act makes clear that a consumer who attempts to return a good claimed to have been purchased before receipt of the notice from the retailer must be able to produce a receipt showing the date of purchase of the good.

P.A. 07-188 ENFORCEMENT POWERS OF THE COMMISSIONER OF CONSUMER PROTECTION (eff. October 1, 2007).

Under existing law, the Department of Consumer Protection licenses electricians, plumbers, automotive and non-automotive glass installers, and installers and repairers of heating and cooling, elevator, and fire sprinkler systems through a set of examining and licensing boards, which are empowered to enforce their rules. This act gives the Commissioner of Consumer Protection the power to enforce those rules on his own, without going through the licensing boards. In particular, it authorizes the Commissioner to take action against fraudulent or deceptive practices by a license holder, incompetent or negligent work, the performance of work beyond the scope of the license, any violation of state statutes or regulations, or any other conduct within his power to regulate. The Commissioner may hold his own disciplinary hearing, rather than rely on a hearing by the licensing board and may invoke his own power to revoke or suspend a license, issue a letter of reprimand, place a licensee on probation, order a practice to be discontinued, order restitution, or impose a civil penalty. The Attorney General may bring an enforcement proceeding in Superior Court on the Commissioner's behalf; and the court may, in addition to enforcing the Commissioner's order, issue temporary restraining orders and provide any other equitable relief.

The act also allows the Commissioner to report criminal conduct to the State's Attorney. In addition, the act increases the criminal penalty for performing work without a required license from a $200 fine to a Class B misdemeanor, although it also requires that the defendant have "wilfully" engaged in such unlicensed work. It allows the court to extend the probationary period to five years if necessary to give sufficient time for a defendant to complete an order of restitution to victims. The act also deems any violation of the licensing chapter to be a per se violation of the Connecticut Unfair Trade Practices Act.

P.A. 07-104 TRAINING OF FUNERAL HOME DIRECTORS (eff. July 1, 2007).

Section 8 of this act requires that two of the six mandatory hours of continuing education for funeral directors and embalmers be in the area of federal and state laws regarding the provision of funeral services, including applicable Federal Trade Commission regulations. The education in state and federal laws must be completed within a year after the licensee next applies for a license renewal after the effective date of the act.

See also: Eminent Domain/Unfair trade practices (P.A. 07-141), p. 67.

D I S A B I L I T Y

MENTAL RETARDATION

P.A. 07-73 DEPARTMENT OF DEVELOPMENTAL SERVICES (eff. October 1, 2007).

This act changes the name of the Department of Mental Retardation to the Department of Developmental Services. The act states explicitly that nothing in the act is to be construed to change the criteria by which the Department determines eligibility for programs and services.

P.A. 07-238 GUARDIANSHIPS OF PERSONS WITH MENTAL RETARDATION (eff. October 1, 2007).

This act prohibits a probate court from excluding a person from being a plenary or limited guardian of last resort of a person with mental retardation solely because the person works for a private facility funded or licensed by DMR or operates a DMR-licensed community training home. No such employee may, however, be appointed guardian of a person in a residential facility where the employee works, and no such operator (or a relative or household member of the operator) may be appointed guardian of a person living in a community training home run by the operator. In addition, no such

employee or operator may be appointed guardian unless no other suitable person to serve as guardian can be found. The same rules already apply to DMR employees who are appointed guardians.

The act also (a) gives DCF and DMHAS access to DMR's abuse registry to check whether a job applicant is listed there; (b) extends through June 30, 2009, the moratorium on the sale, lease, or transfer of state-owned or state-operated property used to house people with mental retardation; (c) repeals a number of reporting requirements previously imposed on DMR; and (d) eliminates the Advisory Commission on Services and Supports for People with Developmental Disabilities, which produced its final report in 2002.

See also: Notice to Parties in Probate Court (P.A. 07-184), p. 29.

JSS P.A. 07-4 AUTISM SPECTRUM DISORDERS (eff. June 29, 2007).

Sections 109 through 114 of this act expand services available to persons with autism spectrum disorders. In particular:

- Division of Autism Spectrum Services: The act designates DMR as the lead agency under the federal Combating Autism Act and creates a Division of Autism Spectrum Services within the Department of Mental Retardation. The Division is to design and implement the delivery of appropriate and necessary services and programs for all state residents with autism spectrum disorder (ASD), regardless of their age or whether they have mental retardation, including:

    - An autism-specific early intervention program for children at risk of, or diagnosed with, ASD who previously were placed in DMR's Birth-to-Three program;
    - Support services for three- to 21-year olds, including education, recreation, life and skill coaching, vocational, and transitional services; and
    - Services for persons over age 21, including those defined by DMR's ASD pilot program. The pilot program's adult services definition includes services such as life skills and job coaching; social skills groups; behavior management, speech and occupational therapy; and post-secondary education supports.

  DMR is to report annually to the General Assembly, beginning February 1, 2009, on the legislation and funding required to provide necessary ASD services.

- Medicaid coverage: The act also directs the ASD Division to research and locate funding streams for the implementation of services for persons with

ASD who do not have mental retardation. The act authorizes up to $200,000 in funds, appropriated to DMR a year ago for the ASD pilot program, to be used to study the feasibility of obtaining a Medicaid plan amendment or a federal waiver so as to be able to use Medicaid to implement a program to provide community services to adults with ASD who do not have mental retardation. The act also authorizes DSS, in consultation with DMR, to seek federal approval of such an amendment or waiver to implement this program, which can include housing assistance if necessary. DSS is to submit a report to the legislature by January 1, 2008, and annually thereafter on the status of a plan Medicaid amendment or waiver.

See also: Closing of Nursing Homes (P.A. 07-209), p. 47.

MENTAL HEALTH

P.A. 07-216 RIGHTS OF INMATES WITH MENTAL ILLNESS (eff. October 1, 2007).

This act imposes a number of requirements on the Department of Correction (DOC) in dealing with inmates with mental illness:

- Assessment: The act requires DOC, when assessing and providing mental health services to inmates, to "consider" the diagnosis of a psychiatrist who notifies the Department that he or she has diagnosed a prison inmate as having mental illness and as being a danger to himself or herself or others, for the purpose of appropriately assessing the inmate and providing individualized, clinically appropriate and culturally competent mental health services to treat the inmate's condition.

- Staff training: The act requires the Department, within available appropriations, to develop a four- to eight-hour per year program of training on mental health issues for custodial staff members. Training is to be provided by a qualified mental health professional in conjunction with a training academy certified by the American Correctional Association and must include at least prevention of suicide and self-injury, recognition of signs of mental illness, communication skills for interacting with inmates with mental illness, and alternatives to disciplinary action and force. The program must be offered to the custodial staff at all correctional facilities housing women by July 1, 2008, and at no fewer than one additional correctional facility by July 1 of 2009, 2010, and 2011. The training program will sunset on July 1, 2012. The training for staff of women's prisons must include gender-specific and trauma-related mental health issues faced by female inmates.

- Discharge: The act requires DOC, prior to discharge of an inmate diagnosed with mental illness, to collaborate with the Judicial Department,

DMR, and DMHAS to assist such inmate in obtaining housing, mental health treatment services, employment counseling, and any public benefits for which the inmate is eligible.

- Reporting: The act requires DOC to report to the General Assembly annually on February 1 as to the number of inmates found to require mental health services and a description of program services provided by DOC and, if applicable, its contracted health services provider.

JSS P.A. 07-2 PERSONS WITH MENTAL ILLNESS IN NURSING HOMES (eff. July 1, 2007).

Section 63 of this act allows DMHAS, in consultation with DSS, annually to review the status of each resident with mental illness residing in a nursing home to determine whether the resident requires the level of service provided by the nursing home or requires specialized services to address mental health issues. Nursing homes are required to grant DMHAS and DSS access to residents and their medical records for purposes of these reviews.

P.A. 07-49 and P.A. 07-252 EMERGENCY COMMITMENTS OF PERSONS WITH PSYCHIATRIC DISABILITIES TO CHRONIC DISEASE HOSPITALS (eff. October 1, 2007).

Under prior law, a physician could place a person for psychiatric treatment under a 15-day emergency certificate only in a psychiatric hospital. P.A. 07-49 allows such placement in a chronic disease hospital, if the hospital has a separate psychiatric unit. The act exempts placements in a chronic disease hospital from the usual requirement that the hospital's medical director determine that the hospital and its staff can adequately care for and treat the patient. The act, as amended by Section 38 of P.A. 07-252, does, however, require that the person be examined by a psychiatrist within 36 hours of admission, rather than within the 48 hours permitted for commitment to a psychiatric hospital. It also prohibits admission to a chronic disease hospital if the placing physician believes the person is actively suicidal or homicidal. The Department of Public Health currently licenses five chronic disease hospitals that will be affected by this act: Gaylord Hospital, Hospital for Special Care, the state Veterans' Home and Hospital, Hebrew Home and Hospital, and Mt. Sinai Rehabilitation Hospital.

P.A. 07-117 PROOF REQUIRED FOR CONSENT TO ADMINISTER PSYCHIATRIC MEDICATION (eff. October 1, 2007).

This act specifies that "clear and convincing evidence" is the legal standard probate courts must apply when deciding motions: (a) to allow a conservator or special limited conservator to consent to the administration of psychiatric medication on behalf of an incompetent patient or criminal

defendant; (b) to allow a psychiatric facility to administer psychiatric medication to patients or criminal defendants over their objection, if the failure to take the medication poses a direct threat of harm to themselves or others; and (c) to allow a special limited conservator to consent to release a criminal defendant's medical records to the treating psychiatric facility. Prior law had no explicit legal standard for making these decisions and no provision allowing representatives to consent to the release of a defendant's medical records.

The act also establishes legal process and notice provisions for probate court hearings involving special limited conservator appointments. In most respects they mirror existing laws governing conservator appointments.

P.A. 07-148 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (eff. October 1, 2007).

Existing law requires that, in any judicial proceeding to which a person committed to a psychiatric facility is a party or in which the person's property rights are affected, service of any process, notices, or documents can be made by serving the superintendent of the facility, who is required to deliver the materials to the confined person. This act requires that a separate copy must also be sent by registered or certified mail directly to the confined person.

The act also overrules CHRO regulations requiring separate affirmative action plans for psychiatric hospitals, mental health centers, and the DMHAS central office. It instead requires DMHAS to develop a single comprehensive affirmative action plan that covers all of these entities.

The act also (a) changes the term "substance abuse disability" to "substance use disorder" in a number of DMHAS statutes, (b) eliminates the task force on substance abusing women and their children (C.G.S. 17a-711) and a pilot research drug education program for parents or guardians of children in neglect cases (C.G.S. 17a-715), and repeals obsolete laws related to closing Fairfield Hills and Norwich hospitals and consolidating Connecticut Valley Hospital.

OTHER DISABILITY

JSS P.A. 07-1 IMPLEMENTATION OF THE SETTLEMENT IN RAYMOND v. ROWLAND (eff. May 23, 2007).

The State Budget [1] appropriates about $7.7 million in 2007-

[1] The State Budget Act (JSS P.A. 07-1), with some exceptions, contains only line-item amounts for each separate agency program. The Budget Book of the legislature's Office of Fiscal Analysis (OFA), which can be found on the OFA website (www.cga.ct.gov/ofa/Documents/OFABudget/2007/Book/AgencyTOC.pdf) details the

2008 and $4.2 million in 2008-2009 to the Department of Social Services for the settlement agreement in the case of Raymond v. Rowland. The funds will be used for improvements to twelve regional DSS offices for better program access for people with disabilities; a document imaging system, a telephone voice response system, and related staff to support eligibility operations; updates to the DSS website and client forms; staff to assist clients in office reception areas; staff to provide screening for disabilities and employment-related services; and continuation of the Employment Success Program. Funds will support the hiring of 35 additional staff members.

P.A. 07-44 RECOUPMENT AGAINST OCCUPANTS OF HUMANE INSTITUTIONS (Eff. July 1, 2007).

Under C.G.S. 17b-93, certain housing and employment-related awards are exempt from the state lien to recoup state expenditures made on behalf of a person who has received AFDC, TFA, SAGA, State Supplement, or Medicaid from the state. These exemptions include housing and employment discrimination awards, retroactive rent abatements, and returned security deposits. This act provides that the state also has no claim or lien to recover such payments made on behalf of a person who has been supported by the state in a humane institution, i.e., a state mental hospital or other state facility run by DMHAS, DMR, or DCF. The act also conforms C.G.S. 17b-129 to C.G.S. 17b-93 by exempting housing and employment discrimination awards from the municipal lien to recoup benefits paid out by the town.

JSS P.A. 07-2 PILOT PROGRAM OF HOME CARE FOR PERSONS WITH DISABILITIES (eff. July 1, 2007).

Section 29 of this act requires DSS, within available appropriations, to establish and operate a state-funded pilot program to provide home care services for up to 50 people with disabilities between the ages of 18 and 64. To qualify, participants must (a) be inappropriately institutionalized or at risk of inappropriate institutionalization and (b) not have assets in excess of the Medicaid community spouse protected amount if single or 150% of that amount if married. Services are to be the same as those in the Connecticut Home Care Program for Elders (CHCPE), except that, at DSS' discretion, participants may also receive services related to their disabilities if that will allow them to avoid institutionalization. Participants with incomes over 200% of the federal poverty level must contribute to the cost of care to the same extent as CHCPE participants. The annualized cost of services provided to an individual may not exceed 50% of the average cost of nursing home care.

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specifics of these line items and functions as a supplement to the Budget Act. The phrase "State Budget," as used in this report, includes both JSS P.A. 07-1 and the OFA Budget Book.

JSS P.A. 07-2 MONEY FOLLOWS THE PERSON DEMONSTRATION PROJECT (eff. July 1, 2007).

Section 5 of this act increases from 100 to 700 the number of participants in the Money Follows the Person demonstration project. The demonstration provides personal care assistance service to people with disabilities as an alternative to institutional care.

See also: Appeals from Probate Court Decisions (P.A. 07-116), p. 19.
Probate Court Administration (P.A. 07-184), p. 68.

EDUCATION

JSS P.A. 07-3 NOTICE OF EXPULSION HEARINGS (eff. July 1, 2007).

Section 49 of this act requires that each notice of an expulsion hearing issued by a school board include information about free or reduced-price legal services available locally and how to access such services.

P.A. 07-66 IN-SCHOOL SUSPENSIONS (eff. July 1, 2008).

Effective July 1, 2008, this act requires all suspensions from school to be in-school suspensions, unless the administration determines that the pupil poses "such a danger to persons or property" or "such a disruption of the educational process" that the pupil should be excluded from school. The act also increases the maximum duration of an in-school suspension from five days to ten days.

P.A. 07-122 FIRST-TIME SUSPENSIONS AND EXPULSIONS (eff. July 1, 2007).

This act allows school boards to shorten or waive suspension or expulsion for a student who has never previously been suspended or expelled, who successfully completes an administration-specified program, and who meets any other conditions required by the school administration. The suspension or expulsion must be expunged from the student's cumulative educational record no later than upon the student's graduation from high school and may, at the administration's discretion, be expunged earlier at the time that the student completes the program and satisfies the administration's other conditions. Participation in the program must be without cost to the student and his or her family.

P.A. 07-147 USE OF RESTRAINTS AND SECLUSION IN PUBLIC SCHOOLS (eff. October 1, 2007).

Existing law regulates the use of physical restraints and seclusion on persons receiving direct care and educational services from an institution licensed or operated by DCF, DMHAS, DMR, or DPH under contract with a school board to provide special education services for a child. It prohibits the use of life-threatening physical restraints in all circumstances. It also prohibits involuntarily placing such a person in seclusion as an emergency intervention to prevent immediate injury, unless there is no less restrictive alternative or such seclusion is specifically provided for in an individualized education program (IEP). In addition, it requires each institution to keep records of the use of physical restraints and seclusion and to report to its supervising or licensing agency any incidents resulting in physical injury. Incidents involving serious injury or death must be reported by the state agency to the Office of Protection and Advocacy and, if appropriate, to the Child Advocate.

This act extends that regulation to students receiving special education or awaiting eligibility determinations for special education services in public schools. It requires school boards or institutions to notify the child's parent or guardian of each incident in which a child is placed in physical restraint or seclusion. In addition to mandatory reporting to the supervising state agency, the act permits local boards of education to notify the State Board of Education (SBE) of incidents resulting in physical injuries and authorizes the SBE to produce an annual report on the frequency of the use of physical restraint or seclusion on such children. The SBE is authorized to regulate the use of physical restraint and seclusion and to adopt implementing regulations.

In addition, the act requires local and regional boards of education to inform pupils, parents, guardians, and others standing in the place of parents about the laws and regulations governing the use of physical restraints and seclusion. The information must be given at the first planning and placement team (PPT) meeting involving the student's individualized educational program (IEP).

E L D E R L Y

PROBATE COURT PROCEEDINGS

P.A. 07-116 CONSERVATORSHIPS AND GUARDIANSHIPS (eff. October 1, 2007)

Section 1 and Sections 7 through 32 of this act change procedures and standards for the creation and continuation of conservatorships and the powers

of conservators. In particular, these sections:

- Right to refuse medical evaluation (Sec. 1): Allow the respondent to refuse to undergo a medical, psychiatric, or psychological evaluation.

- Appellate procedure (Sec. 2): Require in-hand service on the respondent or conserved person in appeals from conservatorship proceedings.

- Definition of incapacity (Sec. 10): Changes the definitions of "incapable of caring for one's self" and "incapable of managing one's affairs" by removing the requirement that the condition be caused by mental or physical illness or disability, chronic drug or alcohol use, or confinement. Instead they define incapacity more generally as a mental, emotional, or physical condition that makes the person unable to receive and evaluate information or to make or communicate decisions to such an extent that the person is unable, even with appropriate assistance, to meet essential requirements for personal needs or financial management of personal affairs, as the case may be.

- Recording of proceedings (Sec. 11): Require that all proceedings be recorded and that the recording be made part of the record.

- Respondents not domiciled in Connecticut (Sec. 13): Prohibit granting an application for involuntary representation against a person not domiciled in Connecticut unless (a) the respondent is physically located within the probate court district, (b) the applicant has made reasonable efforts to give notice to the respondent and his nearest relatives, and (c) the respondent has been given an opportunity to return to his or her place of domicile, along with the financial means from his or her financial resources, or the applicant has made reasonable but unsuccessful efforts to return the respondent to that place. The probate court must also review any involuntary representation of a non-domiciliary every sixty days, applying the same proof requirements as the initial commitment. The court must receive and consider reports from the conservator and the respondent's attorney as part of each such 60-day review.

- Notice to respondent (Sec. 14): Include specific language that must be used in the notice to the person who is the subject of a petition for appointment of a conservator. The notice, which is in plain language, spells out the consequences of a conservatorship and the rights of the respondent, including the right to attend all hearings, to have counsel appointed, to request that the hearing be held at a convenient location including the respondent's own residence, to submit alternatives to the appointment of a conservator, and to choose the conservator unless the court finds that the choice is inappropriate. Failure to serve the notice in

accordance with the statutory requirements for service deprives the probate court of subject matter jurisdiction over the proceeding.

- Right to counsel (Sec. 15): Give the respondent the right to appointed counsel if indigent and, whether indigent or not, the right to choose the attorney who will serve as counsel within the payment guidelines of the probate court. An indigent respondent cannot refuse to have counsel unless the court finds that the respondent understands the nature of the refusal. The respondent's attorney cannot be appointed guardian ad litem or conservator for that person unless nominated by the respondent. The attorney is entitled to access to all information pertinent to the proceedings, including immediate access to medical records available to the treating physician. Appointed counsel must consult with the respondent about bringing an appeal and, at the respondent's request, must help file the appeal for the respondent. A conservator may not deny the respondent access to the respondent's own resources needed for an appeal.

- Appointment and compensation of counsel (Sec. 15): Require the Probate Court Administrator to maintain a panel of attorneys to represent indigent respondents and to set their pay at a rate that is "reasonable." If the Judicial Branch budget has insufficient funds to pay such counsel, then they must be paid from the Probate Court Administration Fund.

- Procedure and standards (Sec. 16): Require consideration of specific factors and change the standard the court must apply before deciding to appoint a conservator, including requiring a finding that appointing the conservator is the least restrictive intervention available to assist the person. The act prohibits the receipt of any evidence of incapacity until the court finds, by clear and convincing evidence, that the respondent has received the required notice, has been advised of the right to an attorney, and is either represented by counsel or has waived representation. The rules of evidence in civil actions are to apply to the proceeding, and all evidence must be under oath. The court may waive the requirement that the evidence of incapacity include a report from a physician, and the act extends from 30 to 45 days the time period before hearing in which the physician's examination must have occurred. The court must automatically order disclosure of the medical report to the respondent's attorney and, on request, to the respondent. The court is prohibited from appointing a conservator if the respondent's needs are being met adequately by a person appointed under certain other statutes. The act provides a mandatory list of factors the court must consider in deciding whether or not to appoint a conservator.

- Selection of conservator (Sec. 16): Narrow the circumstances in which the court can reject the respondent's choice of conservator. If a conservator is

appointed, the act requires the court to consider, in addition to the conservator's competence and cost, the extent to which the proposed conservator knows the respondent's preferences, the conservator's commitment to promoting the respondent's independence and welfare, and any existing or potential conflicts of interest.

- Least restrictive means of intervention (Secs. 10(k) and 16): Require the probate court to give a conservator only the least restrictive duties and authority necessary to meet the person's needs, require the court to make specific findings on the need for each such duty or authority by clear and convincing evidence, require that the conserved person's needs be met in a manner appropriate to the person, and require the conservator to carry out those duties and authority in a manner that is the "least restrictive means of intervention."

- Habeas corpus (Secs. 16(m), 24, and 25): Provide explicitly that nothing in the act impairs the conserved person's right to retain an attorney or to seek redress in any forum, including habeas corpus, for which the act explicitly provides that there is no exhaustion requirement. It allows a habeas petition to be brought to either the probate or the Superior Court by the conserved person or by any relative, friend, or person interested in the person's welfare on his or her behalf. The act also allows the conserved person in any proceeding to request the probate court to require the conservator to substitute an attorney chosen by the person for an attorney appointed by the court. The act provides a similar right of access to habeas corpus to any person confined in a hospital or inpatient facility for treatment of alcohol or drug dependency.

- Temporary conservatorships (Sec. 18): Make a number of similar changes to provisions on appointing a temporary conservator, including limiting the appointment to 60 days.

- Conservators of the person (Sec. 20): Impose specific requirements on conservators of the person, including assisting in removing obstacles to maintaining the conserved person's independence and in achieving self-reliance, ascertaining the person's views, and making decisions that conform with the person's reasonable and informed preferences and expressed health care preferences. The conservator must afford the conserved person the opportunity to participate meaningfully in decision-making in accordance with his or her abilities and must delegate to the conserved person reasonable responsibility for decisions affecting the conserved person's well-being.

- Placement in a nursing home (Sec. 21): Prohibit a conservator from changing a conserved person's residence (e.g., moving the person to a

nursing home or terminating a lease) without either the conserved person's consent or a probate court finding, after a hearing, that the change is necessary. If placement is to be in a long-term care facility, the conservator's report must document why the conserved person's needs cannot be met in a less restrictive and more integrated setting. A conserved person in a nursing home may petition the probate court up to three times a year for consideration of placement in a less restrictive environment.

- Termination of conservatorship (Sec. 23): Allow a conserved person to petition the probate court at any time to terminate the conservatorship. The conserved person is not required to present medical evidence, and the court is to terminate the conservatorship if the petitioner prevails by a preponderance of the evidence.

- Periodic review of conservatorships (Sec. 23(c)): Retain the existing rule that conservatorships be reviewed by the probate court at least once every three years but require that the first review be held within one year after the conservatorship is ordered. Extension of the conservatorship requires proof by clear and convincing evidence.

See also: Proof Required for Consent to Administer Psychiatric Medication (P.A. 07-117), p. 10.

P.A. 07-252 APPOINTMENT AND POWERS OF HEALTH CARE REPRESENTATIVES (eff. October 1, 2007).

Sections 1, 2, 19, 20, and 21 of this act make changes in the appointment and powers of health care representatives.

- Short-form power of attorney (Secs. 1-2): The act removes health care decisions from the matters for which a short-term power of attorney can be authorized.

- Shock therapy (Secs. 19-20): Existing statutes contain a standard form by which a person can designate a health care representative to make health decisions if the person becomes incapacitated. The form includes authority to consent to "shock therapy." This act makes clear that the term has the same definition as in C.G.S. 17a-540, which is part of the Patient's Bill of Rights for persons with psychiatric disabilities.

- Legal effect of pre-2006 directives (Sec. 21): Existing law provides that an "advance directive" executed before October 1, 2006, when revisions to the Connecticut statutes on health care decision-making took effect, has the same legal effect as if executed under current law. This act makes

clear that the same rule applies to appointment of health care agents and powers of attorney for health care decisions.

P.A. 07-116 APPEALS FROM PROBATE COURT DECISIONS (eff. October 1, 2007).

Under prior law, appeals from probate court to the Superior Court were do novo, with the appellant entitled to an evidentiary trial in Superior Court. Sections 2 through 6 and 33 of this act provide that probate appeals will be on the record, subject to reversal only if affected by errors of law, clearly erroneous in view of the whole record, or arbitrary, capricious, or an abuse of discretion. These sections also make many other changes in appellate procedure, including:

- Setting the standards for service of process, including permitting service by an indifferent person and requiring that service be made on both the probate court itself and each "interested party";
- Providing a procedure for serving interested persons who were not served by the appellant;
- Providing that an appeal does not automatically stay the decision being appealed from. A motion for stay may be made to either the probate court or the Superior Court;
- Making explicit that the filing of an appeal does not preclude the appellant's use of other remedies, such as a habeas petition or a petition for termination of involuntary representation;
- Making explicit the right of indigent applicants to a waiver of the costs of appeal, including the cost of a transcript and any requirement for bond;
- Giving any party, on request, the right to file a written brief and to be heard in oral argument; and
- Allowing the referral of appeals to state referees.

P.A. 07-32 FINANCIAL THRESHOLD FOR PROBATING OF ESTATES (eff. October 1, 2007).

Prior law permitted expedited handling of estates under $20,000 by requiring only the filing of an affidavit, rather than a full probate application. This act permits affidavit filings for estates of up to $40,000.

See also: Probate Court Administration (P.A. 07-184), p. 68.

HOUSING AND RESIDENTIAL FACILITIES

JSS P.A. 07-2 MANAGED RESIDENTIAL COMMUNITIES (eff. October 1, 2007).

Sections 30 through 43 of this act increase the Department of Public Health's regulation of managed residential communities (MRCs), which are

defined as facilities consisting of private residential units that provide a "managed group living environment" of housing and services primarily for residents at least 55 years old. State-funded congregate living facilities are excluded from the act. This act:

- Creates an 18-point bill of rights for residents that assures a clean, safe, and habitable living unit in which the resident's personal dignity, individuality, and privacy will be respected and all tenant rights under the landlord-tenant laws will be followed. The bill of rights must be explained to each new resident by a designated MRC staff person at the time of entry into a residency agreement;
- Requires the assisted living service agencies (ALSAs) that provide services to residents of MRCs to create an individualized service plan for each resident after consultation with the resident and following assessment by a registered nurse, with the plan identifying in lay terms the needs of the resident and the services to be provided;
- Enhances DPH enforcement authority so as to include investigation of complaints; biennial inspections of common areas and, with the prior written consent of the resident, residential units; remedial orders and civil penalties of up to $5,000 per violation; and Attorney General enforcement in Superior Court; and
- Requires MRCs to comply with applicable state and federal laws.

The act specifically requires each MRC to:

- Provide a written residency agreement;
- Afford residents the ability to access services from an ALSA in accordance with a service plan;
- In conjunction with the ALSA, arrange for the provision of ancillary medical services, which may be administered by MRC employees only with the resident's consent;
- Provide a security program to protect residents from intruders;
- Afford residents the rights guaranteed under the landlord-tenant statutes;
- Not control or manage the financial affairs or personal property of any resident;
- Not accept any resident who requires 24-hour skilled nursing care unless the individual has arranged for and maintains such care as a condition of residency;
- Comply with the DPH regulations for MRCs; and
- Be subject to oversight and regulation by DPH.

The residency agreement, which must be in plain language and printed in not less than 14-point type, must include a grievance procedure. In addition to itemization of services and disclosure of charges, the residency agreement must include a covenant to comply with the landlord-tenant laws, the rules for termination of the agreement, and disclosure of what the rights and

responsibilities of the parties will be if the resident's health deteriorates or if the resident dies. The act prohibits the MRC from holding the estate or family of a resident responsible for payments for more than 15 days after the resident's death as long as the unit is vacated.

P.A. 07-251 LIEN FOR ELDERLY AND DISABLED TAX RELIEF (eff. October 1, 2007).

Under C.G.S. 12-129n, towns, at their option, may provide property tax relief to homeowners who are over age 65 or disabled that is in addition to property tax relief provided under other statutory programs. If the total tax relief from C.G.S. 12-129n and other tax relief programs is more than 75% of the person's property tax liability, then the town must place a lien on the property for the amount of the tax relief granted under all such programs. This act limits this lien to the portion of the tax relief that exceeds 75% of the total property tax liability.

P.A. 07-76 USE OF UNLICENSED PERSONNEL IN RESIDENTIAL CARE HOMES (eff. October 1, 2007).

This act permits unlicensed assistive personnel in residential care homes to (a) take residents' blood pressure and temperature readings with digital instruments that do not require the personnel to use discretion or judgment in their use, (b) take residents' weight, and (c) assist residents in using glucose monitors.

P.A. 07-34 TRAINING FOR UNLICENSED STAFF IN ALZHEIMER'S PROGRAMS (eff. October 1, 2007).

Under existing law, each Alzheimer's special care unit or program must provide all licensed and registered care staff who provide direct patient care with at least eight hours of dementia-specific training within the first six months of employment and at least five hours per year thereafter. This act requires that unlicensed and unregistered staff providing care in such units or programs receive at least one hour of Alzheimer's and dementia-specific training per year. The first training for newly-hired staff must be completed within six months of the date of employment.

OTHER

JSS P.A. 07-2 DEPARTMENT ON AGING (eff. July 10, 2007).

Section 25 of this act delays the establishment of the Department of Aging from January 1, 2007, until July 1, 2008.

P.A. 07-5 AUTOMOBILE INSURANCE DISCOUNTS (eff. October 1, 2007).

Under existing law, automobile insurance policies must provide a discount of at least 5% to drivers age 62 or older who have taken a DMV-approved accident prevention course. This act extends the discount requirement to drivers who are over 60.

See also: Training of Funeral Home Directors (P.A. 07-104), p. 7.

E M P L O Y M E N T

UNEMPLOYMENT COMPENSATION AND WORKERS' COMPENSATION

P.A. 07-193 UNEMPLOYMENT COMPENSATION ALTERNATIVE BASE PERIOD (eff. October 1, 2007).

Since 2003, an employee who has insufficient quarters of work to qualify for unemployment compensation has been allowed to use an alternative base period that makes it easier for persons new to the labor force to qualify. The alternative base period option was scheduled to sunset on December 31, 2007. This act repeals the sunset date, thereby making the alternative base period option permanent.

The act also makes clear that the issues in an unemployment compensation appeal to the courts are not limited to whether the agency's rules have been correctly applied but may also includes claims that the decision violates statutory or constitutional provisions.

JSS P.A. 07-5 UNEMPLOYMENT COMPENSATION FOR MILITARY SPOUSES (eff. October 1, 2007).

Section 17 of this act makes eligible for unemployment compensation benefits an employee who, between July 1, 2007, and June 30, 2008, voluntarily leaves his or her job to accompany a spouse who must relocate while on active duty with the United States armed forces. It also provides that an employer's unemployment account will not be charged for any claims filed by such an employee. Section 61 of the act requires the Labor Commissioner to report quarterly from January 1, 2008, until June 30, 2009, on the cost of providing unemployment benefits for such military spouses.

P.A. 07-80 NOTICE OF REDUCTION OR DISCONTINUATION OF WORKERS' COMPENSATION BENEFITS (eff. October 1, 2007).

This act increases from 10 to 15 days the amount of time for an employee to request a hearing on a proposed reduction or discontinuation of workers' compensation benefits. The act also revises the format and content of the notice that the employee receives and requires that the notice include medical documentation establishing the basis for the reduction or discontinuation and identifying the claimant's attending physician. In addition, the act allows the workers' compensation commissioner to impose a civil penalty of up to $1,000 per case, payable to the employee, against any employer or insurer who, through fault or neglect, unduly delays payment of workers' compensation benefits. Under prior law, the maximum penalty was $500 and was paid to the state, rather than to the employee.

P.A. 07-31 WORKERS' COMPENSATION APPEALS (eff. October 1, 2007).

Under existing law, the employee and the employer have 20 days after a decision by the Workers' Compensation Commissioner to file an appeal with the Compensation Review Board. This act provides that the appeal period will not begin until the Commissioner takes action on any post-decision motion that is pending.

The act also requires the Workers' Compensation Commission chairperson, as of April 1, 2008, to adopt the federal Medicare Resource-Based Relative Value Scale for determining the relative amounts to be paid by employers and insurers for the services of medical professionals.

P.A. 07-89 WORKERS' COMPENSATION INSURANCE FRAUD (eff. October 1, 2007).

This act authorizes the Labor Commissioner to issue a stop-work order to an employer who fails to obtain insurance or to provide satisfactory proof of self-insurance for the employer's workers' compensation liability. It also authorizes stop-work orders against employers who intend to injure, defraud, or deceive their workers' compensation insurer by knowingly (a) misrepresenting an employee as an independent contractor or (b) providing false, incomplete, or misleading information to the insurance company on the number of its employees in order to pay a lower premium. A stop-work order, which must be issued within 72 hours of the Commissioner's finding of unlawful behavior, requires the cessation of all work by that business at that location. The act also authorizes a civil penalty of $1,000 per day for violating a stop-work order and enhances criminal penalties for failure to obtain insurance or self-insurance.

REENTRY FROM PRISON

P.A. 07-243 REPORTING TO EMPLOYERS OF CONVICTION INFORMATION (eff. October 1, 2007).

Sections 1 and 2 of this act require each entity holding conviction or non-conviction criminal information to update it promptly whenever related criminal history record information is erased, modified, or corrected, or when a pardon is granted. The person or agency must also post on such information a notice that criminal history information can change daily and that the agency cannot guarantee its accuracy except as to the date it is disclosed. Effective February 1, 2008, these sections also require consumer reporting agencies to (a) inform consumers when they provide a report for employment purposes that includes criminal record information, such as arrest and conviction information, of the name and address of the person receiving the report; (b) access the Judicial Branch website before issuing the report to verify any criminal matters of public record to ensure that information reported is complete and up-to-date; and (c) maintain procedures designed to ensure that any criminal matter of public record reported is complete and up-to-date.

P.A. 07-57 ELIGIBILITY FOR PARDONS (eff. July 1, 2007).

Under existing law, the Board of Pardons can grant a pardon to persons convicted of "offenses" against the state. This act makes clear that the Board can also pardon "violations" for which a sentence of imprisonment can be imposed (e.g., some motor vehicle violations). The law also provides that the Board may accept an application for a pardon three years after the applicant's conviction of a misdemeanor or violation, five years after conviction of a felony, and at an earlier date upon a finding of extraordinary circumstances. Current Board policy requires a five-year wait in all cases.

P.A. 07-246 CRIMINAL HISTORY BACKGROUND CHECKS (eff. October 1, 2007)

Section 1 of this act permits the Department of Public Safety to adopt regulations to provide for national criminal history records checks to determine an employee's or volunteer's suitability to care for children, the elderly and individuals with disabilities.

See also: Rights of Inmates with Mental Illness/Discharge (P.A. 07-216), p. 9.

OTHER

See: Recoupment Against Occupants of Humane Institutions (P.A. 07-44), p. 12.
Medicaid, HUSKY, and Other Health Care Initiatives/Deductibility of

employee health insurance premiums (P.A. 07-185), p. 40.
Study of Earned Income Tax Credit (JSS P.A. 07-1), p. 73.

F A M I L Y

CHILD SUPPORT

P.A. 07-247 CHILD SUPPORT ENFORCEMENT AMENDMENTS (eff. October 1, 2007).

This act makes numerous changes in Connecticut law, primarily to conform to the child support provisions in the federal Deficit Reduction Act of 2005 and to adopt the changes to the Uniform Interstate Family Support Act (UIFSA) recommended in 2001 by the Commission on Uniform State Laws. These changes include:

- Assignment of child support rights (Sec. 1): Effective October 1, 2008, the act limits the assignment of child support rights required of TFA applicants to those accruing during the period of assistance up to the amount of TFA received by the family.

- Annual fee (Sec. 2): The act requires non-TFA participants in the Title IV-D program for whom the state collects at least $500 per year to pay a $25 annual fee, which the state, at its discretion, may collect from either parent or may pay itself. Subsequent to the adoption of this act, the state decided that it would not impose the fee on either parent.

- Health care coverage and cash medical support (Secs. 3, 7, 11, 57, 62, 63): The act makes changes in the rules for ordering health care for a child, including (a) limiting the order to coverage available at a "reasonable cost," which is defined as no more than 5% of net income for low-income obligors (as defined in the Child Support Guidelines) or 7.5% of income for other obligors and (b) permitting an order against the obligor for "cash medical support" (i.e., a cash payment toward the cost of HUSKY A or B premiums or the cost of on-going medical or dental expenses not covered by insurance), provided it does not exceed a reasonable cost and provided that a low-income obligor may not be ordered to contribute to HUSKY A or B premiums;

- Liability for eighteen-year-olds (Sec. 6): Child support generally ends when a child turns eighteen, but prior law required the parents to support full-time high school students living at home until age 19. This act requires support for full-time high school students even if they no longer live with a parent.

- Priority of medical support (Sec. 9): In cases in which the obligor's income is insufficient to pay all support orders in full, the act requires employers to withhold for medical support ahead of arrearage orders and all other support obligations except current payments for child support and alimony.

- Paternity petitions (Sec. 10): The act allows a paternity petition to be brought at any time before to the child's eighteenth birthday but maintains the rule that liability for past support is limited to the three years before the filing of the petition. It also requires that the Attorney General be a party to any paternity case involving a public assistance recipient, including any post-judgment proceedings.

- UIFSA (Secs. 14-56): Effective January 1, 2008, the act incorporates the 2001 amendments to UIFSA into Connecticut law, including clarifying when Connecticut courts must enforce or can modify out-of-state support orders, clarifying how Connecticut determines which jurisdiction's law to apply, and expanding the number of foreign countries to which reciprocity of orders will apply.

- Transfers of custody (Sec. 60): The act provides that, in family relations matters, a court order for a change of guardianship or custody of a child to the obligor automatically suspends the support order. If the court order changes guardianship or custody to anyone else, then the payee is automatically modified accordingly. These rules already apply to probate and juvenile court matters.

P.A. 07-243 ISSUANCE OF CAPIASES AND REARREST WARRANTS (eff. October 1, 2007).

Section 3 of this act prohibits the court, except for good cause shown, from issuing a capias or rearrest warrant for failure to appear before 4 pm of the date of the alleged failure to appear.

P.A. 07-69 LIABILITY OF MARSHALS FOR INJURIES TO CHILD SUPPORT OBLIGORS THEY ARE TRANSPORTING (eff. October 1, 2007).

This act requires the state to indemnify state marshals for claims against them for personal injury or property damage resulting from their taking a person into custody under a capias issued by the Support Enforcement Services division of the Superior Court, if the injury occurs while the person is being transported in the marshal's private motor vehicle. No indemnification is required if the injury is caused by the marshal's malicious, wanton, or wilful conduct; and the marshal in such a case must reimburse the state for its expenses in defending him.

The act also prohibits private entities from charging a marshal any fee for the marshal's performance of his statutory duties.

See also: Insurance Coverage of Adult Children (P.A. 07-185 and JSS P.A. 07-2), p. 49.

DOMESTIC VIOLENCE

P.A. 07-123 DOMESTIC VIOLENCE (eff. October 1, 2007).

This act makes several unrelated changes in the laws concerning domestic violence.

- Non-financial conditions for release: The act allows a police officer, on his or her own authority and without the involvement of a bail commissioner, to set a bond or to release a defendant arrested for a family violence crime on a promise to appear, which may include non-financial conditions on release. If non-financial conditions are to be imposed, the officer must first make reasonable efforts to contact a bail commissioner and cannot impose non-financial conditions unless a bail commissioner cannot immediately be contacted or is unavailable. The non-financial conditions may include avoiding all conduct with the victim of the crime; complying with specific restrictions on travel, association, or place of abode; and or not using or possessing a dangerous weapon, intoxicant, or drug. The non-financial conditions are to be indicated on a form prescribed by the Judicial Branch and sworn to by the police officer. The officer must state under oath on the form the efforts made to contact a bail commissioner, the specific factual basis relied on for the non-financial conditions of release, and the fact that interpreter or translation service was used if the arrested person was non-English-speaking. A copy of the portion of the form containing the non-financial conditions must be provided to the defendant at the time of issuance, and the full form must be provided to the defendant's attorney at arraignment. The non-financial conditions remain in effect only until the defendant is arraigned in court, when the court must conduct a hearing under C.G.S. 46a-38c at which the defendant is entitled to be heard regarding the issuance of a protective order. The act makes the police officer immune from civil liability for any injury arising from the conditions of release imposed by the officer.

- Standing criminal restraining orders: The act broadens the convictions for which a standing criminal restraining order can be issued to include harassment, criminal violation of a restraining order, any other crime that the court determines is a family violence crime or an attempt or conspiracy to commit such a crime, or, for good cause shown, any other crime against a family or household member.

- Admissibility of statements: The act makes any statement made by an arrested person in a bail interview in response to any question related to the terms and conditions of release inadmissible in any court proceeding arising from the incident for which the conditions of release were set.

- Other provisions: The act also (a) makes violation of the conditions of release by a person charged with a felony into a Class D felony (it was previously a Class A misdemeanor); (b) allows stun guns and similar electronic defense weapons to be seized by police in a family violence arrest; and (c) creates a new crime of strangulation.

P.A. 07-78 PROTECTION OF PETS AND OTHER ANIMALS (eff. October 1, 2007).

This act makes explicit that the conditions imposed by the court in a restraining or protective order regarding domestic violence, stalking, or harassment may include provisions necessary to protect any animal owned by the victim, including an order enjoining the defendant from injuring or threatening to injure the animal.

CHILD PROTECTION

P.A. 07-159 APPOINTMENT OF COUNSEL IN JUVENILE AND FAMILY MATTERS (eff. July 1, 2007).

This act modifies the procedures by which attorneys are appointed for children and indigent parents in juvenile and family matters:

- Payment of appointed counsel: The act transfers the responsibility for paying appointed counsel from the Judicial Department to the Commission on Child Protection (CCP).

- Appointment of counsel: The act distinguishes between the appointment of counsel in juvenile matters and in family matters. In non-delinquency juvenile matters, the Chief Child Protection Attorney (CCPA), upon notice from the court, is to assign an attorney to represent the child or youth and, if determined by the court to be unable to afford counsel, the child's or youth's parents or guardian. In family matters, in contrast, the appointment is to be made directly by the court from a list of attorneys provided by the CCPA and the CCPA is no longer required to assign an attorney. Counsel can be appointed for children and youth in any family matter but for indigent respondents only in paternity and contempt proceedings.

- Multidisciplinary agency model: The act authorizes the CCPA to include

terms encouraging or requiring the use of a multidisciplinary agency model of legal representation in any contract for attorney services. This model teams child protection attorneys with other professionals, including social workers and education specialists.

- Advisement of right to counsel: The act explicitly requires the court to advise parents and guardians of their right to appointed counsel at the preliminary hearing on an order of temporary custody or the first hearing on a neglect petition.

- Parents' right to counsel in delinquency proceedings: The act limits the right to counsel in juvenile delinquency proceedings to the child, thereby repealing the parents' right to counsel contained in prior law. It makes an exception, however, if a parent faces potential imprisonment for contempt of court for failure to comply with a court order, in which case the court must appoint counsel for a parent who is indigent.

- Training of attorneys and guardians ad litem: The act retains the requirement that the CCPA set training, practice, and caseload standards for attorneys and guardians ad litem, but it repeals the requirement that the CCPA provide the initial and in-service training.

See also: Appeals from Probate Court Decisions (P.A. 07-116), p. 19.

P.A. 07-184 NOTICE TO PARTIES IN PROBATE COURT (eff. October 1, 2007).

Sections 1 through 8 of this act change the method of notifying parties in specific probate court matters by (a) permitting service at the person's usual place of abode, if personal service was previously required, and (b) permitting notice by first-class mail, if certified mail was previously required. These new rules are to be applied to cases involving:

- Termination of parental rights;
- Temporary custody of a minor pending application to remove a guardian or terminate parental rights;
- Removal of a parent as guardian;
- Appointment of a guardian for a minor or a person with mental retardation;
- Planning hearing that must be held within 120 days after a voluntary admission to DCF;
- Emancipation of a minor; and
- Claim of paternity.

P.A. 07-174 PARTICIPATION OF FOSTER AND PROSPECTIVE ADOPTIVE PARENTS IN JUVENILE COURT HEARINGS (eff. October 1, 2007).

Under prior law, a foster parent or former foster parent who has cared for a child for at least six months had the right to notice of any motion for review of a permanency plan or a motion to revoke the child's commitment or change the child's placement and the right to be heard and comment on the child's best interest in any proceeding brought while the person is the child's foster parent or within a year after the foster parenting arrangement ends. Section 3 of this extends the right to notice and the opportunity to be heard by (a) applying these rights to any proceeding concerning the foster child and not only to permanency plan reviews, placements, and revocations, (b) eliminating the requirement that the foster parent have cared for the child for at least six months, and (c) extending the rights under the statute to relative caregivers and prospective adoptive parents, even if they are not foster parents.

P.A. 07-143 ADMISSIBILITY OF TESTIMONY OF CHILDREN UNDER THE AGE OF THIRTEEN (eff. July 1, 2007).

Section 11 of this act, as amended by Section 42 of JSS P.A. 07-5, makes the statement of a child under the age of 13 admissible in any juvenile or criminal proceeding if (a) it relates to a sexual offense against that child or to an offense involving physical abuse of the child by a person with actual or apparent authority over the child; (b) the court finds in a hearing outside the presence of the jury that the circumstances of the statement, including its timing and content, provide particular guarantees of its trustworthiness; (c) the statement was not made in preparation for a legal proceeding; (d) the proponent of the statement provides the adverse party with detailed information about the statement so as to give the adverse party a fair opportunity to prepare; and (e) either (i) the child testifies and is subject to cross-examination or (ii) there is independent non-testimonial corroborative evidence of the alleged act and the statement was made prior to the defendant's arrest or the initiation of juvenile proceedings. The act provides explicitly that this rule does not preempt the admissibility of any statement under another hearsay exception.

JSS P.A. 07-1 SETTLEMENT IN W.R. v. DCF (eff. June 6, 2007).

The State Budget includes funding to expand several DCF programs in compliance with the first two years of the settlement of the court case of W.R. v. DCF. That case challenged the adequacy of DCF services for mentally ill children in the care of DCF with serious behavioral issues whose mental health needs cannot be met in traditional foster home placements or institutions and who have experienced or are at high risk of multiple failed placements. In particular, it includes about $4.5 million for "individualized community-based options" that will provide therapeutically supported living, crisis supports, and

related services to help maintain these adolescents successfully in the community. It also includes about $3 million to expand the hours of operation and the number of teams that provide "emergency mobile psychiatric services" for children in the class.

P.A. 07-174 SIBLING PARTICIPATION IN THE SUBSIDIZED GUARDIANSHIP PROGRAM (eff. October 1, 2007).

Sections 1 and 2 of this act, as amended by Section 38 of JSS P.A. 07-5, expand DCF's Subsidized Guardianship Program (SGP) to include half- and step-siblings of children already in the SGP and living with a grandparent, aunt, or other blood relative as their legal guardian. The program pays financial subsidies to family members who become legal guardians of children committed to DCF for at least six months. DCF has treated half- and step-siblings of the children as ineligible for the program if they themselves are not blood relatives of the caregiver, even though they are living in the same household.

P.A. 07-8 PLACEMENT OF SIBLINGS BY DCF (eff. October 1, 2007).

Existing law prohibits DCF from placing children in unlicensed foster homes. If, however, it is determined to be in the child's best interests, DCF can place a child for up to 90 days with responsible unlicensed relatives or, if the child is at least 14 years old, with others with whom the child has a positive relationship. Caregivers must become licensed foster parents if the placement extends beyond 90 days.

This act increases such short-term, unlicensed placement options for foster children in two ways:

- Sibling placements: It allows DCF to place half- and step-siblings with an unlicensed caregiver who is related to at least one of the children. Existing law has been construed to require that each child be related to the relative caregiver by blood.

- Non-relative placements: The act also lowers, from age 14 to age 10, the minimum age for short-term placements with unlicensed family friends or other responsible adults who are at least 21 years old (such non-relatives are called "special study" foster parents).

JSS P.A. 07-4 EXTENDED FAMILY GUARDIANSHIP AND ASSISTED CARE PILOT PROGRAM (eff. October 1, 2007).

Section 6 of this act requires the Probate Court Administrator to establish an Extended Family Guardianship and Assisted Care Pilot Program in the New

Haven Regional Children's Probate Court for the purpose of reducing the number of children who are placed outside their communities and in foster care due to abuse and neglect. The program must include recruitment of extended family members in the community to become guardians and of volunteers to be assisted care providers to help guardians care for children. Guardians appointed under the program will receive up to $500 per child. The state budget includes $100,000 per year for the program. The Probate Court Administrator is required to promulgate regulations for the program and to report to the legislature by January 1, 2009, on the status and effectiveness of the pilot program.

P.A. 07-143 SEXUAL CONTACT BETWEEN MINORS OF SIMILAR AGES (eff. October 1, 2007).

Sections 1 and 2 of this act decriminalize certain consensual sexual activity between teenagers close in age (statutory rape). In particularly, they increase, from two to three years, the age difference between the two before the older teen is guilty of second-degree sexual assault (sexual intercourse) or fourth-degree sexual assault (sexual contact). As under existing law, the younger teen must be at least 13 years old. The act also decriminalizes consensual sexual contact between a child under the age of 13 and a child no more than two years older. Other parts of the act impose mandatory minimum terms of imprisonment for enticing a child under age 13, having sexual or indecent contact with a child under age 13, employing a minor in an obscene performance, and importing or possessing child pornography.

P.A. 07-203 REIMBURSEMENT FOR PAYMENTS MADE BY DCF FOR THE CARE OF A MINOR (eff. July 10, 2007).

Under existing law, DCF is allowed to bill and collect up to the full cost of care that it provides to children. It can bill the child's legally liable relatives (e. g. , parents), the child, or both. This act prohibits DCF from billing a deceased minor's estate. It also prohibits collection from a minor's lawsuit or lottery proceeds, inheritance, or trust payments, other than those from specified Medicaid trusts.

See also: Department of Mental Health and Addiction Services (P.A. 07-148), p. 11.
Rental Assistance and Homeless Services Enhancement (JSS P.A. 07-1), p. 54.
Probate Court Administration (P.A. 07-184), p. 68.

JUVENILE JUSTICE

JSS P.A. 07-4 EXTENSION OF JUVENILE COURT DELINQUENCY JURISDICTION TO AGE 18 (eff. January 1, 2010).

Sections 73 through 88 and Section 123 of this act raise the maximum age of juvenile court jurisdiction for purposes of delinquency matters from age 16 to age 18, effective January 1, 2010. The act will thereby permit most offenses involving 16- and 17-year-olds to be adjudicated in juvenile court while retaining existing law that automatically transfers serious felonies to the adult criminal docket and gives judges discretion to transfer other criminal cases. As of 2010, the act repeals the Youth in Crisis Program, which provides limited intervention and services for 16- and 17-year-old truants, runaways, and other status offenders, since they will at that time become eligible for the Families With Services Needs (FWSN) program. Juvenile court jurisdiction in other matters, such as abuse, neglect, and termination of parental rights, will continue to extend only until the child turns 16. Other provisions of the act include:

- Mandatory fines for possession of alcohol (Sec. 79): The act requires juvenile court judges to impose statutory fines on all children convicted as delinquent for possessing alcohol. Under existing law, the fine for a first offense is $136; repeat offenses carry fines of between $ 200 and $500.

- Erasure of juvenile court records (Sec. 80): Existing law allows courts to grant petitions erasing a delinquent or FWSN child's arrest and court records when the child has not been charged with another crime or status offense within a specified period of time. This act extends the erasure option to situations in which the child has signed a statement of responsibility admitting to having committed a delinquent act or status offense.

- Pretrial detention (Sec. 85): The act prohibits judges from placing juveniles in pretrial detention unless such detention is "necessary" and the child is placed in the least restrictive environment possible consistent with public safety.

- OPM report (Sec. 83): The act, as amended by Section 6 of JSS P.A. 07-5, requires OPM to submit a report to the General Assembly by January 15, 2008, analyzing the costs of complying with the new statutory requirements to (a) raise the delinquency and FWSN age to 18 and restructure detention options for under-18 serious juvenile repeat offenders; (b) establish and operate family support centers and staff-secure facilities for FWSN children; and (c) implement the extended guardianship program.

- Program development (Sec. 84): Existing law requires the Judicial Department's Court Support Services Division (CSSD) to provide a continuum of services for juvenile offenders living in the community. Effective July 1, 2007, this act specifies that the system must include programs both for juveniles classified as eligible for release with

structured supervision and those eligible for release without structured supervision. It also directs CSSD, if appropriate, to coordinate these programs with DCF and DMHAS. The act makes specific that these programs, in addition to existing requirements, must be tailored to the juvenile's maturity, social development, and need for structured supervision and must be culturally appropriate, trauma-informed, and provided in the least restrictive environment possible in a manner consistent with public safety. It also makes specific that, in addition to existing requirements, they must include appropriate job training and employment opportunities, substance abuse prevention programs, and services for the juvenile's family. CSSD is also required to consult with the Commission of Racial and Ethnic Disparity in the Criminal Justice System to address the needs of minorities in the juvenile justice system.

- Increase in the number of judges (Sec. 86): Beginning April 1, 2009, the act mandates the appointment of five additional Superior Court judges.

- Program evaluation (Sec. 87): The act requires the Chief Court Administrator and the executive director of the CSSD, by July 1, 2009, to evaluate the programs and services provided in the juvenile justice system and to implement changes, as necessary, to ensure that they meet the needs of youth over age 16.

- Juvenile Jurisdiction Policy and Operations Coordinating Council (Sec. 88): Effective June 29, 2007, the act creates the Juvenile Jurisdiction Policy and Operations Coordinating Council to monitor the implementation of the expansion of juvenile court delinquency jurisdiction to age 18. The Council is to have 32 members, including four Judicial Branch officials (including the Chief Court Administrator and a juvenile court judge); the Chief Public Defender and the Chief State's Attorney; five state agency commissioners (OPM, DCF, DOC, SDE, and DMHAS); the Child Advocate; the president of the Connecticut Police Chiefs Association; two child or youth advocates appointed by the chairpersons of the Juvenile Jurisdiction Planning and Implementation Committee (JJPIC); two parents of children who have been involved in the juvenile justice system; and 15 legislators.

  The Council is to monitor implementation of the central components of the JJPIC's February 8, 2007, plan, which includes the development and implementation of a comprehensive system of community-based and residential services for juveniles. The Council is also required to study and make recommendations on at least the following issues: (a) the development of appropriate diversion programs; (b) the short- and long-term placement capacity required to accommodate the expanded juvenile population, including pretrial detention facilities and feasible alternatives

to detention; (c) a determination of which state agencies should be responsible for providing relevant services, including mental health and substance abuse services, housing, education, and employment; (d) the relationship between the juvenile justice system and emancipation of minors; (e) what offenses should be classified as serious juvenile offenses; (f) the most suitable judicial procedures for juveniles, including those for interrogation of juveniles; (g) school-related interventions to reduce student suspension, expulsion, truancy, and arrest rates; (h) strategies to reduce disproportionate minority contact with the juvenile justice system; and (i) whether the age for mandatory school attendance should be changed. The Council is to make quarterly status reports to the General Assembly, beginning January 1, 2008, and to submit a final report by January 1, 2009.

JSS P.A. 07-4 SERVICES FOR FAMILIES WITH SERVICE NEEDS (eff. October 1, 2007).

Sections 30 through 32 of this act expand diversion services and court options for families with service needs (FWSN). These are families with children under age 16 who have committed "status offenses," such as running away or truancy, that are against the law only because the child is under age 16.

- Family support centers: The act requires the Court Support Services Division of the Superior Court to contract with private providers or youth service bureaus to create a network of family support centers (FSCs) for FWSN families. The purpose of these centers is to prevent children in such families from having further involvement with the courts. Each family support center must provide or ensure access to multiple services, including screening and assessment, crisis intervention, family mediation, educational evaluation and advocacy, mental health treatment, access to positive social activities, and short-term respite care.

- Diversion of FWSN petitions: Under prior law, the court automatically referred FWSN complaints to a juvenile probation officer, who after initial assessment could either file a FWSN petition or refer the child for community-based services. This act requires instead that the initial referral by the probation officer be for services at a community-based program or an FSC. A FWSN petition is not to be filed unless the community-based or FSC provider notifies the probation officer that the child and family cannot benefit further from the referral and the probation officer, after reassessment, determines that the filing of a petition is appropriate. The act appears to eliminate the right of the original complainant to pursue a FWSN petition on its own if the probation officer refuses to file the petition. If the probation officer does file a FWSN petition, the act increases from three to six months the time period that the court can continue formal court proceedings for further community-based

referral and permits an additional three month continuance for cause. It prohibits committing the child to DCF unless the court first finds after an evidentiary hearing at which the child is entitled to be represented by counsel that there is no less restrictive alternative. The same "no less restrictive alternative" standard also applies to any extension of the commitment.

- Violation of FWSN orders: If a FWSN petition is granted and the child violates a court order governing future conduct, the act permits the probation officer to file a petition with the court based on the child's violation of the order. The child is entitled to representation and an evidentiary hearing. No child may be held for more than 24 hours (excluding weekends and holidays) without a hearing. If the court finds a violation, the court may (a) allow the child to remain at home in the custody of a relative or other suitable person, subject to supervision by a probation officer; (b) if there is no less restrictive alternative appropriate to the needs of the child and the community, place the child in a staff-secure facility of the Court Support Services Division for a maximum of 45 days, with reviews every 15 days; or (c) commit the child to DCF for 18 month periods. A "staff-secure facility" is defined as a residential facility that permits restriction of movement of the residents but does not physically incarcerate them in cells or similar rooms. The court can make an emergency direct placement to a staff-secure facility for a maximum of 45 days, if it finds probable cause that the child is in imminent risk of physical harm from the child's surroundings, the child's safety is as a result endangered and immediate removal is necessary to ensure that safety, and there is no less restrictive alternative available. Such a 45-day placement must be reviewed every 15 days and cannot be extended; and after its completion the child must either be returned to the community for appropriate services or committed to DCF. Any such child is entitled to the same procedural protections as are afforded to delinquent children.

- FWSN Advisory Board: Section 37 of the act delays the termination of the FWSN Advisory Board until July 1, 2008. The Board monitors progress by DCF in developing services and programming for girls in FWSN families and the progress of the Judicial Department in implementing P.A. 05-250, an act that prohibits FWSN children from being processed as delinquents and applies a "no less restrictive alternative" test to out-of-home placements and commitments to DCF.

JSS P.A. 07-4 URBAN VIOLENCE REDUCTION GRANTS (eff. July 1, 2007).

Section 9 of this act creates an Urban Violence Reduction Grant program, to be administered by OPM, for the purpose of reducing urban youth violence by providing grants for youth programs and services in urban centers for

children between the ages of 12 and 18. Grants are to be made to municipalities or to agencies endorsed by municipalities. Programs must include mentoring, tutoring and enrichment activities, social and cultural activities, athletic and recreational opportunities, training in problem-solving and conflict mediation, and implementation of strategies to reduce street violence and improve police-community relations. The state budget includes $1 million per year for the program.

GENERAL GOVERNMENT

P.A. 07-213 POSTING OF MEETING AGENDAS ON THE WEB (eff. October 1, 2007).

Existing law requires that the agendas of all regular meetings of public agencies be filed at least 24 hours before the meeting in the agency's regular office. Section 23 of this act requires that such agendas also be filed with the Secretary of the State for state agencies and with the Town Clerk for municipal agencies. In addition, the agendas of state agencies must be posted both on the website of the agency and on the website of the Secretary of the State.

See also: Department on Aging (P.A. JSS P.A. 07-2), p. 21.

HEALTH CARE, HEALTH INSURANCE, AND MEDICAL ASSISTANCE

MEDICAID, HUSKY, SAGA MEDICAL, AND OTHER MEDICAL ASSISTANCE

P.A. 07-185 and JSS P.A. 07-2 and JSS P.A. 07-4 and JSS P.A. 07-5 and P.A. 07-252

MEDICAID, HUSKY, AND OTHER HEALTH CARE INITIATIVES (eff. July 1, 2007).

P.A. 07-185, as amended by JSS P.A. 07-2, JSS P.A. 07-4, and JSS 07-5, addresses health care delivery systems, makes a variety of changes in Medicaid and other public health care programs, and imposes new requirements on private employers and insurance programs. Their major provisions include:

- Foreign language interpretation services (Sec. 1 of P.A. 07-185): This section requires the Commissioner of Social Services to amend the state Medicaid plan to include as a covered service under Medicaid foreign language interpreter services for Medicaid beneficiaries with limited English proficiency.

- SAGA medical funding and services (Sec. 2 of P.A. 07-185, as amended by Sec. 14 of JSS P.A.07-2 and Sec. 118 of JSS P.A. 07-4): These sections require the Commissioner, by January 1, 2008, to seek a federal waiver to extend Medicaid coverage to persons with incomes up to 100% of the federal poverty level who qualify for SAGA medical coverage. The act also makes clear that SAGA medical may provide non-emergency medical transportation and vision care services "on a limited basis within available appropriations." These services were added in 2006 but language in the statute raised questions as to whether DSS was authorized to provide them. In addition, the act authorizes home health services and skilled nursing facility coverage for SAGA medical participants being discharged from chronic disease hospitals if found cost-effective by the Commissioner.

- HUSKY A parent coverage limits (Sec. 3 of P.A. 07-185, as amended by Section 7 of JSS P.A. 07-2): These sections raise coverage for parents and needy caretaker relatives under HUSKY A from 150% of federal poverty level (FPL) to 185% of FPL. They also require DSS to inform applicants at the time of application of the effect on eligibility of having income above the program's income limits. In addition, they require DSS to give applicants found ineligible for HUSKY A coverage a written notice of ineligibility and of the availability of HUSKY B benefits.

- HUSKY cost-sharing (Sec. 7 of JSS P.A. 07-2): This section repeals the statutory authority of DSS to impose premiums and co-pays on certain parents and needy caretaker relatives.

- Medicaid and HUSKY coverage for pregnant women (Sec. 4 of P.A. 07-185, as amended by Section 9 of JSS P.A. 07-2): These sections expand Medicaid coverage to include pregnant women in families with income up to 250% of FPL (the former limit was 185% of FPL). DSS is required to submit a state plan amendment, or a waiver application if required by the federal government, by September 1, 2007, and to implement the change by January 1, 2008.

- Automatic four-month eligibility for newborns (Secs. 4 and 6 of P.A. 07-185, as amended by Section 17 of JSS P.A. 07-2): These sections establish automatic four-month eligibility under HUSKY A and B for all uninsured newborn children born in a Connecticut or border state hospital. The parent or caretaker relative of the child must be a Connecticut resident and must authorize the child's enrollment in the program. Any such child not eligible for HUSKY A is to be enrolled in HUSKY B on an expedited basis, and DSS will pay any premiums the family would otherwise incur for the first four months of coverage.

- Outreach (Secs. 8 and 9 of P.A.07-185): These sections explicitly require the Commissioner, in consultation with the Children's Health Council, the Medicaid Managed Care council, and 2-1-1 Infoline, to maximize enrollment in HUSKY both of eligible children and of eligible adults. They also require the Commissioner, in consultation with the Latino and Puerto Rican Affairs Commission, the African-American Affairs Commission, minority community-based organizations, and other state and local organizations, to develop and implement outreach efforts that target medically needy underserved children and adults, particularly Latinos and other minorities. Those efforts must include culturally appropriate outreach materials, advertising in Latino and minority media outlets, and targeting Latinos and minorities in other HUSKY public education, outreach, and recruitment activities. In addition, it affirmatively requires DSS to ensure that children eligible for free or reduced-price school lunches "are enrolled" in HUSKY (rather than "able to enroll," as required by prior law).

- Preventive health services (Sec. 13 of P.A. 07-185, as amended by Sec. 10 of JSS P.A. 07-02): These sections require the Commissioner of Social Services, in consultation with the Commissioner of Public Health, to develop a plan for preventive health services for children in HUSKY. The goals of the plan are to improve health outcomes for all children enrolled in HUSKY and to reduce racial and ethnic health disparities among children. The system must ensure that EPSDT services are provided to children in HUSKY A. The plan, which is to be developed within available appropriations, shall:

    - Establish a coordinated system for preventive health services for HUSKY beneficiaries;
    - Require DSS electronically to track the utilization of services in the HUSKY preventive health services system so as to ensure that beneficiaries receive all available services and to track the resulting health outcomes; and
    - Include payment methodologies to create financial incentives for providers participating in the system.

  The plan is to be developed by January 1, 2008, and implemented by July 1, 2008. By July 1, 2009, DSS must report to the General Assembly on the implementation of the plan, including information on health outcomes, quality of care, and methodologies used to improve health outcomes and quality of care.

- Child Health Quality Improvement Program (Sec. 14 of P.A. 07-185): This section requires DSS, in collaboration with DPH and DCF, to establish a Child Health Quality Improvement Program to promote the

use by providers in the HUSKY program of "evidence-based strategies" (i.e., strategies supported by research and empirical evidence) to improve delivery of and access to children's health services. The strategies must focus on physical, dental, and mental health services and must include implementation of methods for early identification of children with special health care needs, integration of care coordination and planning into children's health services, standardized data collection to measure performance improvement, and family-centered services, including parent-provider partnerships. DSS is required to report to the General Assembly and the Medicaid Managed Care Council by July 1, 2008, and annually thereafter on the implementation of these strategies and their efficacy in improving access and delivery for HUSKY children.

- Primary care case management pilot (Sec. 16 of JSS P.A. 07-2): This section requires DSS, no later than November 1, 2007, to develop a plan to implement a pilot primary care case management (PCCM) program for at least 1,000 people who are otherwise eligible for HUSKY A benefits. Primary care providers participating in the pilot must provide primary medical care services to enrollees and arrange for specialty care as needed. The act defines PCCM as a system of care in which the health care services for program beneficiaries are coordinated by a primary care provider chosen by or assigned to the enrollee. Currently, all HUSKY A beneficiaries are enrolled in managed care organizations that are required to coordinate care. The Commissioner must submit the plan to the General Assembly's Human Services and Appropriations Committees, which within 30 day of receiving the plan must hold a joint public hearing on it and may approve, deny, or modify the plan. DSS must begin enrolling people in the pilot by April 1, 2008.

- Healthcare consumer information website (Sec. 22 of P.A. 07-185): This section requires the Office of the Healthcare Advocate to establish and maintain an internet healthcare consumer information website by October 1, 2008. The website is for use by the public in obtaining healthcare information, including the availability of wellness programs, quality and experience data from hospitals, and a link to the Insurance Commissioner's consumer report card.

- Deductibility of employee health insurance premiums (Sec. 23 of P.A. 07-185): This section requires employers who deduct a portion of insurance premiums from their employee's pay to offer such employees the opportunity to have the amount deducted excluded from their gross income for the purposes of state and federal income taxes.

- Disease management initiatives in HUSKY (Sec. 29 of P.A. 07-185): The act requires DSS to inventory and report to the General Assembly by

January 1, 2008, on disease management initiatives implemented as of July 10, 2007, under HUSKY, SAGA and Medicaid. The report must include the cost and the number of people served by each initiative.

- HealthFirst Connecticut Authority (Sec. 30 of P.A. 07-185, as amended by Sec. 67 of JSS P.A. 07-2): These sections establish a HealthFirst Connecticut Authority, effective July 10, 2007, to:

    - Examine and evaluate policy alternatives for providing health care to all Connecticut residents, including a single-payer health care system and employer-sponsored health plans;
    - Make recommendations to contain the cost and improve the quality of health care, including recommendations on measures to encourage or require the provision of health care coverage to certain groups through an insurance pool; and
    - Make recommendations on the financing of quality, affordable health care coverage for Connecticut residents, including the maximization of federal funds.

  The Authority is to have eight voting members appointed by legislative leaders and two appointed by the Governor, including representatives of health care providers, businesses, health insurance companies, and labor. The appointee of the House Majority Leader must represent consumers. The Commissioners of Insurance, Social Services, and Public Health, the Healthcare Advocate, and the Comptroller, or their designees, are ex-officio non-voting members.

- State-wide Primary Care Access Authority (Sec. 31 of P.A. 07-185): This section establishes a State-wide Primary Care Access Authority to (a) inventory the state's existing primary care infrastructure; (b) by December 31, 2008, develop a universal system that maximizes federal financial participation in Medicaid and Medicare for providing primary care services, including prescription drugs, to all Connecticut residents; and (c) develop a plan to implement this universal primary care system by July 1, 2010. The Authority will consist of the the co-chairs of the HealthFirst Connecticut Authority (who will also co-chair this authority), the Commissioners of Public Health and Social Services, the Comptroller, and six members appointed by specific health care provider organizations. The Authority is to make progress reports on planning and implementation to the General Assembly by February 1, 2008, and annually on January 1 thereafter.

- School-based health care (Secs. 32 and 33 of P.A. 07-185 and Sec. 70 of JSS P.A. 07-2): P.A. 07-185 requires the Ad Hoc School-Based Health Care Access Committee, which was created in 2006 to recommend

changes to improve health care through access to school-based health clinics, to meet at least quarterly and to make an annual report to the General Assembly. It also requires that school-based health clinics built after October 1, 2007, have an entrance that is separate from the entrance to the school building. Section 70 of JSS P.A. 07-2 requires DPH, within available appropriations, to expand funding for school-based health clinics in certain impoverished or underserved areas of the state.

- Premium assistance in HUSKY A (Sec. 8 of JSS P.A. 07-2): This section requires DSS to pursue a federal waiver, if necessary, to enhance enrollment of HUSKY A participants in employer-sponsored health insurance. The waiver must (a) require HUSKY A participants to enroll in any available employer-sponsored health insurance if such insurance is found to be cost-effective by DSS; (b) require HUSKY A caretaker relatives to be reimbursed by DSS for any required premiums that are deducted from their paychecks by their employers, and (c) make certain that HUSKY A participants will retain HUSKY A coverage for any eligible medical services not covered by the employer-sponsored health insurance.

- DSS recoupment from private medical insurance (Sec. 20 of JSS P.A. 07-2): This section makes clear that DSS is subrogated to any right of recovery or indemnification that an applicant or recipient of medical assistance, or any legally liable relative of an applicant or recipient, has against any insurer or legally liable third party for services including, behavioral health services and long-term care services. The claims of DSS or its designee for recovery or indemnification cannot be denied on the basis of the date of submission of the claim, the type or format of the claim, or the failure to present proper documentation at the point of service, as long as (a) the claim is submitted within three years of the date of service and (b) an action by the state to enforce the claim is begun within six years of the submission of the claim.

- Student health insurance coverage (Sec. 24 of JSS P.A. 07-2, as amended by Sec. 119 of JSS P.A. 07-4): This section requires that boards of education require students to report annually on whether or not they have health insurance. DSS is required to provide information to local boards of education on state-sponsored health insurance programs for children, including information on application assistance. The boards are required to distribute the information to parents and guardians of uninsured students.

- Medicaid assignment of spousal support rights (Sec. 6 of JSS P.A. 07-2): This act changes the conditions under which a married institutionalized person or someone in need of institutional care who applies for Medicaid

must assign to DSS his or her right to support from the spouse who continues to live in the community.

Prior state law required such an assignment if the community spouse was unwilling or unable to provide the information needed to determine the applicant's eligibility for Medicaid. Under federal law, such an assignment permits the person requiring care to qualify for Medicaid without being punished for the spouse's non-cooperation. This section allows, rather than requires, such assignment and changes the conditions for assignment. In particular, a Medicaid applicant is required to assign the right of spousal support to DSS only if (a) the assets of the applicant do not exceed the Medicaid asset limit and (b) the applicant cannot locate the community spouse or the spouse is unable to provide information about his or her own assets. If the assignment is made or if the applicant is so physically or mentally impaired that he or she cannot execute the assignment, the act allows DSS to seek recovery of any medical assistance it pays on the person's behalf, up to the amount of the community spouse's assets that exceed the community spouse protected amount (CSPA) as of the first month of Medicaid eligibility. The CSPA is one-half the couple's countable assets but no more than $101,640 in 2007, set annually by federal Medicaid rules.

- Connecticut Health Information Network (Sec. 66 of JSS P.A. 07-2): This section authorizes DPH and the University of Connecticut Health Center to develop a Connecticut Health Information Network plan to integrate state health and social services data from the University of Connecticut Health Center, the Office of Health Care Access, DPH, DMR, and DCF. The system must comply with applicable confidentiality, privacy, and security standards.

- Medicaid coverage of children's home health services (Sec. 25 of JSS P.A. 07-5): Existing law requires DSS to provide reimbursement under the HUSKY A program for services for children provided by a home health care agency in the child's home or in a substantially equivalent environment. This section provides that, to the extent permitted by federal law, reimbursement is to be limited to physical, occupational, and speech therapy. The section does, however, require these services to be reimbursed under all portions of Medicaid and not only under HUSKY A.

- Integrated case management care plans for dually eligible clients (JSS P.A. 07-1): The State Budget appropriates $10 million in 2007-2008 and $15 million in 2008-2009 to DSS to contract with special needs health care plans for the integration of Medicaid and Medicare funding and benefits for clients eligible for both programs. The plans are to provide

coordination and case management to ensure continuity of care and integrated services.

- Medicaid transfer of assets implementation (JSS P.A. 07-1): The State Budget reduces the Medicaid appropriation by about $15 million per year on the assumption that DSS will complete implementation of changes in the rules for transfer of assets, as required by the federal Deficit Reduction Act of 2005 (PL 109-171). Specifically, DSS is expected to (a) increase the transfer of assets "lookback" period from 36 months to five years, (b) change the start date of the penalty periods imposed against applicants who have improperly transferred assets, (c) follow federal guidance on the waiver of penalty periods based on hardship to the person transferring the asset, and (d) deny Medicaid to persons with substantial equity in home property.

- Increased dental rates for children's coverage (JSS P.A. 07-1): The State Budget includes $20 million per year to increase dental rates paid to dental providers for children under the Medicaid managed care program. The funds are intended to induce more dentists to participate in the Medicaid program.

- Medicaid long-term care income deduction (JSS P.A. 07-1): Under existing law, Medicaid-eligible individuals admitted to a nursing home for an anticipated stay of less than six months are allowed to deduct $460 per month from their income for the cost of maintaining a home in the community if they live alone and $250 per month if they share living arrangements. The State Budget provides funds to raise these deductions to $650 per month for persons living alone and $400 per month for shared living.

- Office of Oral Public Health: Section 46 of P.A. 07-252 establishes an Office of Oral Public Health within DPH. The director is required to be an experienced public health dentist licensed in Connecticut. The Office is to coordinate state activities related to dental public health programs, advise DPH on oral health matters, and plan, implement, and evaluate all oral health programs within DPH.

See also: Autism Spectrum Disorders/Medicaid coverage (JSS P.A. 07-4), p. 8.
Child Support Enforcement Amendments/Health care coverage and cash medical support (P.A. 07-247), p. 25.

JSS P.A. 07-2 CHARTER OAK HEALTH PLAN (eff. July 1, 2008).

Section 23 of this act establishes, effective July 1, 2008, the Charter Oak Health Plan to provide access to comprehensive health insurance coverage for

residents who have been uninsured for at least six months and are not eligible for other public health insurance plans. DSS may, by regulation, establish exceptions to reduce the six-month requirement. DSS may enter into contracts for the provision of this health care and must conduct outreach to facilitate enrollment.

The plan must include cost-sharing requirements for participants, which may include: (a) a monthly premium, (b) an annual deductible of up to $1,000, (c) a co-insurance payment of up to 20% after the deductible is met, (d) tiered co-payments for prescription drugs, (e) a co-payment of up to $150 for non-emergency visits to emergency rooms (no fee may be charged for emergency visits), and (f) a lifetime benefit not to exceed $1 million. DSS must provide assistance in paying premiums to participating Connecticut residents with annual incomes of up to 300% of the federal poverty level (FPL). The maximum premium assistance will be:

Income	Subsidy
Less than 150% of FPL	$175 per month
150% to 185% of FPL	$150 per month
185% to 235% of FPL	$75 per month
235% to 300% of FPL	$50 per month

The act gives DSS broad authority to design the plan and to contract with agencies to provide health care, but the plan cannot include a preexisting condition exclusion and participating insurers must provide an internal grievance process to review coverage denials.

P.A. 07-155 CHOICES HEALTH INSURANCE ASSISTANCE PROGRAM (eff. July 1, 2007).

Under existing law, the Department of Social Services administers the CHOICES health insurance assistance program, a comprehensive advocacy program to provide assistance to Medicare beneficiaries. This act makes clear that the program includes the provision of assistance and information on the Medicare Part D prescription drug program and on long-term care options. It explicitly includes the Medicare Part D program in the list of mandatory Medicare-related information in the Connecticut Medicare consumer guide. The act also requires CHOICES to collaborate with other state agencies and entities in developing consumer-oriented websites that provide information on Medicare plans, including Medicare Part D plans, and long-term care options. In addition, the act adds CHOICES to the entities with which OPM must consult in developing the state's long-term care website, which began operating in 2006.

P.A. 07-101 PAYMENT TO HEALTH CENTERS FOR MULTIPLE SAME-DAY TREATMENTS (eff. July 1, 2007).

This act authorizes DSS, to the extent permitted by federal law, to reimburse federally qualified health centers under the Medicaid program for multiple medical, behavioral health, or dental services provided to a patient in the same day, regardless of the type of service provided. This appears to codify DSS's current practice, which permits reimbursement for one medical, one mental health, and one dental visit per day.

PRESCRIPTION DRUGS

JSS P.A. 07-2 MEDICARE PART D WRAP AROUND FOR CONNPACE AND MEDICAID DUALLY ELIGIBLE (eff. July 1, 2007).

Sec. 4 of this act, as amended by Section 26 of JSS P.A. 07-5, makes various changes in the statutory language authorizing the state Medicare Part D wrap-around program so as to conform statutory language with actual program practice. The wrap-around program was designed to maintain comparable drug coverage for ConnPACE and Medicaid dually-eligible participants who now receive assistance in purchasing prescription drugs through the Medicare Part D program. Changes include:

- DSS is required to cover the cost of the original prescription and any prescribed refills of the original prescription of a non-formulary drug, less co-payments, if DSS in consultation with the prescribing physician determines that the prescription is medically necessary.

- DSS must (rather than "may") require that the beneficiary establish good faith efforts to (a) enroll in a Medicare Part D plan and (b) utilize the Medicare Part D prescription drug plan exception process.

- DSS is no longer required to notify the beneficiary within two hours of the result of its review of a request for assistance.

- DSS continues to be required to pursue payment from Medicare Part D prescription drug plans for prescriptions denied as non-formulary but is no longer required to contract with an outside entity for this purpose.

See also: CHOICES Health Insurance Assistance Program (P.A. 07-155), p. 45.

NURSING HOMES AND LONG-TERM CARE

P.A. 07-86 RESPITE CARE FOR PERSONS WITH ALZHEIMER'S DISEASE (eff. July 1, 2007).

The State-Wide Respite Care Program provides respite care for persons with Alzheimer's disease or related disorders, regardless of age, who are not eligible for Medicaid, whose annual income is below $30,000, and whose liquid assets are less than $80,000. This act extends the program to include persons who are on Medicaid but who are not eligible for Medicaid coverage of Alzheimer's respite care because they are under age 65. To accomplish this change, the act limits ineligibility for the State-Wide Respite Care Program to persons covered by the Connecticut Home Care Program for Elders (CHCPE), rather than excluding all persons covered by Medicaid. CHCPE is a Medicaid waiver and state-funded program that provides respite services, as well as other home- and community-based care, to people aged 65 and over who meet its eligibility requirements.

P.A. 07-130 CONNECTICUT HOMECARE OPTION PROGRAM FOR THE ELDERLY (eff. October 2, 2007).

This act establishes the Connecticut Homecare Option Program for the Elderly to allow individuals to save for the cost of services that will allow them to remain in their homes or in another non-institutional setting as they age. Under the program, persons can create individual savings accounts in a new Connecticut Home Care Trust Fund, to be administered by the State Comptroller, which can be used for qualified home care expenses that are not covered or not fully covered by a long-term health insurance policy or by Medicare. The Comptroller can devise methods for participants to make deposits into the fund, including by payroll deduction or bank account transfer. The interest earned by the savings accounts in the trust fund are exempt from state income tax. Withdrawals from the fund require a doctor's certification that the beneficiary is in need of services for the "instrumental activities of daily living," such as companion, homemaker, meal preparation, or chore services; personal care assistance; adult day care; home-delivered meals; or transportation. There is no requirement that a person be of any particular age to expend the funds. Any funds left in the account at the time of the participant's death are to revert to his or her estate. The act also creates a 19-member advisory committee to monitor the program.

In addition, effective July 1, 2007, the act eliminates the 250-person limit on the number of participants in a state-funded pilot program that allows seniors to hire their own personal care assistance (PCA) attendants directly instead of going though a home health care agency.

P.A. 07-209 CLOSING OF NURSING HOMES (eff. July 1, 2007).

This act prohibits DSS from allowing a nursing home, rest home, residential care home, or intermediate care facility for the mentally retarded to close or substantially decrease its bed capacity without first holding a public

hearing, unless the decrease is associated with a census reduction. The hearing is to be held at the facility within 30 days after the facility submits a letter of intent or applies for a certificate of need (CON), with notice by publication at least 14 days before the hearing. The Commissioner can impose a fine of up to $5,000 on any facility that fails to comply with these provisions. Fines are to be deposited in a special fund and used for continuing operation of a facility pending correction of deficiencies or closure, resident relocation costs, reimbursement of residents for personal funds lost, or other activities to protect the health or property of residents.

The act also makes explicit that the immediate duty of a receiver appointed for a nursing home is to take all necessary steps to stabilize the operation of the facility in order to ensure the health, safety, and welfare of the residents, which it requires be accomplished within 90 days of the receiver's appointment. In addition, it gives the receiver more time to try to find a purchaser for the facility as an alternative to closing the facility. Under this act, the receiver has six months, rather than three months, before he must ask the court for an immediate closure order; and it permits the receiver to further delay making that request if all purchase and sale proposal efforts have not yet been exhausted.

The act also requires OPM approval for any increased Medicaid rate established for the new owner of a facility purchased after a receivership. Prior law required OPM approval only if the new rate exceeded the median rate for other nursing homes. OPM and DSS must determine that such a higher rate is necessary to keep the facility open and to ensure the health, safety, and welfare of the recipients.

Finally, the act extends the existing moratorium on new nursing homes and nursing home beds until June 30, 2012.

P.A. 07-252 REGULATION OF ASSISTED LIVING SERVICES AGENCIES (eff. October 1, 2007).

Sections 12 and 13 of this act add assisted living services agencies to the definition of "institution" in C.G.S. 19a-490, thereby including those agencies in existing statutes that apply to health care institutions.

See also: Persons with Mental Illness in Nursing Homes (JSS P.A. 07-2), p. 10.
Pilot Program of Home Care for People with Disabilities (JSS P.A. 07-2), p. 12.
Conservatorships and Guardianships/Placement in a nursing home (P.A. 07-116), p. 17.
Appointment and Powers of Health Care Representatives (P.A. 07-252), p. 18.

PRIVATE HEALTH INSURANCE

P.A. 07-185 and JSS P.A. 07-2 — INSURANCE COVERAGE OF ADULT CHILDREN (eff. January 1, 2009).

Effective January 1, 2009, Sections 16 and 17 of P.A. 07-185, as amended by Sections 64, 65, and 69 of JSS P.A. 07-2, require individual and group health insurance policies to allow policy holders to keep their children on their health insurance policies until the children turn 26, without regard to whether the children are dependents of the policy holder. The act also amends the COBRA statute to permit extended coverage for the same time period. The requirement does not apply to married children or to children living out-of-state unless they are full-time students at in institution of higher education or living with a custodial parent.

P.A. 07-75 — COVERAGE OF MEDICALLY NECESSARY HEALTH CARE SERVICES AND APPEALS FROM DENIALS OF COVERAGE.

This act includes two unrelated provisions. Sections 1 and 2 (eff. January 1, 2008) require individual and group health insurance policies and managed care agreements to use a standard definition of "medically necessary" in making decisions about whether particular health care treatments are covered by the insurance. In particular, "medically necessary" must be defined as services that are (a) in accordance with generally accepted standards of medical practice, (b) clinically appropriate, and (c) not primarily for convenience and not more costly than alternative services likely to produce equivalent results. These sections do not apply to insurers that have entered into a settlement agreement in In re Managed Care Litigation, a consolidation in federal district court in Florida of multiple class action lawsuits brought by doctors against insurance companies, until the settlement agreement expires. Those suits alleged a conspiracy by insurance companies to deny health insurance claims based on an alleged lack of medical necessity for the services provided.

Section 3 of the act (eff. May 30, 2007) increases from 30 to 60 days the time a patient or provider has to appeal a denial of a health insurance claim to the Insurance Commissioner.

P.A. 07-48 MEDICARE SUPPLEMENT POLICIES (eff. October 1, 2007).

This act requires health insurance companies that sell Medicare supplement policies to refund any prepaid premium to a policyholder who cancels the policy before the coverage period expires.

P.A. 07-96 LIMITED BENEFIT MEDICAL PLANS (eff. July 1, 2007).

Beginning January 1, 2008, this act prohibits an insurer, HMO, or other entity from replacing an existing employer-sponsored comprehensive health insurance plan with a policy that provides only limited coverage. It defines "limited coverage" as a policy that limits the annual maximum benefit to less than $100,000 or that limits the benefit for each service or condition to less than $20,000.

Beginning the same date, it also requires each individual and group health insurance policy issued in Connecticut that provides limited coverage, along with any related advertising, marketing, and enrollment material, to include a conspicuous statement in boldface capital letters at least 12 points in height disclosing that the plan does not provide comprehensive medical coverage. The notice, which is contained in the act, requires an explicit disclosure that it is not designed to cover the costs of serious or chronic illness and an explicit statement of any particular dollar limits on benefits that the policy imposes.

P.A.07-113 CANCELLATION OF INSURANCE POLICIES AND RESTRICTION OF COVERAGE (eff. October 1, 2007).

This act makes several changes in Connecticut law regarding the circumstances in which a health insurance policy can be canceled or its coverage of pre-existing conditions restricted.

- Cancellation for failure to provide information: Sections 1 and 2 of this act prohibit health insurers and health care centers, except with the permission of the Insurance Commissioner, from rescinding, canceling, or limiting coverage of a health insurance policy based on information a person submitted with or omitted from an insurance application if, before issuing the policy, contract, or certificate, the insurer or health care center did not perform a thorough medical underwriting process. Such a process includes resolving all reasonable medical questions based on the written application. No policy may be cancelled more than two years after its effective date.

  If the health care provider seeks permission from the Commissioner to cancel the policy, it must give the insured seven days' notice to respond

to the Commissioner. The act gives the Commissioner 15 days to decide the matter on the papers, and there is no provision for a hearing. The Commissioner may approve the cancellation or limitation only upon a finding that (a) the written information submitted with the application was false or the applicant knowingly omitted information; (b) the insured or the insured's representative should have known of the falsity or the omission; and (c) the false or omitted information materially affected the risk assumed by the insurer. Either party can appeal the Commissioner's decision within 30 days to the Superior Court.

- Preexisting conditions in regular health insurance policies: Under existing law, a group or individual health plan cannot exclude coverage of preexisting conditions for more than twelve months. Preexisting conditions are ones for which medical advice, diagnosis, care, or treatment was recommended or received within a time period prior to the effective date of the policy -- six months for group policies and twelve months for individual policies. An individual health plan can, however, exclude conditions which "manifest themselves" during the previous twelve months, even though not diagnosed or treated. This act eliminates manifestation of the condition as the basis for a preexisting conditions exclusion in an individual health plan.

- Preexisting conditions in short-term health insurance policies: Health insurance policies for six months or less with no right to renewal are not presently subject to restrictions on the exclusion of preexisting conditions. This act prohibits the exclusion for more than twelve months of preexisting conditions for which advice or treatment was given in the preceding 24 months. It also requires that, if a short-term policy is renewed, the time covered by the first policy must be applied to reduce the remaining exclusionary period for a preexisting condition.

P.A. 07-226 IRREVOCABLE TRUSTS LINKED TO PRIVATE LONG-TERM CARE INSURANCE POLICIES (eff. October 1, 2007).

Long-term care (LTC) insurance policies provide insurance other than in an acute-care hospital for at least one year of necessary care or treatment of an injury, illness, or loss of functional capacity. Coverage under such policies does not begin, however, until after a waiting period has expired. Existing law requires that this waiting period, known as an "elimination period," be reasonable in length. This act prohibits the elimination period from exceeding 100 days, unless its costs will be covered by an irrevocable trust that is estimated to be sufficient to cover the person's confinement costs during this period. If the irrevocable trust option is used, the elimination period can be up to two years. Any company offering an irrevocable trust must include on the application form and the face page of the policy a clear and conspicuous

disclosure that the trust may not be sufficient to cover all costs during the elimination period. The act also provides that rate filings on LTC policies that include an irrevocable trust must disclose the factors and methodology used to estimate irrevocable trust values. The trust may be used only to pay for the costs of care; and the duties of the trust may be enforced by the grantor, by a person acting on behalf of the grantor, or by the state.

P.A. 07-197 INSURANCE COVERAGE FOR SPECIALIZED NUTRITIIONAL FORMULAS FOR CHILDREN (eff. October 1, 2007).

Under existing law, individual and group health insurance policies must cover "specialized formulas" providing nutrition for children up to age eight used solely under medical supervision in the dietary management of specific diseases. This act expands the requirement to cover children up to age 12.

See also: Lead Paint Poisoning/Health Insurance Policies (JSS P.A. 07-2), p. 55.

HOUSING

LANDLORD-TENANT

See: Managed Residential Communities (JSS P.A. 07-2), p. 19.

PUBLIC HOUSING

JSS P.A. 07-4 and JSS P.A. 07-1 STATE-ASSISTED HOUSING SUSTAINABILITY FUND (eff. July 1, 2007).

Sections 103 through 107 of JSS P.A. 07-4, as amended by Sections 1 through 3 of JSS P.A. 07-5, create a State-Assisted Housing Sustainability Fund to fund repairs to State Moderate Rental and State Elderly/Disabled Housing and an advisory committee to monitor the process. Section 21 of JSS P.A. 07-1 includes $10 million from the 2007 state surplus for DECD to start the Fund.

- Eligible developments: The Fund is to be used for improvements to the housing loan portfolio that was transferred from DECD to CHFA under C.G.S. 8-37uu. The portfolio includes about 17,000 units of housing, most of which is public housing owned by housing authorities.

- Purpose and activities: DECD, in consultation with the advisory committee, is to maintain the Fund for the purpose of preserving the housing in the portfolio. Section 21 of JSS P.A. 07-1 (the State Budget)

authorizes use of the funds for "deferred maintenance for public housing." Moneys are to be available for maintenance, repair, rehabilitation, and modernization of eligible housing, including (a) emergency repairs, (b) major system repairs and upgrades, (c) reduction of vacant units, (d) remediation or abatement of lead or other hazardous materials, (e) increases in accessibility to persons with disabilities, (f) temporary relocation and alternative housing for up to 60 days because of the failure of a major building system, and (g) a comprehensive physical needs assessment. The Department's regulations must include a process to certify emergencies within 48 hours and to commit funds to address those emergencies within five business days of application. The Fund's guidelines for grants and loans must permit deferred payment of principal and interest on loans upon the approval of the Advisory Committee. In reviewing applications, DECD must consider the likelihood that financial assistance from the Fund will assure the long-term viability of the housing. DECD, in consultation with the Advisory Committee, is to submit annual reports on the performance of the Fund, beginning on February 1, 2009.

- Policies, procedures, and regulations: The act allows the Department to implement the Fund through written policies and procedures while adopting regulations through the Uniform Administrative Procedures Act. Final regulations do not have to be submitted to the Regulation Review Committee until October 1, 2009.

- Advisory Committee: The act creates a 12-person State-Assisted Housing Sustainability Advisory Committee, consisting of four persons appointed by the Governor, two persons appointed by legislative leaders, four housing authority representatives drawn from a list submitted by the Connecticut chapter of the National Association of Housing and Redevelopment Officials (ConnNAHRO), the State Treasurer, and the State Comptroller. The members are to serve staggered three-year terms. The Committee is to advise DECD and CHFA on the administration, management, procedures, and objectives of financial assistance provided through the Fund.

- Physical needs assessment: The act requires DECD, subject to review by the Advisory Council, to develop a program of grants to housing authorities and other owners of housing in the state portfolio for a comprehensive physical needs assessment, which may include a 20-year life-cycle analysis, for all housing in the portfolio.

- Study of Elderly/Disabled RAP: The act requires the Advisory Committee to study and make recommendations on the modification of the Elderly/Disabled Rental Assistance Program under C.G.S. 8-119kk,

which subsidizes the rents of low-income tenants in State Elderly/ Disabled Housing. The Advisory Committee must consider expanding the program to other housing in the state portfolio or replacing the program with another program designed to assure the long-term viability of the housing with minimal impact on low and moderate income households. The Committee's report is due on July 1, 2009.

See also: Bonding for Housing (JSS P.A. 07-7), p. 58.

JSS P.A. 07-4 MEMBERSHIP ON HOUSING AUTHORITY BOARDS (eff. June 29, 2007).

Under existing law, at least one member of every five-person housing authority board (and at least two members of each seven-person board) must be a current resident of the housing authority's public housing who has lived in such housing for at least one year. Section 108 of JSS P.A.07-4, as amended by Section 5 of JSS P.A.07-5, allows the tenant representative to be a tenant who is currently receiving housing assistance in a housing program directly administered by the housing authority, if the tenant previously lived in such public housing for at least one year. In practice, this change allows a former public housing resident who currently has a Section 8 voucher from the housing authority to count as the tenant member of the housing authority board.

RENTAL AND OTHER HOUSING ASSISTANCE

JSS P.A. 07-1 RENTAL ASSISTANCE AND HOMELESS SERVICES ENHANCEMENT (eff. July 1, 2007).

The State Budget increases the Housing/Homeless Services line of the DSS budget by about $13.7 million in 2007-2008 and $15.4 million in 2008-2009. These increases, with their annual appropriations, include:

- 500 new rental assistance certificates, of which 335 are reserved for families receiving services from DCF ($4,250,000);
- 250 additional supportive housing units ($577,000 in FY 2008, $2,427,125 in FY 2009)
- Counselors for homeless shelters ($900,000);
- Child care in homeless shelters ($300,000);
- AIDS housing ($750,000);
- Homeless Family Transition Collaboration ($238,000)

The DECD budget also increases annual funding for the Elderly/Disabled RAP program from $1.515 million to $1.823 million "to address current program shortfalls."

See also: DECD Reporting Requirements (P.A. 07-171), p. 60.

P.A. 07-16 T-RAP PROGRAM PRIORITIES (eff. May 7, 2007).

Under existing law, a family is eligible for Transitionary Rental Assistance (T-RAP) if one of its members is employed at the time the family leaves the TFA program and either (1) the family's income exceeds the TFA payment standard or (2) the employment is at least 12 hours per week. This act allows the Commissioner of Social Services to give applicants in one of these two categories priority over applicants in the other category. In practice, its purpose is to allow DSS to serve all households who have been forced off TFA because of excess income (Category #1) before serving those who leave voluntarily and have at least 12 hours per week of employment earnings (Category #2).

JSS P.A. 07-1 CONNECTICUT FAIR HOUSING CENTER (eff. July 1, 2007).

The State Budget provides $350,000 per year to DECD for a grant to the Connecticut Fair Housing Center so that it can increase the access of people in protected classes to housing, expand fair housing outreach and education activities, provide training in fair housing law to state employees, and monitor and enforce fair housing laws and policies.

JSS P.A. 07-1 HOMELESS MANAGEMENT INFORMATION SYSTEM (eff. July 1, 2007).

The State Budget provides $170,000 per year to DSS to implement a homeless management information system.

See also: Rights of Inmates with Mental Illness/Discharge (P.A. 07-216), p. 9.
Recoupment Against Occupants of Humane Institutions (P.A. 07-44), p. 12.

CODE ENFORCEMENT

JSS P.A. 07-2 LEAD PAINT POISONING (eff. October 1, 2007).

Sections 47 through 62 of this act require universal screening of children under age six for lead poisoning, lower the lead threshold at which towns are required to inspect the residence of a child who has lead poisoning, and make clear that property owners can "remediate" rather than "abate" in most cases. Some parts of the act take effect October 1, 2007, but most of the enhanced screening requirements are not effective until January 1, 2009. The State Budget (JSS P.A. 07-1) appropriates $650,409 in 2008-2009 and $992,590 in 2009-2010 to DPH to fund the mandatory lead screening requirements that

take effect in 2009, which includes money for both DPH staff and money to support increased costs to local health departments.

Provisions effective October 1, 2007:

- Program coordination (Sec. 47): The act formally designates the Department of Public Health as the state's primary agency for lead poisoning prevention and requires it to identify and meet at least annually with state and local agencies involved in lead poisoning prevention to coordinate efforts.

- Reporting of blood test results (Secs. 49 and 53): Under existing law, any blood test showing a lead level of 10 micrograms per deciliter (mpd) or more must be reported to DPH. This act requires the result also to be reported to the health care provider who ordered the test. If the tested person is a child under the age of three, the health care provider must, within 72 hours of receiving the report, make reasonable efforts to notify the child's parent or guardian. By January 1, 2008, DPH is required to complete a review of the format in which data on lead poisoning is received from institutions and laboratories and, if the systems are not compatible, promulgate regulations on the manner of reporting.

- Remediation (Secs. 54 and 56-58): The act requires DPH to promulgate regulations on testing, remediation, and management of lead in premises in which a child under the age of six resides. It also permits but does not require DPH to adopt similar regulations for any premises, without regard to the age of the occupants. The addition of remediation makes clear that lead paint does not necessarily have to be completely removed or abated. "Remediation" is defined as managing lead through the use of interim controls, such as paint stabilization, spot paint repair, dust control, specialized cleaning, and covering of soil with mulch. The act also adds remediation to abatement in applicable enforcement and nuisance statutes. In addition, it amends C.G.S. 47a-52 to prohibit the presence of cracked, chipped, blistered, and peeling paint in rental units in one- and two-family buildings. This provision, which does not depend on the presence of lead paint, already applies to buildings with three or more rental units under C.G.S. 47a-54f. The act also makes clear that orders can be issued against the tenant as well as against the landlord.

- Exterior paint removal (Sec. 54): The act permits but does not require DPH to promulgate regulations on the removal of paint from the exterior of any building if the removal project "may present a health hazard to neighboring premises."

- Financial assistance to health departments (Sec. 59, 61, and 62): The act

requires DPH to establish a program of financial assistance to local health departments for the costs of increased inspections and enforcement.

- Lead-safe work practices (Sec. 60): The act makes the standards adopted by the federal Occupational Safety and Health Administration (OSHA) applicable to abatement and remediation work performed by employers and employees.

Provisions effective January 1, 2009:

- Universal screening (Secs. 48): The act requires all medical providers providing primary care to children to conduct an annual lead screening for each child between nine months and three years old and an annual lead risk assessment for each child between three and six years old. Lead screening for three- to six-year-olds is also required for children not screened when younger. Screening, unlike risk assessment, requires a blood test. The screening and assessments are to be performed in accordance with the *Recommendations for Childhood Lead Screening in Connecticut* of DPH's Childhood Lead Poisoning Prevention Screening Advisory Committee (http://nvhd.org/LeadScreeningRecommendations.pdf).

- Housing inspections (Sec. 50): If the lead level of a child under age three is more than 15 mpd, the local health department must conduct two on-site tests for lead at least three months apart and must order remediation if lead is confirmed. After January 1, 2012, this threshold will drop to 10 mpd if 1% or more of all children under the age of six who are screened have test results of 10 mpd or more. Effective January 1, 2009, it requires the local health department to provide such parent or guardian with information about potential eligibility for services under the state's Birth-to-Three Program.

- Health insurance policies (Secs. 51-52): The act requires individual and group health insurance policies to cover the blood lead screening and risk assessments required by the act.

- Reporting (Sec. 58): The act requires DPH, annually beginning January 1, 2009, to report on lead poisoning prevention efforts in the state. Each annual report must include the number of children screened during the preceding year, the number of children with elevated blood levels, and the amount of testing, remediation, abatement, and management of lead. By January 1, 2011, DPH is to evaluate the screening and risk assessment program and recommend whether it should be continued.

P.A. 07-26 DEMOLITION WAITING PERIOD (eff. October 1, 2007).

Existing law allows towns to impose a 90-day waiting period before issuing a demolition permit. This act permits municipalities to establish demolition waiting periods of up to 180 days.

P.A. 07-110 CRIMINAL PENALTIES FOR VIOLATION OF BUILDING CODE ORDERS (eff. October 1, 2007).

Section 7 of this act increases the maximum fine for failure to comply with a building code order to repair, alter, or demolish a building from $500 to $1,000 and establishes a minimum fine of $200.

HOUSING PRODUCTION PROGRAMS

JSS P.A. 07-7 BONDING FOR HOUSING (eff. November 2, 2007).

The Bonding Act includes the following bonding authority to DECD for housing:

	FY 2008	FY 2009
DECD housing programs	$10,000,000	$ 9,000,000
Housing Trust Fund	0	10,000,000
Lead remediation and abatement in public housing projects	1,000,000	0
Somers Housing Authority for Woodcrest Senior Housing	0	878,050
Fairfield County Housing Partnership for independent living facility in Bridgeport	750,000	0
Town of Vernon to convert Roosevelt Mill to apartments and retail	1,000,000	500,000
Hill Development Corp. of New Haven for housing rehabilitation and repairs	500,000	0
Milford Housing and Redevelopment Partnership to improve public housing stock	1,000,000	0

P.A. 07-234 CHFA PRIVATE ACTIVITY BONDS (eff. July 1, 2007).

This act requires that at least 10% of private activity bonds issued by the Connecticut Housing Finance Authority (CHFA) during Fiscal Year 2007-2008, and at least 15% of such bonds during Fiscal Year 2008-2009, must be used for multi-family residential housing.

The act also requires CHFA's board of directors to review its multi-family housing goals and programs to determine the extent to which it can increase the production of multi-family housing and promote its preservation, including production of multi-family housing serving households with incomes of less than 25% of area median income and less than 50% of area median income. The review must include the use of private activity bonds in conjunction with the 4% federal housing tax credit. The CHFA report is to be submitted to the General Assembly by January 1, 2008.

P.A. 07-250 MIXED USE HISTORIC PRESERVATION TAX CREDIT PROGRAM (eff. June 14, 2007, and applicable to calendar years beginning January 1, 2008).

Sections 19 through 22 of this act create a new business tax credit program for the rehabilitation of industrial and commercial properties listed on the National Register of Historic Places and their conversion to mixed-use properties containing both residential and non-residential uses. At least 33% of the square footage of the rehabilitation must be for residential use. The program is to be administered by the Connecticut Commission on Culture and Tourism (CCCT). The tax credit is to be equal to 25% of qualified rehabilitation expenditures, except that the credit is enhanced to 30% of qualified expenditures if DECD certifies that at least 20% of rental units or 10% of individual homeownership units are affordable, as defined in C.G.S. 8-39a. That statute, which applies to housing for households with income below the area median income, defines housing as affordable if the household is required to pay no more than 30% of its income for housing. DECD is required to monitor the affordable units to ensure that they are maintained as affordable for at least ten years. DECD may require deed restrictions or other fiscal mechanisms to ensure compliance and may, in consultation with CCCT, adopt regulations to implement these monitoring requirements.

The act authorizes $50 million total tax credits for the fiscal years from July 1, 2008, through June 30, 2011, and for each three-year period thereafter. No single project may receive more than 10% of the tax credits for a three-year period. On October 1 of each year, starting in 2009, CCCT is to report to the legislature's Commerce and Finance Committees on the operation of the program, including on the dollar amount of tax credits reserved. If at the end of the first year of a three-year cycle more than 65% of the authorized credits have been reserved, further reservations are suspended for the balance of the second year. If at the end of the second year of a cycle more than 90% of the authorized credits have been reserved, further reservations are suspended for the balance of the third year of the cycle. Further reservations can continue to be made only if the Commerce Committee and Finance Committee each separately vote to authorize continuance of reservations.

The act authorizes CCCT to charge an application fee of up to $10,000

for its administrative costs and authorizes DECD to charge a fee of up to $2,000 for reviewing applications and monitoring.

P.A. 07-64 and P.A. 07-242 ENERGY CONSERVATION LOAN FUND.

Effective October 1, 2007, P.A. 07-64 merges the Energy Conservation Revolving Loan Account (ECRLA) under C.G.S. 32-315 et seq. into the Energy Conservation Loan Fund (ECLF) under C.G.S. 16-40a et seq., both of which are administered by DECD. The act adopts the higher loan maximums of the ECRLA for large buildings -- $2,000 per unit up to $60,000 per building for loans and $3,000 per unit for loan guarantees.

Effective June 4, 2007, P.A. 07-242 makes other changes to the ECLF. Section 80 of P.A. 07-242 raises the per building loan maximum for one- to four-family buildings from $6,000 to $25,000. Section 75 extends to June 30, 2008, the maximum interest rate of 3% on such loans for owners with household incomes between 115% and 150% of area median. It also includes loans for aluminum or vinyl siding and for replacement roofs within the 3% maximum.

P.A. 07-242 NEIGHBORHOOD ASSISTANCE ACT (eff. July 1, 2007).

Section 72 of this act as amended by Section 12 of JSS P.A. 07-5, increases, from 60% of the contribution to 100% of the contribution, the tax credit under the Neighborhood Assistance Act for business contributions to energy conservation projects in housing developments in which at least 75% of the occupants have incomes below 150% of federal poverty level.

P.A. 07-171 DECD REPORTING REQUIREMENTS (eff. October 2, 2007).

In 2005, C.G.S. 32-1m was amended to allow DECD to consolidate a number of separate mandated annual reports into a single annual report, due on February 1 of each year. This act adds to the consolidated report two existing reports -- the annual assessment of the current and future needs of the Elderly/Disabled Rental Assistance Program under C.G.S. 8-119*ll* and the annual report on the Housing Trust Fund under C.G.S. 8-336p. The act also provides explicitly that any other annual report required of DECD by the general statutes is to be incorporated into the DECD annual report, even if not specifically referenced in C.G.S. 32-1m.

PLANNING AND ZONING

JSS P.A. 07-4 and JSS P.A. 07-1 INCENTIVE HOUSING ZONES (eff. July 1, 2007).

Sections 38 through 59 of JSS P.A. 07-4, in conjunction with the State

Budget (JSS P.A. 07-1) create a program of state financial incentives to towns to adopt mixed-income housing development zones in which developers can build housing as a matter of right at greater densities than the densities for which the areas were previously zoned. The State Budget appropriates $4 million to DECD from the state surplus to begin the program. The program will be in effect until June 30, 2017. The key elements of the program are:

- Incentive housing zones: "Incentive housing zones" are overlay zones for the construction of residential or mixed-use developments in which at least 20% of the dwellings are subject to restrictions requiring that, for at least 30 years, they be sold or rented at prices for which households with incomes below 80% of area median income will pay no more than 30% of their income for housing. If an incentive housing zone application is within the densities allowed by the zone, a town cannot deny an application because it provides for more than the minimum level of affordability by income-restricting more than 20% of the units, setting a maximum income level of less than 80% of area median, or requiring that restrictions extend for more than 30 years.

- Density: Incentive housing zones must permit as-of-right density of developable land of at least (a) six units per acre for single-family detached housing, (b) ten units per acre for duplex or townhouse housing, and (c) twenty units per acre for multi-family housing. These density requirements may be reduced by OPM for housing in towns with populations of less than 5,000 and for housing on land owned by towns, land trusts, housing trusts, or non-profits in which all dwelling units will be subject to affordability restrictions. The as-of-right densities must be at least 25% greater than the densities of the underlying zones. These densities may be subject to site plan or subdivision procedures but not to special permit or special exception procedures, requirements, or standards.

- Location: Incentive housing zones may be adopted in (a) an area near a transit station, (b) an area of concentrated development, such as a commercial center, an existing commercial or residential district, or a village center, or (c) any other area that, because of existing, planned, or proposed infrastructure, transportation access, or underutilized facilities or location, is suitable for development as an incentive housing zone. An individual incentive housing zone may not include more than 10% of the total land area of the town, and all incentive housing zones together may not exceed 25% of the town's land area. Each zone must be consistent with the State Plan of Conservation and Development.

- Design standards: A zoning commission may adopt enforceable design standards for an incentive housing zone, as long as they do not

unreasonably impair the economic or physical feasibility of constructing housing at the minimum densities and with the required degree of affordability. A zoning commission may waive or modify height, setback, lot coverage, parking ratio, and road design standards to support the minimum or desired densities, mix of uses, or physical compatibility in the zone.

- Uses: An incentive housing zone may permit a mix of residential, business, and commercial uses.

- Approval of zone: All applications for incentive housing zones must be approved by OPM. At least 30 days before making a preliminary determination of eligibility, OPM must give electronic notice to all persons who have requested such notice. OPM is prohibited from approving any zone application for which the proposed regulations or design standards have the intent or effect of impairing the feasibility of building government-subsidized low or moderate income housing or any housing occupied by persons with federal Section 8 vouchers or state RAP certificates. For each approved zone, the municipality must annually obtain from OPM a certificate of compliance, which, among other requirements, must include a certification that the town is making reasonable efforts to assist and promote approval of incentive housing development and construction of housing within the approved zones.

- Approval of developments within a zone: Development within an incentive housing zone is as-of-right if all of the standards of the zone are met. A development application may nevertheless be denied on the ground that it is not possible adequately to mitigate significant adverse project impacts on nearby properties by means of conditions acceptable to the applicant. An application under the Affordable Housing Appeals Procedure (C.G.S. 8-30g) may not be made in an incentive housing zone but may be made elsewhere in the town.

- Financial incentives to towns:

    - Zone adoption payments: Upon OPM approval and municipal adoption of an incentive housing zone, OPM shall pay the town $2,000 for each unit of housing that can be built as-of-right in the zone.

    - Building permit payments: Upon issuance of each building permit for a unit of housing in an incentive housing zone, OPM shall pay the town $5,000 for each single-family detached unit and $2,000 for each other unit.

- Technical assistance grants: OPM is authorized to make grants to towns for technical assistance for the planning of incentive housing zones, the adoption of regulations and design standards, and the review and revision of subdivision regulations.

These financial incentives do not apply to units of elderly housing, defined as "housing for older persons" that is exempt from the Fair Housing Act's prohibition of housing discrimination based on age.

- Grants to non-profits: DECD is also authorized to make grants to non-profit housing developers and housing assistance organizations for technical assistance, planning, predevelopment, development, construction, and management.

- Reporting: OPM is required to submit an annual report on the incentive housing zone program, beginning January 1, 2009.

JSS P.A. 07-4 BLUE RIBBON COMMISSION ON HOUSING AND ECONOMIC DEVELOPMENT (eff. June 29, 2007).

Section 33 of this act creates a 12-member Blue Ribbon Commission on Housing and Economic Development to study the housing affordability needs of the state, with particular emphasis on the impact of such needs on economic growth and development. The commission is to include representatives of OPM, DECD, CHFA, and the State Treasurer, two persons appointed by the Governor, and six persons appointed by legislative leaders. The eight appointees are to include representatives of municipalities, realtors, planners, developers, housing policy organizations, and regional planning organizations. One of the Governor's appointees is to chair the commission. The commission is to submit an interim report by February 1, 2008, and a final report by June 30, 2008.

The commission's study is to include an evaluation of and recommendations on (a) the short- and long-term housing needed to support economic growth and development; (b) the barriers, including zoning barriers, that hinder the free working of the housing market; (c) the parts of the state with the greatest need for additional housing supply; (d) the amount of incentive housing zones needed to generate enough housing to accommodate 20,000 new jobs per year; (e) the use of incentives to local governments to stimulate the creation of incentive housing zones, including compensating municipalities for any additional public education costs; (f) a comprehensive review of the rental market and an assessment of the benefits and financing of a project-based rental assistance program for households below 50% of area median income; and (g) the best use of existing housing programs and coordination of resources to preserve housing that is affordable and to

stimulate the production of new affordable housing and modest market-rate housing. This review is to include uniform underwriting criteria for multi-family housing, expansion of loan guarantees, better utilization of state and CHFA development, mortgage, and mortgage insurance programs, enhancement of the Affordable Housing Tax Credit Program and historic tax credit programs to promote renovation of existing housing, and coordination of financing to better utilize the 4% federal tax credit.

P.A. 07-239 RESPONSIBLE GROWTH (eff. July 11, 2007).

This act, as amended by Section 4 of JSS P.A. 07-5, creates a 19-member Responsible Growth Task Force, chaired by the Secretary of OPM and comprised of eleven state agencies, two municipal representatives, and six others. The task force is to identify responsible growth criteria to help guide the state's future investment decisions and is to study land use laws, policies, and programs, including those concerning the transfer of development rights. Its report is due on February 15, 2008.

The act also makes several other changes in local planning requirements. These include:

- Municipal plans of conservation and development: It makes towns that fail to update their municipal plan of conservation and development every ten years eligible to receive discretionary state funding unless the requirement is waived by OPM.

- State Economic Strategic Plan: It requires DECD to prepare a state economic strategic plan by July 1, 2009, and every five years thereafter. DECD is required to consult with a number of state agencies, including CHFA and OPM. Among other requirements, DECD must ensure that the plan is consistent with the State Plan of Conservation and Development, the Long-Range State Housing Plan under C.G.S. 8-37t, and the State Transportation Strategy; must consult community and housing organizations; consider regional economic, community, and housing development plans; and host regional forums to provide for public involvement in the planning process. The resulting strategic plan must include, inter alia, a housing market and housing affordability analysis; an analysis of factors, issues, and forces that impact or impede responsible growth, including affordable and workforce housing cost and availability and land use policy; a review of state economic development structure relating to economic, community, and housing development and an analysis of its performance in meeting statutory obligations; and the establishment of clear and measurable goals and objectives.

- Regional revenue sharing programs: It requires OPM to conduct a study

of regional revenue sharing programs and the creation of regional asset districts, so that regional revenue sources can be used to take financial pressure off center cities. The act also creates a Regional Performance Incentive grant program within OPM by which regional planning organizations or councils of governments can submit grant proposals to OPM for the funding of particular governmental services on a regional, rather than town-by-town basis.

P.A. 07-43 REPLACEMENT OF HOMES IN MOBILE HOME PARKS (eff. May 22, 2007).

This act makes clear that the replacement of a mobile home in a mobile home park that is a non-conforming use under local zoning regulations is not an expansion of the non-conforming use, even if the new home is larger than the old one, as long as the new home complies with federal mobile home construction and safety standards. The act responds to the trial court decision in Wiltzius v. New Milford Zoning Board of Appeals, 2006 WL 460380 (2006), currently on appeal, which came to an opposite conclusion.

Under existing law, a landowner who divides one lot into two lots is not subject to the subdivision regulations. Division into three or more lots, or a resubdivision of a lot that was previously divided, is governed by the town's subdivision regulations. This act allows municipalities by ordinance to exempt the first subdivision of land from the regulations if the lot created is for affordable housing to be developed by the town or a non-profit corporation. In effect, this allows the property owner, without following the subdivision regulations, to divide the lot into three lots, if one of them is reserved for affordable housing. The act is explicit that this exemption is in addition to any other exemptions under C.G.S. 8-26.

EMINENT DOMAIN

P.A. 07-141 EMINENT DOMAIN.

This act, as amended by Section 4 of P.A. 07-207 and Sections 39, 40, 41, and 59 of JSS P.A. 07-5, makes a number of changes to the laws towns must follow when taking property for traditional public uses (e.g., roads, parks, and schools) or for economic development (e.g., business or factory development). It specifically repeals the general power of towns under the Municipal Powers Act (C.G.S. 7-148) to use eminent domain for "the encouragement of private commercial development," thereby limiting municipal eminent domain powers to those under three specific statutes, all of which are modified by this act. Those statutes are (a) the Redevelopment Act, which authorizes takings to eliminate blight and prepare an area for redevelopment (Chapter 130, C.G.S. 8-124 through 8-139); (b) the Municipal

Development Act, which authorizes takings to facilitate new commercial and industrial development (Chapter 132, C.G.S. 8-186 through 8-200b); and (c) the Economic Development and Manufacturing Assistance Act, which authorizes takings to help manufacturers and other key industries expand or relocate in Connecticut (Chapter 588*l*, C.G.S. 32-220 through 32-234). It also increases relocation benefits under the Uniform Relocation Assistance Act for displacements resulting from the use of eminent domain (Chapter 135, C.G.S. 8-266 through 8-282). Most of the act is effective October 1, 2007, but the Chapter 588*l* section and some other parts of the act took effect on May 25, 2007. Major changes made to these acts include the following:

- Purposes and standards: The act prohibits the use of eminent domain for the primary purpose of increasing local tax revenue.

- Planning: The act requires development plans to include more information, analyses, and findings about the need to take specific properties. It requires the body approving the plan to determine that (a) the public benefits of the acquisition outweigh any private benefits, (b) the current use of the property cannot feasibly be integrated into the overall development plan, and (c) the acquisition is reasonably necessary to successfully achieve the objectives of the development plan. It also adds more steps to the planning process and requires towns to review plans every ten years.

- Takings process: The act also adds more steps to the takings process. It requires towns to hold a public hearing on each taking and to state why each taking is necessary. It requires plans under Chapters 132 and 588*l* to be approved by the town's legislative body by a two-thirds vote and plans under Chapter 130 to be approved by a two-thirds vote of the redevelopment agency. It requires that properties be acquired within ten years. It also allows property owners to bring actions in Superior Court to enjoin takings.

- Compensation: The act requires that compensation be established by the average of two independent appraisals. Under Chapters 132 and 588*l* it requires that the compensation payment be 125% of the average.

- Appeal process: The act changes appeal procedures by allowing either party to require its eminent domain appeal be transferred to a judge hearing tax appeals and by applying the offer-of-judgment statute to eminent domain cases.

- Relocation assistance: The act leaves the state Uniform Relocation Assistance Act payment standards unchanged but requires that, when displacement occurs because of eminent domain, the town must pay the

amounts required by the federal Relocation Assistance Act (42 USC 4601 et seq.) if those amounts are higher.

- Right of first refusal: The act gives owners a right of first refusal to buy back property taken by eminent domain at the same price paid by the town if the town decides not to use the property and offers it for sale.

- Unfair trade practices: The act makes it an unfair trade practice for persons to represent that they have eminent domain power when negotiating to acquire a property unless they are public officials who actually have such power.

P.A. 07-207 TAKING OF PROPERTY FOR REDEVELOPMENT (eff. October 1, 2007).

- Definition of deterioration: Under existing law, towns can prepare and implement redevelopment plans for areas that are "deteriorated, deteriorating, substandard or detrimental to the safety, health, morals or welfare of the community." This act defines the terms "deteriorate" and "deteriorating" to mean areas in which at least 20% of the buildings contain one or more building or environmental deficiencies and specifically lists 13 types of deficiencies that meet this standard. In addition to the physical deterioration of buildings, these include overcrowding, excessive density of dwelling units, conversions of houses into roominghouses, congested or poorly designed streets, inadequate public utilities, and other such conditions.

- Ombudsman for Property Rights: The act allows the parties to an appeal disputing the amount to be paid for property taken by eminent domain for redevelopment to have the matter referred, by mutual agreement, to the Ombudsman for Property Rights. The Ombudsman is directed to hold a hearing, take evidence, inspect the property, make detailed findings, and adjust the compensation level in accordance with his findings. His report is made conclusive on the parties.

PROPERTY TAXES

JSS P.A. 07-4 PROPERTY TAX CAP COMMISSION (eff. June 29, 2007).

Section 101 of this act creates a Property Tax Cap Commission to study methods to limit the rate of growth of local property taxes. The Commission is to submit a report to the General Assembly by January 15, 2008.

JUDICIAL PROCEDURES

P.A. 07-91 IOLTA ADVISORY PANEL (eff. July 1, 2007).

Under existing law, the Advisory Panel to the Interest on Lawyers' Trust Accounts (IOLTA) program, which helps fund legal aid programs, is required to make reports to the legislature's Judiciary Committee and to the Chief Court Administrator. Section 27 of this act requires that those reports also be made to the legislature's Banks Committee.

P.A. 07-184 PROBATE COURT ADMINISTRATION (eff. July 1, 2007).

Sections 11 through 14 of this act enhance the supervisory powers of the Probate Court Administrator (PCA) and increase the involvement of the General Assembly in the making of probate court rules:

- Powers of the Probate Court Administrator: The act makes explicit that the PCA is responsible not only for administering the probate court system but also for enforcing its requirements. Thus, this act requires him to "ensure performance of the duties of judges of probate and clerks of the courts of probate" and to "enforce" the probate court regulations. The act adds to financial and accounting matters, for which the PCA is already responsible, the training of court personnel, continuing education programs for judges and staff, and the enforcement of the performance standards established by the act.

- Supervision of probate court judges: The act authorizes the PCA to take action against a probate court judge if (a) the business of a probate court has not been conducted according to statute or regulation or is not being conducted with "expeditious dispatch" or (b) suitable court facilities are not being provided. If a meeting between the PCA and the probate court judge does not correct these deficiencies, the PCA is authorized to reassign one or more of the judge's cases to a special assignment probate judge or to designate such a judge to assist the judge in conducting the court's business. The PCA can also recover expenses related to the need for intervention. "Special assignment probate judges" are ones selected by the Chief Justice of the Supreme Court, on nomination by the PCA, for these special assignments. Except in an emergency, the PCA cannot implement his actions without written notice to the probate court judge, who is allowed to request a formal hearing before a panel of three probate court judges. If, however, the PCA in consultation with the Chief Court Administrator determines with respect to a pending case that an emergency exists because a probate matter has not been conducted with expeditious dispatch, the PCA can enforce his proposed disposition immediately while any appeal by the probate judge is pending.

- Probate court hours: The act requires each probate court to be open at least 20 hours per week on a regular schedule between 8 am and 5 pm.

- Promulgation of regulations: The act gives the General Assembly's Judiciary Committee veto power over proposed probate court regulations. The Judiciary Committee cannot modify such proposed regulations but must approve or disapprove them in entirety within 90 days of submission. If the Committee fails to act, the regulations are deemed approved.

See also: Conservatorships and Guardianships (P.A. 07-116), p. 14.
Appeals from Probate Court Decisions (P.A. 07-116), p. 19.

PUBLIC BENEFITS AND SOCIAL SERVICES

PUBLIC BENEFITS

P.A. 07-160 and JSS P.A. 07-2 — WELFARE AMENDMENTS (eff. July 1, 2007).

These two acts make a number of changes to Connecticut's income maintenance system. These include:

- COLA for cash benefit programs (Secs. 2 and 3 of JSS P.A. 07-2): Section 2 of this act, by not blocking an inflationary increase in the cash payment standards for TFA and SAGA, allowed payment levels to be increased on July 1, 2007, by the percentage increase in the Consumer Price Index for the first time since 1991. In contrast, Section 3 of the act eliminates any increase in the adult payment standard in the State Supplement Program for the 2007-2008 and 2008-2009 fiscal years. The act, however, leaves intact the 2006 provision that increases the unearned income disregard for recipients of State Supplement by an amount equal to the federal cost-of-living-adjustment (COLA) for Social Security and SSI. As a result, the annual increase in those federal programs will be passed through to State Supplement recipients, whose State Supplement payments will not be reduced because of the increase in federal benefits.

- State-funded TFA (Sec. 1 of P.A. 07-160): This section allows DSS to implement a cash component within the Temporary Family Assistance (TFA) program using only state funds so as to avoid federal work participation rate penalties.

- Safety Net eligibility (Sec. 2 of P.A. 07-160): This section expands

eligibility for the Safety Net program to include families who have complied with the Jobs First program rules but have reached the end of their time-limited benefits and are not eligible for extensions. Prior to this change, the Safety Net program was available only to those who lost their benefits for failure to comply with DSS rules.

- Food stamps for immigrants (Sec. 26 of JSS P.A. 07-2): This section conforms state statutes to current practice in the state food assistance program for legal immigrants ineligible for federal food stamps as a result of the 1996 Personal Responsibility and Work Opportunities Act by reducing the food stamp benefit to 75% of the amount an individual would otherwise qualify for under the federal food stamp program. The state has imposed this reduction since 2003.

- Veterans' burial benefits (Sec. 45 of JSS P.A. 07-2): This section increases the burial benefit for indigent veterans from $150 to $1,800.

- DOL records (Secs. 3 through 5 of P.A. 07-160): These sections make certain DOL records available for review by the state's regional workforce investment boards, provided the confidentiality of the records is protected.

P.A. 07-63 OWNERSHIP OF MOTOR VEHICLES BY FOOD STAMP RECIPIENTS (eff. July 1, 2007).

This act allows DSS to repeal the $9,500 maximum value on a motor vehicle that can be owned by a food stamp recipient, thereby applying to food stamp recipients the same rule that already applies in the Care4Kids program. Under prior law, food stamp recipients had to comply with the TFA maximum value of $9,500 for a motor vehicle. This act requires the Commissioner to use the limits contained in 7 CFR 273.8(f)(4), which permits the use for food stamps of the highest value permitted in any program funded with federal Temporary Assistance to Needy Families (TANF) money. Care4Kids, which provides child care subsidies to low-income workers and is funded in part through TANF, imposes no cap on the value of a motor vehicle.

P.A. 07-83 LEGISLATIVE REVIEW OF FEDERAL WAIVER APPLICATIONS (eff. July 1, 2007).

Under prior law, the Commissioner of Social Services was required to submit any application for a federal waiver to the Appropriations and Human Services Committees, which have 30 days to notify the Commissioner of their "approval, denial, or modifications." In practice, the committees' responses have been treated as advisory and not binding on the Commissioner. This act explicitly prohibits the Commissioner from submitting an application that is

rejected by the two committees. If the committees do not agree, the act requires them to appoint a conference committee to submit a recommendation back to the two committees. If the recommendation is accepted by both committees, it binds the Commissioner. If either committee fails to approve the recommendation, or if the committees do not act within 30 days of being notified of the intent to file the application, then the application is deemed approved by the committees and the Commissioner can proceed.

In addition, the act requires the Commissioner to include with any waiver application submitted to the federal government all written comments received from the general public and a transcript and any additional written comments submitted to the public hearing held by the Human Services and Appropriations Committees.

SOCIAL SERVICES

P.A. 07-47 CHILD POVERTY AND PREVENTION COUNCIL REPORTING REQUIREMENTS (eff. October 1, 2007).

Under existing law, each agency represented on the Child Poverty and Prevention Council whose budget includes poverty prevention programs must report annually to the Council by November 1, 2007, on at least two programs and must describe the performance-based measurements it uses to gauge their effectiveness. The act extends this annual reporting requirement through November 1, 2014. It makes a conforming change to the law requiring the Council to file progress reports with the Governor's Office and legislative committees each January.

The act also extends through Fiscal Year 2021 the requirement that the Governor's biennial budget include (a) a prevention report and recommended agency appropriations for prevention services and (2) a report on the state's progress in meeting the goal that by 2020 at least 10% of total recommended appropriations for each budgeted agency be allocated for prevention services.

P.A. 07-70 SITING OF STATE FACILITIES NEAR PUBLIC TRANSPORTATION ROUTES (eff. May 30, 2007).

This act requires the Commissioner of Public Works, in buying and leasing property for the State, to consider its proximity to bus and train routes.

P.A. 07-252 WIC ADVISORY COUNCIL (eff. October 1, 2007).

Section 84 of this act establishes an 11-member Women, Infants and Children (WIC) Advisory Council to advise DPH on issues pertaining to increased participation and access to services under the federal Special

Supplemental Food Program for Women, Infants and Children. The Council will be comprised of the co-chairs of the legislature's Public Health Committee, the Commissioner of Public Health, the executive director of the Commission on Children, a nutrition educator, two local WIC directors, two WIC recipients, and two representatives of an anti-hunger organization.

P.A. 07-97 VETERANS' ADVOCACY AND ASSISTANCE UNIT (eff. July 1, 2007).

This act requires the Veterans' Advocacy and Assistance Unit within the state Department of Veterans' Affairs to have at least one service officer with bilingual proficiency in Spanish and English, beginning with the first new person hired after July 1, 2007. The unit is responsible for helping veterans and their dependents obtain veterans benefits.

P.A. 07-195 STATE PURCHASE-OF-SERVICE CONTRACTS FOR HEALTH AND HUMAN SERVICES (eff. July 1, 2007).

This act codifies existing practice by expanding OPM's authority to waive competitive purchase requirements for purchases of service between a state agency and a human services private provider or municipality for ongoing direct health and human services for agency clients.

The act also requires the secretary, in order to ensure continuity of care in health and human services delivery, to develop a plan for the competitive procurement of health and human services by January 1, 2008, in consultation with the Connecticut Nonprofit Human Services Cabinet and representatives of state agencies that provide health and human services. The plan is to be submitted to the General Assembly by February 1, 2008. In developing the plan, the Secretary of OPM must consider the current market rate for those services and the impact of purchasing those services from a new provider, rather than from the current provider. In particular, the Secretary must consider whether such a switch in providers will assure the health, safety, and well being of service recipients, will assure that community-based services are conveniently located and readily accessible for recipients, will avoid unnecessary challenges of local zoning law, and will avoid creating a conflict with the current provider's bonding contracts.

In addition, the act adds contracts for the purchase of direct health services from private providers to an existing law that requires OPM to establish uniform procedures for managing and evaluating the quality and cost-effectiveness of the purchase of human services from private providers.

P.A. 07-219 FAMILY NURSE PRACTITIONER PILOT PROGRAM (eff. October 1, 2007).

This act requires DSS, within available appropriations and in conjunction with the Department of Public Health, to create a two-year pilot training program for nurse practitioners seeking to specialize in family practice. Under the program, the nurse practitioner will be required to receive one year of formal training at a community-based health center located in an area designated by the federal Health Resources and Services Administration as a health professional shortage area, a medically underserved area, or an area with medically underserved populations. The program is to begin by October 1, 2008, and terminate two years later. The Commissioner of Social Services is to report to the General Assembly by January 1, 2011, concerning any increase in access to care at community-based health centers as a result of the program.

See also: Rights of Inmates with Mental Illness/Discharge (P.A. 07-216), p. 9.

OTHER

JSS P.A. 07-1 STUDY OF EARNED INCOME TAX CREDIT (eff. July 1, 2007).

Section 133 of this act requires the legislature's Office of Legislative Research (OLR) to conduct a study of a state earned income tax credit (EITC). The study must include (a) the number of residents whose income would be brought above the poverty line by a state EITC, (b) the impact of an EITC on local economies, including the amount of money likely to be spent in economically distressed neighborhoods, (c) the effect of an EITC on bringing more workers into the labor force, (d) its effect on members of the armed forces, and (e) its effect on children in low-income families. The OLR report is due by February 1, 2008.

U T I L I T I E S

P.A. 07-242 ELECTRICITY AND ENERGY POLICY.

This act makes numerous changes to the energy statutes, particularly in regard to electricity. In general, it attempts to reduce electricity usage by creating incentives for individuals to conserve and to increase production by promoting the development of new energy plants, especially to generate peak-usage electricity. As a result, it leaves to market forces, rather than to rate regulation, the protection of consumers against higher rates. The major provisions of the act include:

Low-income utility and fuel programs:

- Winter shutoff moratorium (Sec. 67, eff. October 1, 2007): This section extends the utility winter shutoff moratorium from April 15 to May 1. The moratorium begins on November 1 each year.

- Procuring resources for standard service (Sec. 60, eff. October 1, 2007, and Sec. 104, eff. June 4, 2007): These sections require the DPUC, in consultation with the electric distribution companies, to study the feasibility of different options for procuring standard service and their potential risks and benefits. Standard service provides electricity for customers who do not choose a competitive supplier. The sections also require the DPUC, by January 1, 2009, to conduct a formal proceeding to examine the efficacy and rate impact of standard and last resort service.

- Energy assistance benefits (Sec. 65, eff. July 1, 2007): This section requires DSS to maintain the benefit levels from winter 2005-2006 and 2006-2007 in its Low-Income Energy Assistance Block Grant allocation plan for 2007-2008.

- Acceptance of applications (Sec. 66, as amended by Sec. 102 of JSS P.A. 07-4, eff. July 1, 2007): This section requires DSS, in consultation with OPM, to require community action agencies administering fuel assistance programs to begin accepting applications for the program no later than September 1 of each year, if funding allows.

- Discounted fuel purchasing program in CEAP (Sec. 66, as amended by Sec. 102 of JSS P.A. 07-4, eff. July 1, 2007): This section requires DSS to buy all deliverable fuels, not only heating oil, at discounted prices for CEAP participants. DSS is also required to ensure that no fuel vendor discriminates against program recipients who participate in the vendor's standard payment, delivery, service, or other similar plans.

  DSS is authorized to take advantage of dealer programs that reduce the cost of the fuel, such as fixed-price, capped-price, pre-purchase, or summer-fill options so as to reduce CEAP costs. To the extent funding permits, it must also ensure that all agencies administering CEAP make payments to participating dealers in advance of delivery if the dealer provides price-management strategies that require advance payment. The act also requires community action agencies that administer CEAP to provide DSS with pricing information from dealers, showing the price discount received by the state and the total cost savings to the state.

- Clean Slate and Operation Fuel (Secs. 81 and 82, eff. June 4, 2007, and Sec. 66 of JSS P.A. 07-5, eff. October 6, 2007): These sections require

Operation Fuel, Inc. to establish a one-time Clean Slate grant program in 2007 for low-income households with high utility bill arrearages. Grants are limited to $1,000 and can be applied only to arrearages that are less than 24 months old. The amount of the grant is to be based on the customer's arrearage and income level. The program must incorporate case management services, including budget counseling and help with utility payment programs. Section 66 of JSS P.A. 07-5 provides $2.5 million for this program, $1.75 million for an expansion of Operation Fuel, and $750,000 for Operation Fuel's infrastructure.

These sections also require electric and gas utilities to offer more contribution options to Operation Fuel and allow Operation Fuel to seek contributions from heating oil customers. The act requires utility billings to offer $1, $2, $3, and "other" donation options (rather than only a $1 option), to present these options in a way that facilitates donations, and to include customers who pay on-line. It also extends these requirements to municipal utilities. In addition, the act requires Operation Fuel to provide bill inserts to fuel oil dealers who agree to participate in the contribution program. Utility and gas companies are required to coordinate their Operation Fuel promotions by holding them in the same month and using similar formats.

Reduction of peak power usage:

- Advanced metering (Sec. 98, eff. June 4, 2007): This section requires each electric company to submit a plan to the DPUC by July 1, 2007, to deploy a system of advanced metering by January 1, 2009. The system must be capable of tracking hourly changes in a customer's power use to support real-time pricing. After January 1, 2009, the company must install such a meter at no charge upon customer request but may recover its cost through its rates. The act requires that, by October 4, 2007, both utilities and suppliers must provide time-of-use rate options, including hourly and real-time options, to all customer classes.

- Real-time pricing (Sec. 99, eff. June 4, 2007): This section requires each distribution company to submit a proposal to the DPUC by July 1, 2007, to implement voluntary critical-peak pricing or real-time pricing for all customer classes. The DPUC must approve such pricing tariffs so that they can become effective by January 1, 2008.

- Residential energy conservation program (Sec. 14, eff. July 1, 2007): This section requires the Energy Conservation Management Board (ECMB) by October 1, 2007, to develop and estimate the cost of a comprehensive residential electric and gas conservation program and to provide a final report to the legislature by February 1, 2008. The

program to be considered must include (a) an audit to identify conservation measures, with priority for cost-effectiveness and reduction in peak-hour usage; (b) a prioritization of customers based on cost-effectiveness and peak-hour usage reduction; (c) an oversight system to help customers access incentives, find financing, identify knowledgeable contractors, and, in regard to renters, obtain landlord consent; and (d) if the cost of financing the improvement plus the cost of utility service after the improvement will not exceed the price of utility service prior to the improvement, repayment of the improvement through the utility bill. Financing repayments must be assignable to subsequent owners and tenants and customer service must be subject to termination for failure to pay the financing portion of the bill. The DPUC is explicitly permitted to authorize a similar program without waiting for the report.

- Energy efficiency outreach campaign (Secs. 61, 87, 88, 89, 100, 111, and 137, as amended by Sec. 122 of JSS P.A. 07-4, eff. July 1, 2007): These sections require the DPUC, in conjunction with the ECMB, to establish a statewide outreach campaign on the benefits of energy efficiency, including avoiding peak-hour usage and choosing a competitive electric supplier. DPUC must develop and approve the plan by December 1, 2007, and begin implementation by March 1, 2008. The plan must include customer bill inserts, media advertisements, a website, an electronic newsletter, and other outreach tools. It must also include a "real-time energy report" of hourly electricity usage for daily use by television and other media. By April 1, 2008, the DPUC, in consultation with the ECMB, must also develop an email and cell phone alert system to notify customers of the need to reduce energy consumption during peak power periods. By October 1, 2007, each utility company must develop a plan for notifying customers of electricity shortages (which could cause blackouts) and of ways to reduce electricity usage in such emergencies. In addition, the act requires the State Department of Education by September 1, 2007, to create an annual week-long compact fluorescent light bulb promotion with outreach to PTOs and schools and, in conjunction with the ECMB, develop and implement a statewide fundraiser in which students sell fluorescent light bulbs, with participating schools retaining a portion of the profit.

- Connecticut Energy Excellence Plan (Sec. 97, eff. June 4, 2007): This section requires the ECMB to develop a plan by February 1, 2008, to reduce the state's peak electricity demand by at least 10% by 2010.

- Summer 2007 Conservation Incentive Program (Sec. 119, eff. June 4, 2007): This section requires electric utilities to run a program during the summer of 2007 to give credits of between 10% and 20% of summer electric generation charges to customers who reduce their summer usage

in 2007 by at least 10% from their summer usage in 2006, adjusted for weather differences. The DPUC is to report to the General Assembly on the program by February 1, 2008.

Promotion of electric competition:

- Promotion of customer choice of suppliers (Sec. 92, eff. July 1, 2007): This section forces electric distribution utilities that would otherwise be providing standard service to residential and small commercial customers to help recruit customers for competitive suppliers. In particular, the section provides:

    - Provision of information: The act mandates that residential and small commercial customers be offered the option to learn about enrolling with a competitive electric supplier whenever the customer applies for new utility service, reinitiates service following a change of location, makes an inquiry about utility rates, or seeks information about energy efficiency. At that time, the electric distribution company must describe offers available from competitive suppliers and provide information that must include at least the price and terms of the purchase option. Customers expressing an interest in a particular qualifying electric offer must immediately be transferred to a call center operated by that supplier.

    - Supplier participation: By September 1, 2007, the DPUC must establish the terms under which an electric supplier can qualify to participate in this recruitment and referral program, including that they offer time-of-use and real-time use rates to residential customers and that the price per kilowatt hour be at a fixed rate for a term of at least one year.

    - Bill inserts and notices: Once a quarter, participating suppliers must be allowed to list qualifying offers with each customer's utility bill in a manner approved by the DPUC.

    - Switching service: Any customer receiving service from a participating supplier may switch to another supplier or back to standard service with the utility company at any time, including during the term of the offer, with no additional charges. Any utility customer can switch to a participating supplier at any time without penalty.

    - Collection of supplier bills: Each distribution company must offer to serve as a pass-through for billing customers and collecting

payments for the supplier.

- Fair disclosure of comparative supplier pricing: By July 1, 2007, the DPUC must initiate a proceeding to examine whether electric suppliers' customer billing statements sufficiently enable customers to compare pricing policies and charges among suppliers, as required by C.G.S. 16a-245d.

Energy conservation equipment:

- Replacement furnace tax rebate program (Secs. 1 and 2, eff. July 1, 2007): Beginning July 1, 2007, the act authorizes a 10-year program of state rebates of $500 for the installation of energy-efficient gas, oil, or propane furnaces and boilers in one- to four-family buildings. The rebate is reduced, depending on marital and tax filing status, in 2007 for households with income above $55,500 for a single person, $78,500 for a single head of household, and $105,500 for a married couple, with the base adjusted upward in subsequent years. Total rebates cannot exceed $5 million per year. The program, which will be administered by OPM, will sunset on July 1, 2017.

- Air conditioning replacement program (Sec. 3, as amended by Sec. 63 of JSS P.A. 07-4): These sections require the ECMB to run a rebate program from January 1 to September 1, 2008, for residential customers who buy Energy Star air conditioners to replace non-Energy Star ones. The rebate is to be from $25 to $100 for room air conditioners, depending on the cost of the air conditioner and the cost-effectiveness of the rebate, and up to $500 for central air conditioning systems. In consultation with the Low-Income Energy Advisory Board, the ECMB must also establish program rules for renters. Retailers who participate in the system must certify that a customer claiming a rebate turned in the old air conditioner. The ECMB is to report to the General Assembly on the operation of the program by January 1, 2009.

- Sales tax exemptions (Secs. 69 and 70, eff. June 1, 2007): These sections make permanent the sales tax exemption for residential energy weatherization products (e.g., programmable thermostats) and compact fluorescent light bulbs. They extend the exemption for household appliances that meet Energy Star standards until June 30, 2008.

Miscellaneous provisions:

- DPUC membership (Sec. 57, eff. October 1, 2007): Under prior law, three of the five DPUC commissioners were required to have education or training and three or more years of experience in at least one of ten

specifically listed fields, such as economics, engineering, law, or utility regulation. This act requires that every new DPUC commissioner appointed after October 1, 2007, have such experience in at least one of the listed fields and that at least one sitting commissioner at all times have experience in utility consumer advocacy.

- Energy procurement plan (Secs. 51, 52, and 53, eff. June 4, 2007): These sections require the electric distribution companies, in consultation with the Connecticut Energy Advisory Board (CEAB) to develop a plan for maintaining an adequate supply of energy for Connecticut. The act also expands the CEAB from nine to 15 members, including requiring that one member represent a consumer advocacy organization and one represent low-income ratepayers.

- Comprehensive Energy Plan (Secs. 105, 110, 112, 113, 114, and 129, eff. July 1, 2007): These sections repeal the requirement that CEAB develop an annual comprehensive energy plan.

- Decoupling (Sec. 107, eff. June 4, 2007): This section requires the DPUC, in rate cases that begin after June 4, to require that electric and gas companies no longer tie their revenues to the volume of their sales. They can do this by revising their rate structure so as to generate a larger portion of their revenue from fixed charges and a smaller portion from the amount of electricity or gas used, or by other means.

- Fuel oil conservation programs (Sec. 116, eff. July 1, 2007): This section creates a 13-member Fuel Oil Conservation Board. One of the Governor's appointments must represent a consumer advocacy group and one must represent low-income ratepayers. By November 1, 2007, the board is to hire an entity to administer the oil conservation program, which, with the advice of the FOB, is to prepare and implement annual cost-effective oil conservation plans, subject to the approval of the ECMB. The plan is due March 1, 2008, and annually on October 1 thereafter. Each plan must receive a public hearing before the ECMB.

- Electric heating rates (Sec. 123, eff. July 1, 2007): This section requires any electric distribution company with a tariff for residential electric space heating customers to maintain that tariff for a period of at least five years. The tariff must be available to both current and new customers at the location to which the tariff previously applied, if electricity is the customer's primary power source for space heating and the customer has entered into an agreement with the distribution company for at least 12 months.

See also: Energy Conservation Loan Fund (P.A. 07-64 and P.A. 07-242), p. 60.
Neighborhood Assistance Act (P.A. 07-242), p. 60.

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PUBLIC ACTS

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PUBLIC ACTS

EXPLANATION OF ABBREVIATIONS

Two standard abbreviations are ordinarily used in this publication. "P.A." stands for "Public Act." "Sp.A." stands for "Special Act." A public act is one of general applicability and is eventually codified in the Connecticut General Statutes. A special act is one of limited applicability (such as one authorizing a study commission) and is not codified. There are no special acts summarized in this year's publication. "JSS" stands for "June Special Session." This special session was convened after the regular 2007 legislative session ended. In addition, the abbreviated names of state agencies are commonly used. The principal ones appearing in this edition are:

CCPA	Chief Child Protection Attorney
CHFA	Connecticut Housing Finance Authority
CHRO	Commission on Human Rights and Opportunities
DCF	Department of Children and Families
DCP	Department of Consumer Protection
DECD	Department of Economic and Community Development
DMR	Department of Mental Retardation
DMHAS	Department of Mental Health and Addiction Services
DOC	Department of Corrections
DOL	Department of Labor
DPH	Department of Public Health
DSS	Department of Social Services
OFA	Office of Fiscal Analysis
OPM	Office of Policy and Management
SBE	State Board of Education

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