



General Assembly

Substitute Bill No. 6305

January Session, 2011

* _____HB06305HS_____031811_____*

AN ACT CONCERNING IMPLEMENTATION OF THE SUSTINET PLAN.

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

1 Section 1. (NEW) (*Effective from passage*) It is declared that, for the
2 benefit of the people of the state, the increase of their welfare and
3 prosperity and the improvement of their health and living conditions,
4 it is essential that this and future generations be given the fullest
5 opportunity to obtain health care that is universal, continuous,
6 affordable, sustainable, and that enhances health and well-being by
7 promoting access to high-quality health care that is effective, efficient,
8 safe, timely, patient-centered and equitable and therefore the SustiNet
9 Plan and its governing authority are established herein.

10 Sec. 2. (NEW) (*Effective from passage*) As used in sections 1 to 6,
11 inclusive, of this act, section 17b-261 of the general statutes, as
12 amended by this act, section 8 of this act, section 17b-90 of the general
13 statutes, as amended by this act, sections 10 to 17, inclusive, of this act,
14 section 19a-750 of the general statutes, as amended by this act, section
15 19 of this act, section 1-79 of the general statutes, as amended by this
16 act, section 1-120 of the general statutes, as amended by this act, and
17 sections 1-124 and 1-125 of the general statutes, as amended by this act:

18 (1) "Authority" or "SustiNet Authority", unless the context otherwise
19 requires, means the SustiNet Plan Authority established pursuant to
20 section 3 of this act;

21 (2) "Affordable Care Act" means the Patient Protection and

22 Affordable Care Act, P.L. 111-148, as amended from time to time;

23 (3) "Board of directors" or "board" means the board of directors for
24 the SustiNet Plan Authority, established pursuant to section 3 of this
25 act;

26 (4) "Exchange" means a health insurance exchange established for
27 the state pursuant to the provisions of Section 1311 of the Affordable
28 Care Act;

29 (5) "Health Care Cost Containment Committee" means the
30 committee established pursuant to the ratified agreement between the
31 state and State Employees' Bargaining Agent Coalition pursuant to
32 subsection (f) of section 5-278 of the general statutes;

33 (6) "Municipal-related employee" means any employee of a
34 municipal-related employer;

35 (7) "Municipal-related employer" means any property management
36 business, food service business or school transportation business that
37 is a party to a contract with a nonstate public employer;

38 (8) "Nonprofit employee" means any employee of a nonprofit
39 employer;

40 (9) "Nonprofit employer" means a nonprofit corporation, as defined
41 in subparagraph (B) of subdivision (7) of subsection (i) of section 5-259
42 of the general statutes;

43 (10) "Nonstate public employee" means any employee or elected
44 officer of a nonstate public employer;

45 (11) "Nonstate public employer" means a municipality or other
46 political subdivision of the state, including a board of education, quasi-
47 public agency or public library;

48 (12) "Northeast states" means the Northeast states, as defined by the
49 United States Census Bureau;

50 (13) "Patient-centered medical home" has the same meaning as set
51 forth in Section 3502 of the Affordable Care Act;

52 (14) "Small employer employee" means any employee of a small
53 employer;

54 (15) "Small employer" means an employer that is qualified to
55 purchase group coverage through a health insurance exchange
56 established in this state pursuant to the Affordable Care Act and any
57 person, firm, corporation, limited liability company, partnership or
58 association actively engaged in business or self-employed for at least
59 three consecutive months that, on at least fifty per cent of its working
60 days during the preceding twelve months, employed no more than
61 fifty employees, the majority of whom were employed within this
62 state. "Small employer" does not include a nonstate public employer.
63 In determining the number of eligible employees, companies that are
64 affiliates, as defined in section 33-840 of the general statutes, or that are
65 eligible to file a combined tax return under chapter 208 of the general
66 statutes, shall be considered one employer;

67 (16) "State employee plan" or "state plan" means a self-insured
68 group health care benefits plan established under subsection (m) of
69 section 5-259 of the general statutes; and

70 (17) "SustiNet Plan" or "plan", unless the context otherwise requires,
71 means a health insurance program that consists of multiple,
72 coordinated individual health insurance plans that provide or offer,
73 over a phased-in period of time, health insurance products to state
74 employees, Medicaid enrollees, HUSKY Plan, Part A and Part B
75 enrollees, HUSKY Plus enrollees, municipalities, municipal-related
76 employers, nonprofit employers, small employers, other employers
77 and individuals in the state and which, with respect to all health plans
78 offered, implements innovative, cost-controlling mechanisms and
79 measures to improve the quality of health care services and improve
80 the health of SustiNet Plan enrollees.

81 Sec. 3. (NEW) (*Effective from passage*) (a) There is hereby established

82 and created a body politic and corporate, constituting a public
83 instrumentality and political subdivision of the state of Connecticut
84 established and created for the performance of an essential public and
85 governmental function, to be known as the SustiNet Plan Authority.
86 The SustiNet Plan Authority is empowered to carry out the purposes
87 of the SustiNet Plan, which are hereby determined to be public
88 purposes for which public funds may be expended. The authority shall
89 not be construed to be a department, institution or agency of the state.

90 (b) The powers of the authority shall be vested in and exercised by a
91 board of directors, which shall consist of fifteen directors, appointed
92 on or before September 1, 2011, as follows: The Comptroller, or the
93 Comptroller's designee, and the Commissioner of Social Services, or
94 the commissioner's designee, shall serve as ex-officio voting members
95 of the board; three appointed by the Governor, one of whom shall be a
96 primary care physician who is in active practice, one of whom shall be
97 knowledgeable and experienced in measuring health care quality and
98 one of whom shall have expertise in health care administration; two
99 appointed by the president pro tempore of the Senate, one of whom
100 shall be a representative of hospitals and one of whom shall be a
101 SustiNet Plan member; two appointed by the speaker of the House of
102 Representatives, one of whom shall be a small employer and one of
103 whom shall be a SustiNet Plan member; one appointed by the majority
104 leader of the Senate, who shall be a representative of organized labor;
105 one appointed by the majority leader of the House of Representatives,
106 who shall represent a nonprofit health care center; one appointed by
107 the minority leader of the Senate, who shall be an oral health care
108 provider; and one appointed by the minority leader of the House of
109 Representatives, who shall be a mental health advocate. Thereafter, the
110 thirteen board of directors appointed in accordance with the
111 provisions of this subsection shall, by majority vote, appoint two
112 additional directors to the board. Any person previously appointed to
113 the SustiNet Health Partnership board of directors may be appointed
114 to the board of directors as provided for in this subsection.

115 (c) Commencing on September 1, 2011, the three directors initially

116 appointed by the Governor and the two directors initially appointed
117 pursuant to a vote of the board shall serve a term of four years. The
118 four directors initially appointed by the speaker of the House of
119 Representatives and the president pro tempore of the Senate shall
120 serve a term of three years. The four directors initially appointed by
121 the majority and minority leaders of the House of Representatives and
122 the majority and minority leaders of the Senate shall serve a term of
123 two years. Thereafter, all members shall be appointed for a term of
124 four years commencing on September first of the year of the
125 appointment. Each director shall serve at the pleasure of his or her
126 appointing authority but no longer than the term of office of the
127 appointing authority or until the director's successor is appointed and
128 qualified, whichever is longer, but in no case may a director serve for
129 longer than three months after the term of his or her appointing
130 authority.

131 (d) To qualify as a member of the board of directors of the authority,
132 each director of the Sustinet Plan Authority before entering upon his
133 or her duties shall take and subscribe the oath or affirmation required
134 by article XI, section 1, of the State Constitution. A record of each such
135 oath shall be filed in the office of the Secretary of the State. Meetings of
136 the board of directors shall be held at such times as shall be specified
137 in the bylaws adopted by the board and at such other time or times as
138 the chairperson deems necessary.

139 (e) There shall be two chairpersons of the board selected from the
140 fifteen members, one of whom shall be appointed by the Governor,
141 and one of whom shall be appointed jointly by the president pro
142 tempore of the Senate and the speaker of the House of Representatives.
143 The chairpersons shall be appointed with the advice and consent of
144 both houses of the General Assembly. The board shall annually elect
145 two of its members to serve as vice chairpersons.

146 (f) Appointed directors may not designate a representative to
147 perform in their absence their respective duties under this section and
148 sections 4, 11, 16, 17 and 19 of this act. Any appointed director who

149 fails to attend three consecutive meetings of the board or who fails to
150 attend fifty per cent of all meetings of the board held during any
151 calendar year shall be deemed to have resigned from the board. Any
152 appointed director may be removed by his or her appointing authority
153 for misfeasance, malfeasance or willful neglect of duty as determined
154 in the sole discretion of the appointing authority. Any appointing
155 authority shall fill any vacancy for the unexpired term of a director
156 appointed by such authority and said director may be reappointed for
157 a full term and subsequent terms. In the event that an appointing
158 authority fails to make an initial appointment to the board or an
159 appointment to fill a board vacancy within ninety days of the date of
160 the vacancy, the appointed directors, by majority vote, shall make such
161 appointment to the board.

162 (g) Nine directors of the authority shall constitute a quorum for the
163 transaction of any business or the exercise of any power of the
164 authority. For the transaction of any business or the exercise of any
165 power of the authority, the authority may act by a majority of the
166 directors present at any meeting at which a quorum is in attendance.
167 No vacancy in the membership of the board of directors shall impair
168 the right of such directors to exercise all the rights and perform all the
169 duties of the board. Any action taken by the board under the
170 provisions of this section and sections 4, 11, 16, 17 and 19 of this act
171 may be authorized by resolution approved by a majority of the
172 directors present at any regular or special meeting, which resolution
173 shall take effect immediately and need not be published or posted.

174 (h) The board of directors shall receive no compensation for the
175 performance of their official duties, except that each director shall be
176 entitled to reimbursement for such director's actual and necessary
177 expenses incurred during the performance of such director's official
178 duties.

179 (i) The board may delegate to three or more directors such board
180 powers and duties as it may deem necessary and proper. The board
181 shall establish such committees, subcommittees or other entities as it

182 deems necessary to further the purposes of the authority, including,
183 but not limited to, a finance committee.

184 (j) Notwithstanding any provision of the general statutes, it shall not
185 be or constitute a conflict of interest for a director, officer or employee
186 of an institution or business entity, including a health care institution,
187 or for any person having a financial interest in such an institution, to
188 serve as a member of the board of directors of the authority; provided
189 such director, officer, employee or person shall abstain from
190 deliberation, action and vote by the board under sections 4, 7, 11, 16, 17
191 and 19 of this act, in specific respect to the institution or business entity
192 of which such member is a director, officer or employee or in which
193 such director has a financial interest.

194 (k) Each member of the board of directors of the authority shall
195 execute a surety bond in the penal sum of fifty thousand dollars, or, in
196 lieu thereof, the chairpersons of the board shall execute a blanket
197 position bond covering each member of the board of directors and the
198 executive director and the employees of the authority, each surety
199 bond to be conditioned upon the faithful performance of the duties of
200 the office or offices covered, to be executed by a surety company
201 authorized to transact business in this state as surety and to be
202 approved by the Attorney General and filed in the office of the
203 Secretary of the State. The cost of each such bond shall be paid by the
204 authority.

205 (l) The board shall adopt written procedures, in accordance with the
206 provisions of section 1-121 of the general statutes, for: (1) Adopting an
207 annual budget and plan of operations, including a requirement of
208 board approval before the budget or plan may take effect; (2) hiring,
209 dismissing, promoting and compensating employees of the authority,
210 including an affirmative action policy and a requirement of approval
211 by the board or by the executive director of the authority, acting in
212 accordance with the directives of the board, before a position may be
213 created or a vacancy filled; (3) acquiring real and personal property
214 and personal services, including a requirement of board approval for

215 any nonbudgeted expenditure in excess of five thousand dollars; (4)
216 contracting for financial, legal, and other professional services,
217 including a requirement that the authority solicit proposals at least
218 once every three years for each such service which it uses; and (5) the
219 use of surplus funds to the extent authorized under any provision of
220 the general statutes.

221 (m) The chairpersons of the board, in consultation with the board,
222 shall appoint an executive director of the authority. The executive
223 director of the authority shall not be a member of the board. The
224 executive director of the authority shall serve at the pleasure of the
225 board and receive such compensation as shall be fixed by the board.

226 (n) The executive director shall supervise the administrative affairs
227 and technical activities of the SustiNet Plan Authority in accordance
228 with the directives of the board. The executive director shall be exempt
229 from the classified service. The executive director shall attend all board
230 meetings and keep a record of the proceedings of the authority and
231 shall be custodian of all books, documents, and papers filed with the
232 authority and of the minute book or journal of the authority and of its
233 official seal. The executive director may give certificates under the
234 official seal of the authority to the effect that such copies are true
235 copies, and all persons dealing with the authority may rely upon such
236 certificates.

237 (o) The authority shall continue as long as it shall have legal
238 authority to exist pursuant to the general statutes and until its
239 existence is terminated by law. Upon the termination of the existence
240 of the authority, all its rights and properties shall pass to and be vested
241 in the state of Connecticut.

242 (p) The provisions of chapter 12 of the general statutes shall apply to
243 any officer, director, designee or employee appointed as a member,
244 director or officer of the authority.

245 (q) The authority shall be subject to chapter 14 of the general
246 statutes, except that the following items shall be exempt from said

247 chapter and not subject to disclosure: (1) The names and applications
248 of Sustinet Plan enrollees; (2) health information of any Sustinet Plan
249 applicant or enrollee; (3) information relating to provider negotiations
250 and provider compensation arrangements, provided information
251 relating to Medicaid, HUSKY Plan, Part A and Part B, HUSKY Plus
252 and the Charter Oak Health Plan shall be subject to disclosure under
253 chapter 14 of the general statutes; and (4) information exchanged
254 between the authority and the Departments of Social Services and
255 Public Health, the Insurance Department, the Comptroller and any
256 other relevant state agency pursuant to confidentiality agreements
257 entered into pursuant to the provisions of section 10 of this act.

258 Sec. 4. (NEW) (*Effective from passage*) (a) There is established the
259 Sustinet Plan Consumer Advisory Board. The advisory board shall
260 consist of seven Sustinet Plan consumers, who shall represent the
261 different populations served by the Sustinet Plan. Initially, the
262 advisory board shall consist of two chairpersons, appointed by the
263 chairpersons of the Sustinet Plan Authority board of directors, who
264 shall each serve a one-year term, but who may be reappointed as
265 chairpersons upon the expiration of the one-year term. The advisory
266 board chairpersons shall, not later than thirty days after being
267 appointed, establish procedures for appointing an additional five
268 consumers to the advisory board, who shall serve on a staggered term
269 basis and thereafter be appointed by the advisory board chairpersons.
270 Subsequent to the initial appointment of the advisory board,
271 consumers seeking to serve as successor board members shall be
272 selected to serve on the board by a majority vote of the existing
273 advisory board members. The advisory board shall develop, approve
274 and implement a board member selection process in accordance with
275 the provisions of this section. Not more than two members of the
276 advisory board may be professional consumer advocates.

277 (b) The advisory board shall be responsible for issuing consumer
278 impact statements which describe the general effects on consumers of
279 major actions, as determined by such board, taken by the Sustinet Plan
280 Authority board of directors. The advisory board shall prepare

281 consumer impact statements that shall accompany the publication of
282 decisions made by the board of directors concerning the SustiNet Plan.
283 The advisory board shall advise the SustiNet Plan Authority board of
284 directors on issues relating to SustiNet Plan consumers. The authority
285 may make staff available to assist advisory board meetings.

286 Sec. 5. (NEW) (*Effective from passage*) (a) The purposes of the
287 SustiNet Plan Authority shall be to promote access to high-quality
288 health care that is effective, efficient, safe, timely, patient-centered and
289 equitable, and for such purposes the authority is authorized and
290 empowered to:

291 (1) Have perpetual succession as a body politic and corporate and to
292 adopt bylaws for the regulation of its affairs and the conduct of its
293 business;

294 (2) Adopt an official seal and alter the same at pleasure;

295 (3) Maintain an office at such place or places as it may designate;

296 (4) Sue and be sued in its own name, and plead and be impleaded;

297 (5) Employ such assistants, agents and other employees as may be
298 necessary or desirable, and engage consultants, actuaries, attorneys
299 and appraisers as may be necessary or desirable to carry out its
300 purposes in accordance with sections 3 to 6, inclusive, of this act,
301 section 8 of this act, section 17b-90 of the general statutes, as amended
302 by this act, and sections 10 to 17, inclusive, of this act;

303 (6) Make and enter into all contracts and agreements necessary,
304 incidental or consistent with the purpose of sections 3 to 6, inclusive, of
305 this act, section 8 of this act, section 17b-90 of the general statutes, as
306 amended by this act, and sections 10 to 17, inclusive, of this act,
307 including, but not limited to, the ability to contract with one or more
308 insurers or other entities for administrative purposes, to perform such
309 services that include, but are not limited to, claims processing,
310 credentialing of providers, utilization management, care management,

311 disease management and customer service;

312 (7) Solicit bids from individual providers and provider
313 organizations and to arrange with insurers and others for access to
314 existing or new provider networks, and take such other steps to
315 provide all SustiNet Plan members with access to timely, high-quality
316 health care throughout the state and, in appropriate cases, health care
317 that is outside the state's borders;

318 (8) Enter into agreements with any state agency to carry out the
319 purposes of sections 3 to 6, inclusive, of this act, section 8 of this act,
320 section 17b-90 of the general statutes, as amended by this act, and
321 sections 10 to 17, inclusive, of this act;

322 (9) Accept from the state financial assistance, revenues or the right
323 to receive revenues with respect to any program under the supervision
324 of the authority;

325 (10) Solicit, receive and accept aid, grants or contributions from any
326 source of money, property, labor or other things of value, to be held,
327 used and applied to carry out the purposes of sections 3 to 6, inclusive,
328 of this act, section 8 of this act, section 17b-90 of the general statutes, as
329 amended by this act, and sections 10 to 17, inclusive, of this act, subject
330 to such conditions upon which such aid, grants and contributions may
331 be made, including, but not limited to, gifts or grants from any
332 philanthropic organization, department, agency or instrumentality of
333 the United States or this state;

334 (11) Acquire, lease, purchase, own, manage, hold and dispose of real
335 property, and lease, convey or deal in or enter into agreements with
336 respect to such property on any terms necessary or incidental to the
337 carrying out of these purposes; provided, all such acquisitions of real
338 property for the authority's own use with amounts appropriated by
339 the state to the authority or with the proceeds of bonds supported by
340 the full faith and credit of the state shall be subject to the approval of
341 the Secretary of the Office of Policy and Management and the
342 provisions of section 4b-23 of the general statutes;

343 (12) Procure insurance against any liability or loss in connection
344 with its property and other assets, in such amounts and from such
345 insurers as it deems desirable;

346 (13) Purchase reinsurance or stop loss coverage, to set aside
347 reserves, or to take other prudent steps that avoid excess exposure to
348 risk in the authority's administration of health insurance plans;

349 (13) Account for and audit funds of the authority and funds of any
350 recipients of funds from the authority;

351 (14) Establish SustiNet health care plans in accordance with the
352 provisions of sections 3 to 6, inclusive, of this act, section 17b-261 of the
353 general statutes, as amended by this act, section 8 of this act, section
354 17b-90 of the general statutes, as amended by this act, and sections 10
355 to 17, inclusive, of this act;

356 (15) Commission surveys of consumers, employers and providers
357 on issues related to health care and health care coverage; and

358 (16) Do all acts and things necessary or convenient to carry out the
359 purposes of the authority.

360 (b) In addition to the powers vested with the authority pursuant to
361 subsection (a) of this section, the authority shall:

362 (1) Set payment methods for licensed health care providers that (A)
363 reflect evolving research and experience both within the state and
364 outside the state, (B) promote access to health care and patient health,
365 (C) prevent unnecessary health care spending, and (D) to the extent
366 feasible and consistent with delivery system and payment reforms,
367 ensure fair compensation to cover the reasonable cost of furnishing
368 necessary care;

369 (2) Facilitate joint contracting efforts on behalf of state agencies
370 wherever possible to achieve administrative savings, including, but
371 not limited to, by facilitating joint negotiation of any administrative
372 service organization contract to provide services to state employees,

373 Medicaid and HUSKY Plan, Part A and Part B, HUSKY Plus and
374 Charter Oak Health Plan enrollees, provided any such joint
375 administrative service organization contract shall not be effective until
376 the State Employee's Bargaining Agent Coalition has provided written
377 consent to the Comptroller that said coalition agrees to incorporate the
378 terms of any change into its collective bargaining agreement;

379 (3) Ensure that any agreement or contract entered into with an
380 administrative service organization to serve any Sustinet Plan
381 population does not contain payment mechanisms that provide an
382 inherent incentive to deny care;

383 (4) Negotiate on behalf of providers participating in the Sustinet
384 Plan to obtain discounted prices for vaccines and other health care
385 goods and services;

386 (5) Establish and maintain an Internet web site that provides for
387 timely posting of all public notices issued by the authority and such
388 other information as the authority deems relevant in educating the
389 public about the Sustinet Plan; and

390 (6) Make optimum use of opportunities created by the federal
391 government for securing new and increased federal funding,
392 including, but not limited to, increased reimbursement revenues.

393 Sec. 6. (NEW) (*Effective from passage*) (a) On and after January 1,
394 2012, the state employee plan, administered in accordance with the
395 provisions of section 5-259 of the general statutes, and the medical
396 assistance programs administered by the Department of Social
397 Services, in accordance with the provisions of chapter 319v of the
398 general statutes, including, the Medicaid program, HUSKY Plan, Part
399 A and Part B, HUSKY Plus programs, the Charter Oak Health Plan,
400 and the basic health program described in section 17b-261 of the
401 general statutes, as amended by this act, shall also be known as
402 Sustinet Plans. All Sustinet Plan members shall be provided with
403 member identification cards that have an identical design. Sustinet
404 Plan membership categories may be identified by discreet designations

405 on the member identification cards in a format prescribed by the
406 SustiNet Plan Authority.

407 (1) HUSKY Plan, Part A coverage, provided in accordance with the
408 provisions of sections 17b-261, as amended by this act, 17b-277 and
409 17b-306 to 17b-307, inclusive, of the general statutes, shall also be
410 known as SustiNet A.

411 (2) HUSKY Plan, Part B coverage, provided in accordance with the
412 provisions of sections 17b-290 to 17b-307, inclusive, of the general
413 statutes and HUSKY Plus benefits provided in accordance with section
414 17b-294a of the general statutes shall also be known as SustiNet B.

415 (3) Charter Oak Health Plan coverage provided in accordance with
416 the provisions of section 17b-311 of the general statutes shall also be
417 known as SustiNet C.

418 (4) Medicaid coverage, provided in accordance with the provisions
419 of chapter 319v of the general statutes shall also be known as SustiNet
420 D.

421 (5) State employee health plan coverage, provided in accordance
422 with the provisions of section 5-259 of the general statutes shall also be
423 known as SustiNet E.

424 (6) The health plan offered by the SustiNet Plan Authority pursuant
425 to subsection (f) of this section and section 15 of this act shall be known
426 as SustiNet G.

427 (b) Notwithstanding any provision of the general statutes, on and
428 after January 1, 2012, the state employee plan, administered in
429 accordance with the provisions of section 5-259 of the general statutes,
430 shall be part of the SustiNet Plan and shall also be known as SustiNet
431 E. The Comptroller shall administer the state employee plan in
432 accordance with rules established by the SustiNet Plan Authority and
433 in accordance with terms for which written consent has been provided
434 as prescribed in subsection (c) of this section. The authority may

435 establish rules concerning benefits, cost-sharing, utilization
436 management, care coordination, disease management, evidence-based
437 best practices, health care delivery systems, health care pilot programs,
438 provider payment methods, provider network management, provider
439 credentialing and customer service. On and after January 1, 2012, the
440 Comptroller shall continue to procure health insurance in accordance
441 with (1) section 5-259 of the general statutes for state employees and
442 state retirees; and (2) direction from the authority, provided the
443 Comptroller may jointly negotiate agreements with other agencies for
444 services in accordance with sections 10 and 11 of this act. The
445 Comptroller shall continue to make deductions for state employees
446 and to enroll and disenroll employees and retirees and may administer
447 customer relations for such employees and retirees. The Health Care
448 Cost Containment Committee shall continue to advise the Office of the
449 Comptroller on issues relating to state employee health care.

450 (c) No change in the terms of the state employee health insurance
451 plan shall be effective until the State Employees' Bargaining Agent
452 Coalition has provided written consent to the Comptroller that said
453 coalition agrees to incorporate the terms of any change into its
454 collective bargaining agreement.

455 (d) Notwithstanding any provision of the general statutes and to the
456 extent permitted by federal law, on and after January 1, 2012, the
457 Department of Social Services, which shall remain as the single state
458 agency administering the Medicaid program, HUSKY Plan, Part A and
459 Part B, HUSKY Plus programs and the Charter Oak Health Plan, may
460 immediately implement recommendations from the Sustinet Plan
461 Authority concerning the administration of such programs, including,
462 but not limited to, rules concerning utilization management, health
463 care coordination, disease management, evidence-based best practices,
464 health care delivery systems, provider payment methods, provider
465 network management, provider credentialing, pilot programs and
466 customer services. At the earliest date feasible, the department shall
467 contract with the Sustinet Plan Authority to provide or manage the
468 provision of all covered health care services to beneficiaries of the

469 Medicaid program, HUSKY Plan, Parts A and B, HUSKY Plus
470 programs and the Charter Oak Health Plan. The department shall
471 immediately seek any federal approval necessary to implement this
472 section, including, but not limited to, delivery system and payment
473 reforms recommended or implemented by the SustiNet Plan
474 Authority. The SustiNet Plan Authority shall not be permitted to
475 establish or amend requirements relating to the Medicaid program,
476 HUSKY Plan, Part A and Part B, HUSKY Plus programs or Charter
477 Oak Health Plan with respect to enrollment, eligibility, cost-sharing,
478 administrative appeal rights, and provider auditing; requirements
479 concerning such matters shall continue to be administered by the
480 department in accordance with applicable statutory requirements.
481 Notwithstanding any provision of the general statutes, on and after
482 January 1, 2012, the Commissioner of Social Services may jointly
483 negotiate agreements with other state agencies for services in
484 accordance with sections 10 and 11 of this act.

485 (e) Notwithstanding the provisions of title 38a of the general
486 statutes, on and after July 1, 2011, the Comptroller shall offer coverage
487 under the state employee plan to nonstate public employers and their
488 retirees, if applicable, in accordance with section 13 of this act,
489 provided the Comptroller receives an application from such nonstate
490 public employer and the application is approved in accordance with
491 section 13 of this act. The Comptroller shall not offer coverage under
492 the state employee plan pursuant to this subsection until the State
493 Employees' Bargaining Agent Coalition has provided written consent
494 to the Comptroller that said coalition agrees to incorporate the terms of
495 such coverage into its collective bargaining agreement.

496 (f) (1) At the earliest feasible date, on and after January 1, 2012,
497 notwithstanding the provisions of title 38a of the general statutes, the
498 authority, as feasible, shall offer coverage under a new, independent
499 coverage group, known as "SustiNet G", to employees and retirees of
500 the following employer categories who request such coverage and
501 whose application is approved in accordance with section 15 of this
502 act: (A) Nonstate public employers, (B) municipal-related employers,

503 (C) small employers, and (D) nonprofit employers. Sustinet G shall be
504 a part of the Sustinet Plan but shall be separate from Sustinet
505 coverage groups A to E, inclusive. Nothing in this subdivision shall
506 require the authority to simultaneously offer coverage to all employer
507 categories described in this subdivision. The authority may offer
508 coverage pursuant to this subdivision to different employer categories
509 on a staggered basis.

510 (2) On and after January 1, 2014, the authority shall offer coverage to
511 all individuals and employers in Connecticut through Sustinet G,
512 provided the authority has determined, after conducting all necessary
513 feasibility studies and risk assessments, that offering such coverage is
514 financially viable and does not require General Fund appropriations.
515 Notwithstanding the provisions of section 5 of this act, the ongoing
516 expenses of Sustinet G coverage shall be funded by premium
517 payments without recourse to any appropriated fund.

518 (3) The authority shall offer coverage pursuant to subdivisions (1)
519 and (2) of this subsection on any exchange established in accordance
520 with the provisions of the Affordable Care Act and outside of any such
521 exchange including through insurance agents, brokers and other
522 methods of sale approved by the authority.

523 Sec. 7. Subsection (a) of section 17b-261 of the general statutes is
524 repealed and the following is substituted in lieu thereof (*Effective from*
525 *passage*):

526 (a) Medical assistance shall be provided for any otherwise eligible
527 person whose income, including any available support from legally
528 liable relatives and the income of the person's spouse or dependent
529 child, is not more than one hundred forty-three per cent, pending
530 approval of a federal waiver applied for pursuant to subsection (e) of
531 this section, of the benefit amount paid to a person with no income
532 under the temporary family assistance program in the appropriate
533 region of residence and if such person is an institutionalized
534 individual as defined in Section 1917(c) of the Social Security Act, 42

535 USC 1396p(c), and has not made an assignment or transfer or other
536 disposition of property for less than fair market value for the purpose
537 of establishing eligibility for benefits or assistance under this section.
538 Any such disposition shall be treated in accordance with Section
539 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
540 property made on behalf of an applicant or recipient or the spouse of
541 an applicant or recipient by a guardian, conservator, person
542 authorized to make such disposition pursuant to a power of attorney
543 or other person so authorized by law shall be attributed to such
544 applicant, recipient or spouse. A disposition of property ordered by a
545 court shall be evaluated in accordance with the standards applied to
546 any other such disposition for the purpose of determining eligibility.
547 The commissioner shall establish the standards for eligibility for
548 medical assistance at one hundred forty-three per cent of the benefit
549 amount paid to a family unit of equal size with no income under the
550 temporary family assistance program in the appropriate region of
551 residence. Except as provided in section 17b-277, the medical
552 assistance program shall provide coverage to persons under the age of
553 nineteen with family income up to one hundred eighty-five per cent of
554 the federal poverty level without an asset limit and to persons under
555 the age of nineteen and their parents and needy caretaker relatives,
556 who qualify for coverage under [Section] Sections 1902
557 (a)(10)(A)(i)(VIII) and 1931 of the Social Security Act, with family
558 income up to one hundred eighty-five per cent of the federal poverty
559 level without an asset limit. Such levels shall be based on the regional
560 differences in such benefit amount, if applicable, unless such levels
561 based on regional differences are not in conformance with federal law.
562 Any income in excess of the applicable amounts shall be applied as
563 may be required by said federal law, and assistance shall be granted
564 for the balance of the cost of authorized medical assistance. The
565 Commissioner of Social Services shall provide applicants for assistance
566 under this section, at the time of application, with a written statement
567 advising them of (1) the effect of an assignment or transfer or other
568 disposition of property on eligibility for benefits or assistance, (2) the
569 effect that having income that exceeds the limits prescribed in this

570 subsection will have with respect to program eligibility, and (3) the
571 availability of, and eligibility for, services provided by the Nurturing
572 Families Network established pursuant to section 17b-751b. Persons
573 who are determined ineligible for assistance pursuant to this section
574 shall be provided a written statement notifying such persons of their
575 ineligibility and advising such persons of the availability of HUSKY
576 Plan, Part B health insurance benefits. On and after January 1, 2014,
577 medical assistance shall be provided to childless adults and parents
578 and needy caretaker relatives who qualify for coverage under Section
579 1931 of the Social Security Act, with family income up to one hundred
580 thirty-three per cent of the federal poverty level, without an asset test
581 and as determined in accordance with the provisions of the Affordable
582 Care Act. On and after January 1, 2014, the Commissioner of Social
583 Services shall implement the basic health program option in
584 accordance with the Affordable Care Act. On and after January 1, 2014,
585 all individuals with family income up to two hundred per cent of the
586 federal poverty level, as determined in accordance with the Affordable
587 Care Act, and who are ineligible for medical assistance pursuant to
588 Title XIX of the Social Security Act, shall be eligible for medical
589 assistance under the basic health program. Medical assistance
590 provided through the basic health program shall include all benefits,
591 limits on cost-sharing and other consumer safeguards that apply to
592 medical assistance provided in accordance with Title XIX of the Social
593 Security Act. Individuals enrolled in the basic health program shall
594 include parents with incomes above one hundred thirty-three per cent
595 of the federal poverty level, as determined under the Affordable Care
596 Act, who would otherwise qualify for HUSKY Plan, Part A and
597 individuals described in section 17b-257b. To the extent that federal
598 funds received pursuant to the basic health program exceed the cost of
599 medical assistance that would otherwise be provided to such enrollees
600 pursuant to Title XIX of the Social Security Act, the excess of such
601 federal funds shall be used to increase reimbursement rates for
602 providers serving individuals receiving benefits pursuant to this
603 section. The Commissioner of Social Services shall take all necessary
604 actions to maximize federal funding received in connection with the

605 establishment of a basic health program.

606 Sec. 8. (NEW) (*Effective from passage*) There is established an account
607 to be known as the "basic health program account" which shall be a
608 separate, nonlapsing account within the General Fund. The account
609 shall contain any moneys required by law to be deposited in the
610 account. Moneys in the account shall be expended by the SustiNet Plan
611 Authority for the purposes of operating the basic health program in
612 conformance with Section 1331 of the Affordable Care Act.

613 Sec. 9. Subsection (b) of section 17b-90 of the general statutes is
614 repealed and the following is substituted in lieu thereof (*Effective from*
615 *passage*):

616 (b) No person shall, except for purposes directly connected with the
617 administration of programs of the Department of Social Services and in
618 accordance with the regulations of the commissioner, solicit, disclose,
619 receive or make use of, or authorize, knowingly permit, participate in
620 or acquiesce in the use of, any list of the names of, or any information
621 concerning, persons applying for or receiving assistance from the
622 Department of Social Services or persons participating in a program
623 administered by said department, directly or indirectly derived from
624 the records, papers, files or communications of the state or its
625 subdivisions or agencies, or acquired in the course of the performance
626 of official duties. The Commissioner of Social Services shall disclose (1)
627 to any authorized representative of the Labor Commissioner such
628 information directly related to unemployment compensation,
629 administered pursuant to chapter 567 or information necessary for
630 implementation of sections 17b-688b, 17b-688c and 17b-688h and
631 section 122 of public act 97-2 of the June 18 special session, (2) to any
632 authorized representative of the Commissioner of Mental Health and
633 Addiction Services any information necessary for the implementation
634 and operation of the basic needs supplement program or for the
635 management of and payment for behavioral health services for
636 applicants for and recipients of state-administered general assistance,
637 (3) to any authorized representative of the Commissioner of

638 Administrative Services, or the Commissioner of Public Safety such
639 information as the state Commissioner of Social Services determines is
640 directly related to and necessary for the Department of Administrative
641 Services or the Department of Public Safety for purposes of performing
642 their functions of collecting social services recoveries and
643 overpayments or amounts due as support in social services cases,
644 investigating social services fraud or locating absent parents of public
645 assistance recipients, (4) to any authorized representative of the
646 Commissioner of Children and Families necessary information
647 concerning a child or the immediate family of a child receiving services
648 from the Department of Social Services, including safety net services, if
649 the Commissioner of Children and Families or the Commissioner of
650 Social Services has determined that imminent danger to such child's
651 health, safety or welfare exists to target the services of the family
652 services programs administered by the Department of Children and
653 Families, (5) to a town official or other contractor or authorized
654 representative of the Labor Commissioner such information
655 concerning an applicant for or a recipient of financial or medical
656 assistance under state-administered general assistance deemed
657 necessary by said commissioners to carry out their respective
658 responsibilities to serve such persons under the programs
659 administered by the Labor Department that are designed to serve
660 applicants for or recipients of state-administered general assistance, (6)
661 to any authorized representative of the Commissioner of Mental
662 Health and Addiction Services any information necessary for the
663 purposes of the behavioral health managed care program established
664 by section 17a-453, (7) to any authorized representative of the
665 Commissioner of Public Health any information necessary to carry out
666 his or her respective responsibilities under programs that regulate
667 child day care services or youth camps, [or] (8) to a health insurance
668 provider, in IV-D support cases, as defined in section 46b-231,
669 information concerning a child and the custodial parent of such child
670 that is necessary to enroll such child in a health insurance plan
671 available through such provider when the noncustodial parent of such
672 child is under court order to provide health insurance coverage but is

673 unable to provide such information, provided the Commissioner of
674 Social Services determines, after providing prior notice of the
675 disclosure to such custodial parent and an opportunity for such parent
676 to object, that such disclosure is in the best interests of the child, or (9)
677 to any authorized representative of the Sustinet Plan Authority such
678 information as may be necessary to carry out the purposes of the
679 authority. No such representative shall disclose any information
680 obtained pursuant to this section, except as specified in this section.
681 Any applicant for assistance provided through said department shall
682 be notified that, if and when such applicant receives benefits, the
683 department will be providing law enforcement officials with the
684 address of such applicant upon the request of any such official
685 pursuant to section 17b-16a.

686 Sec. 10. (NEW) (*Effective from passage*) The Sustinet Authority may
687 enter confidentiality agreements with the Departments of Social
688 Services and Public Health, the Insurance Department, the
689 Comptroller and any other relevant state agency that conform with the
690 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
691 191 (HIPAA), as from time to time amended and other applicable
692 federal statutes, to obtain necessary information regarding Sustinet
693 Plan members. Any such information shall not be subject to chapter 14
694 of the general statutes.

695 Sec. 11. (NEW) (*Effective from passage*) (a) The Sustinet Plan shall be
696 administered to slow the growth of health care costs, improve the
697 quality of health care services and improve members' health outcomes.
698 To the extent consistent with applicable collective bargaining
699 agreements and the requirements of federal law, the authority may
700 implement, modify and supplement the delivery system and payment
701 reforms described in this section based on evolving evidence.

702 (b) The authority may work in cooperation with other public and
703 private entities to implement multi-payor initiatives that promote the
704 use of promising delivery system and payment reforms. In the context
705 of such cooperative work, the authority may work with any convener

706 authority established pursuant to section 20 of this act.

707 (c) In furtherance of the objectives set forth in subsection (a) of this
708 section, the SustiNet Plan Authority shall:

709 (1) Strongly encourage the use of patient-centered medical care by
710 implementing both primary care case management and patient-
711 centered medical homes for all SustiNet Plan members. Working in
712 coordination with other public and private entities as appropriate, the
713 authority shall develop provider capacity to function within these
714 patient-centered models of care. The authority may make or facilitate
715 grants and loans that (A) assist providers in transitioning to a primary
716 care case management system and patient-centered medical home
717 system, including, where appropriate, obtaining certification as a
718 patient-centered medical home; (B) provide technical assistance and
719 training for community teams certified or sponsored by the authority;
720 and (C) establish regional pilot programs. Any service delivery plan
721 established pursuant to this subdivision shall include provider
722 eligibility criteria that shall be met by any provider seeking to qualify
723 for reimbursement under a primary care case management system or
724 as a patient-centered medical home. A provider serving as a patient-
725 centered medical home in accordance with the provisions of this
726 subdivision shall provide services that include (i) assisting plan
727 members to safeguard and improve their own health by: (I) Advising
728 plan members with chronic health conditions of methods to monitor
729 and manage their own conditions; (II) working with plan members to
730 set and accomplish goals related to exercise, nutrition, use of tobacco
731 and other addictive substances, sleep and other behaviors that directly
732 affect such member's health; (III) implementing best practices to ensure
733 that plan members understand medical instructions and are able to
734 follow such directions; and (IV) providing translation services and
735 using culturally competent communication strategies in appropriate
736 cases; (ii) providing care coordination that includes: (I) Managing
737 transitions between home and the hospital; (II) proactive monitoring
738 that ensures that a plan member receives all recommended primary
739 and preventive care services; (III) the provision of basic mental health

740 care, including screening for depression, with referral relationships in
741 place for those plan members who require additional assistance; (IV)
742 strategies to address stresses that arise in the workplace, home, school
743 and the community, including coordination with and referrals to
744 available employee assistance programs; (V) referrals, in appropriate
745 cases, to nonmedical services such as housing and nutrition programs,
746 domestic violence resources and other support groups; and (VI) for a
747 plan member with complex health conditions that involve receiving
748 care from multiple providers, ensuring that such providers share
749 information about the plan member, as appropriate, and pursue a
750 single, integrated treatment plan on behalf of the plan member; and
751 (iii) providing readily accessible, twenty-four-hour consultative
752 services by telephone, secure electronic mail and quickly scheduled
753 office appointments for purposes that include reducing the need for
754 hospital emergency room visits;

755 (2) Establish provider payment mechanisms to encourage payment
756 for quality care and greater access to providers, including multi-payer
757 pilot programs, value-based purchasing pilot programs, bundled
758 payments, global payments, increasing and decreasing Medicaid
759 reimbursement for specific services or other innovations. Such
760 payment mechanisms may involve alternatives to utilization of fee-for-
761 service payments. To the extent warranted by available evidence, the
762 authority shall, not later than July 1, 2012, establish goals for increasing
763 the percentage of Sustinet expenditures made under alternative
764 payment methodologies. The authority shall develop methods to
765 measure the success of each alternative payment method;

766 (3) Provide community-based preventive care services, including,
767 but not limited to, immunizations, simple tests and health care
768 screenings at locations such as job sites, schools or other community
769 locations. The authority shall develop care standards applicable to the
770 providers of such services;

771 (4) Require that the Sustinet Plan be subject to the health insurance
772 mandates provided in chapter 700c of the general statutes;

773 (5) Develop recommendations for public education and outreach
774 campaigns to ensure that state residents are informed about the
775 SustiNet Plan and are encouraged to enroll in the plan. Such public
776 education and outreach campaign shall utilize community-based
777 organizations and shall include a focus on targeting populations that
778 are underserved by the health care delivery system. The public
779 education and outreach campaign shall be based on evidence of the
780 cost and effectiveness of similar efforts in this state and elsewhere.
781 Such campaign shall incorporate an ongoing evaluation of its
782 effectiveness, with corresponding changes in strategy, as needed;

783 (6) Work with other organizations within the state to minimize the
784 cost to providers of optimizing health information technology. The
785 authority shall take advantage of available federal resources while
786 leveraging the combined purchasing power of the state's health care
787 providers to obtain goods and services of lower cost and higher value.
788 Such efforts shall ensure that privacy and data security are fully
789 protected by all SustiNet Plan member data systems, including, but not
790 limited to, compliance with applicable federal requirements;

791 (7) Periodically review the authority's coverage of preventive care
792 based on the most current and reliable evidence available, including
793 results of SustiNet Plan prevention initiatives;

794 (8) Implement multi-year action plans to achieve measurable
795 objectives in areas such as the effective prevention and management of
796 chronic illness, reducing racial and ethnic disparities involving health
797 care and health outcomes, and reducing the number of state residents
798 without insurance. The authority should monitor the accomplishment
799 of such objectives and modify action plans as necessary;

800 (9) Within available appropriations, develop and implement
801 systematic policies and procedures that are used to identify, qualify for
802 subsidies, enroll and retain in coverage otherwise uninsured
803 individuals. Such policies and procedures may be developed and
804 implemented in collaboration with the Departments of Social Services

805 and Revenue Services, the Labor Department, the Comptroller, the
806 state's health insurance exchange and other local, state and federal
807 agencies, as well as individual health care providers, hospitals,
808 community health centers and other nongovernmental organizations,
809 as the authority deems appropriate;

810 (10) Establish a pay-for-performance system to reward health care
811 providers for improvements in health care quality and safety,
812 reductions in racial and ethnic disparities in health care access,
813 utilization, quality of care and health outcomes. Such pay-for-
814 performance systems may reward health care providers for (A)
815 making improvements as well as for meeting benchmarks, (B) having
816 an effective plan in place for preventing illness and improving health
817 status, and (C) caring for patients with the most complex and least
818 well-controlled conditions;

819 (11) Establish procedures concerning the use of preferred drug lists
820 and formularies;

821 (12) Establish procedures that prevent adverse selection;

822 (13) Pursue opportunities to negotiate discounts on vaccines or
823 other goods and services for Sustinet Plan providers; and

824 (14) Comply with the provisions of chapter 699a of the general
825 statutes concerning the preparation of consumer documents in plain
826 language.

827 (d) With respect to Sustinet G, the authority shall offer a variety of
828 Sustinet G plans to be sold on and off a health insurance exchange
829 developed for the state that offer a variety of benefits, out-of-pocket
830 costs and provider network arrangements, with each plan providing
831 comprehensive, commercial-style benefits, including vision, dental
832 care and parity of coverage for physical and mental health conditions.
833 Such plans shall include, to the extent feasible, patient-centered
834 medical homes, integration of physical and behavioral health care, and
835 emphasis on prevention that includes encouraging individual

836 responsibility for controllable health risks and other design features.

837 (e) In furtherance of the objectives set forth in subsection (a) of this
838 section, the SustiNet Plan Authority board of directors shall:

839 (1) Establish a standing committee that shall provide advice on
840 health information technology and establish a long-range plan to
841 optimize quality health care for plan members and slow cost growth
842 through the use of health information technology, which plan shall
843 encourage all SustiNet Plan providers to use interoperable electronic
844 health records to document and manage care;

845 (2) Establish one or more standing committees to address methods
846 to prevent and control chronic illnesses and significant health risks,
847 including, but not limited to, diabetes, hypertension, tobacco use,
848 childhood asthma and obesity. Such committees shall recommend
849 methods to (A) measure the quality of health care providers'
850 performance and improvement of the plan member's health, and (B)
851 measure and reduce racial and ethnic disparities concerning access to
852 and the provision of quality health care services;

853 (3) Establish a standing committee that shall develop
854 recommendations to (A) simplify procedures and paperwork for
855 providers, including, but not limited to, provider enrollment in the
856 SustiNet Plan, claims filing and utilization review procedures, and (B)
857 resolve systemic provider issues;

858 (4) Establish a standing committee that shall advise the board on
859 methods to attract primary care physicians, specialists and nurses to
860 the SustiNet Plan, and work in collaboration with other public and
861 private efforts to increase the capacity of the state's health care
862 workforce; and

863 (5) Implement policies and procedures to encourage the use of
864 evidence-based medicine. Such policies and procedures shall include
865 establishing a committee of clinicians to review and recommend for
866 adoption by the board, clinical care guidelines for the treatment of

867 particular diseases that are promulgated by national or international
868 authorities, after consultation with representatives of Sustinet Plan
869 providers and consumers. Any system that the board may adopt,
870 which rewards providers for meeting such guidelines, shall provide
871 mechanisms for documenting reasons to depart from such guidelines,
872 including, but not limited to, reasons related to an individual patient's
873 clinical condition.

874 Sec. 12. (NEW) (*Effective from passage*) (a) There is established an
875 account to be known as the "Sustinet account" which shall be a
876 separate, nonlapsing account within the General Fund. The account
877 shall contain any moneys required by law to be deposited in the
878 account. All Sustinet Plan premiums received pursuant to sections 13
879 and 15 of this act and all public or private funds provided to the
880 Sustinet Plan Authority shall be placed into the Sustinet account. The
881 Comptroller may make expenditures from the account at the direction
882 of the Sustinet Plan executive director.

883 (b) On or before January 1, 2012, the Sustinet Plan Authority's
884 executive director shall hire a consultant to determine existing state
885 expenditures on health care funding for each of the categories of
886 Sustinet Plan coverage. The executive director shall determine an
887 appropriate projection for normal health care cost increases for each
888 coverage group. If, after two years of Sustinet Plan operations, the
889 executive director can demonstrate to the satisfaction of the Secretary
890 of the Office of Policy and Management that the Sustinet Plan has
891 reduced overall per capita spending on enrolled coverage groups, the
892 amount of any such agreed to savings shall be placed into the Sustinet
893 account and may be used by the authority to make grants to providers,
894 increase provider rates or take other steps to improve the Sustinet
895 Plan in accordance with the provisions of sections 5, 7 and 11 of this
896 act.

897 Sec. 13. (NEW) (*Effective from passage*) (a) With respect to nonstate
898 public employers seeking coverage in the state employee plan, which
899 nonstate public employers are provided coverage in accordance with

900 section 6 of this act:

901 (1) On and after July 1, 2011, the Comptroller shall offer
902 participation in the state employee plan for not less than two-year
903 intervals, provided the Comptroller may modify such intervals on or
904 after January 1, 2014, if necessary, due to implementation of the
905 Affordable Care Act. An employer may apply for renewal prior to the
906 expiration of each interval.

907 (2) The Comptroller shall develop procedures by which:

908 (A) Such employers may apply to participate in the appropriate
909 plan, including procedures for nonstate public employers that are
910 currently self-insured and procedures for nonstate public employers
911 that are currently fully-insured; and

912 (B) Employers receiving coverage for their employees pursuant to
913 the state plan may (i) apply for renewal, or (ii) withdraw from such
914 coverage, including, but not limited to, the terms and conditions under
915 which such employers may withdraw prior to the expiration of the
916 interval and the procedure by which any premium payments such
917 employers may be entitled to shall be refunded. Any such procedures
918 shall provide that nonstate public employees covered by collective
919 bargaining shall withdraw from such coverage in accordance with
920 chapters 113 and 166 of the general statutes.

921 (b) The initial open enrollment for nonstate public employers
922 participating in the state employee plan shall be for coverage
923 beginning January 1, 2012. Thereafter, open enrollment for nonstate
924 public employers shall be for coverage periods beginning July first or
925 such other date as may be determined by the Comptroller.

926 (c) Nothing in this section or section 6 of this act shall require the
927 Comptroller to offer coverage from every plan offered under the state
928 employee plan to every employer seeking coverage under this section
929 or section 6 of this act.

930 (d) The Comptroller shall create applications for coverage under the
931 state employee plan. Such applications shall require a nonstate public
932 employer to disclose whether such employer will offer any other
933 health plan to the employees who are offered the state plan.

934 (e) No employee shall be enrolled in the state plan if such employee
935 is covered through such employee's employer by health insurance
936 plans or insurance arrangements issued to or in accordance with a
937 trust established pursuant to collective bargaining subject to the
938 federal Labor Management Relations Act.

939 (f) If the Comptroller determines that granting coverage to a
940 nonstate public employer under the state employee plan will affect
941 such plan's status as a governmental plan under the Employee
942 Retirement Income Security Act of 1974, as amended from time to
943 time, the Comptroller shall not grant coverage to such employer and
944 shall stop accepting applications for coverage from nonstate public
945 employers. The Comptroller shall resume accepting applications for
946 coverage under the state employee plan from such employers if the
947 Comptroller determines that granting coverage to such employers will
948 not affect such plan's status as a governmental plan under the
949 Employee Retirement Income Security Act of 1974, as amended from
950 time to time. The Comptroller shall make a public announcement of
951 the Comptroller's decision to stop or resume accepting applications for
952 coverage under the state employee plan.

953 (g) Nonstate public employers may join the state employee plan in
954 accordance with the provisions of this subsection.

955 (1) Notwithstanding any provision of the general statutes, initial
956 participation in the state employee plan by a nonstate public employer
957 shall be a permissive subject of collective bargaining and shall be
958 subject to binding interest arbitration only if the collective bargaining
959 agent and the employer mutually agree to bargain over such initial
960 participation. Such mutual agreement shall be in writing and signed by
961 authorized representatives of the collective bargaining agent and the

962 employer. Continuation in the state employee plan, after initial
963 participation, shall be a mandatory subject of bargaining and shall be
964 subject to binding interest arbitration in accordance with the same
965 procedures and standards that apply to any other mandatory subject
966 of bargaining pursuant to chapters 68, 113 and 166 of the general
967 statutes. For purposes of this section, a board of education and a
968 municipality shall be considered separate employers and shall submit
969 separate applications.

970 (2) (A) If a nonstate public employer submits an application in
971 accordance with this subsection for all of its employees, the
972 Comptroller shall accept such application for the next open enrollment.
973 The Comptroller shall provide written notification to such employer of
974 such acceptance and the date on which such coverage shall begin.

975 (B) If a nonstate public employer submits an application for less
976 than all of its employees, or indicates in the application that the
977 nonstate public employer will offer other health plans to employees
978 who are offered the state health plan, the Comptroller shall forward
979 such application to a health care actuary not later than five business
980 days after receiving such application. Such actuary may, not later than
981 sixty days after receiving such application, certify to the Comptroller
982 that the application will shift a significantly disproportional part of
983 such employer's employees' medical risks to the state employee plan,
984 and shall provide, in writing, the specific reasons for such finding,
985 including a summary of all information relied upon in making such a
986 finding. If the Comptroller receives such certification, the Comptroller
987 shall not provide coverage to such employer and shall provide written
988 notification and the specific reasons for such denial to such employer
989 and the Health Care Cost Containment Committee. If the Comptroller
990 does not receive such certification, the Comptroller shall accept such
991 application for the next open enrollment. The Comptroller shall
992 provide written notification to the nonstate public employer of such
993 acceptance and the date on which such coverage shall begin.

994 (C) The Comptroller shall consult with a health care actuary who

995 shall develop actuarial standards to be used to assess the shift in
996 medical risks of a nonstate public employer's employees to the state
997 employee plan. The Comptroller shall present such standards to the
998 Health Care Cost Containment Committee for its review and
999 evaluation prior to the use of such standards.

1000 (D) If a nonstate public employer included less than all of its
1001 employees in its application for coverage because of (i) the decision by
1002 individual employees to decline coverage from their employer for
1003 themselves or their dependents, or (ii) the employer's decision not to
1004 offer coverage to temporary, part-time or durational employees, the
1005 Comptroller shall not forward such employer's application to a health
1006 care actuary.

1007 (h) Nonstate employers eligible to seek coverage for their employees
1008 under the state employee plan, pursuant to this section and section 6 of
1009 this act, may seek such coverage for their retirees in accordance with
1010 this section. Premium payments for such coverage shall be remitted by
1011 the nonstate employer to the Comptroller in accordance with the
1012 provisions of this section.

1013 (i) (1) If a nonstate public employer seeks coverage for all of such
1014 employer's retirees in accordance with this section and all of such
1015 employer's employees as provided for in subsection (g) of this section,
1016 the Comptroller shall accept such application for the next open
1017 enrollment. The Comptroller shall provide written notification to such
1018 nonstate public employer of such acceptance and the date on which
1019 such coverage shall begin.

1020 (2) If a nonstate public employer seeks coverage for less than all of
1021 such employer's retirees, regardless of whether the employer is seeking
1022 coverage for all of such employer's active employees, the Comptroller
1023 shall forward such application to a health care actuary not later than
1024 five business days after receiving such application. Such actuary may,
1025 not later than sixty days after receiving such application, certify to the
1026 Comptroller that, with respect to such retirees, the application will

1027 shift a significantly disproportional part of an employer's retirees'
1028 medical risks to the state employee plan and shall provide in writing
1029 the specific reasons for its finding, including a summary of all
1030 information relied upon in making such a finding. If the Comptroller
1031 receives such certification, the Comptroller shall not provide coverage
1032 to such employer for such employer's retirees and the Comptroller,
1033 with respect to an application for state employee plan benefits, shall
1034 provide written notification and the specific reasons for such denial to
1035 such employer and the Health Care Cost Containment Committee, as
1036 defined in section 2 of this act, in the case of a rejected application for
1037 coverage under the state employee plan. If the Comptroller does not
1038 receive such certification, the Comptroller shall accept such application
1039 for the next open enrollment. The Comptroller or authority, as the case
1040 may be, shall provide written notification to such nonstate public
1041 employer of such acceptance and the date on which such coverage
1042 shall begin.

1043 (3) The Comptroller shall consult with a health care actuary who
1044 shall develop actuarial standards to be used to assess the shift in
1045 medical risks of a nonstate public employer's retirees to the state
1046 employee plan. The Comptroller shall present such standards to the
1047 Health Care Cost Containment Committee for its review and
1048 evaluation prior to the use of such standards.

1049 (4) If a nonstate public employer included less than all of its retirees
1050 in its application for coverage because of (A) the decision by individual
1051 retirees to decline health benefits or health insurance coverage from
1052 their employer for themselves or their dependents, or (B) the retiree's
1053 enrollment in Medicare, the Comptroller shall not forward such
1054 employer's application to a health care actuary.

1055 (5) Nothing in this subsection shall diminish any right to retiree
1056 health insurance pursuant to a collective bargaining agreement or any
1057 other provision of the general statutes.

1058 (j) All premiums paid by employers, employees and retirees

1059 pursuant to this section shall be deposited into the SustiNet account
1060 established pursuant to section 12 of this act.

1061 (k) Premium payments for the state employee plan shall be remitted
1062 by the employer to the Comptroller and shall be the same as those paid
1063 by the state, inclusive of any premiums paid by state employees and
1064 retired state employees, if applicable, except as otherwise provided in
1065 this section. The Comptroller may charge each nonstate public
1066 employer participating in the state plan an administrative fee
1067 calculated on a per member, per month basis. In addition, the
1068 Comptroller may charge a fluctuating reserves fee in an amount which
1069 the Comptroller deems necessary to ensure adequate claims reserves.

1070 (l) Each nonstate public employer shall pay monthly the amount
1071 determined by the Comptroller pursuant to this section for coverage of
1072 its employees or its employees and retirees, as appropriate. A nonstate
1073 employer may require each covered employee to contribute a portion
1074 of the cost of such employee's coverage under the plan, subject to any
1075 collective bargaining obligation applicable to such employer.

1076 (m) If any payment due by a nonstate public employer under this
1077 section is not submitted to the appropriate entity by the tenth day after
1078 the date such payment is due, interest to be paid by such employer
1079 shall be added to the amount due, retroactive to the date such payment
1080 was due, at the prevailing rate of interest as determined by the
1081 appropriate entity.

1082 (1) If a nonstate public employer fails to make premium payments
1083 as required by this section, the Comptroller may direct the State
1084 Treasurer, or any other officer of the state who is the custodian of any
1085 moneys made available by grant, allocation or appropriation payable
1086 to such nonstate public employer, to withhold the payment of such
1087 moneys until the amount of the premium or interest due has been paid
1088 to the Comptroller, or until the State Treasurer or such custodial officer
1089 determines that arrangements have been made, to the satisfaction of
1090 the State Treasurer, for the payment of such premium and interest.

1091 Such moneys shall not be withheld if such withholding will adversely
1092 affect the receipt of any federal grant or aid in connection with such
1093 moneys.

1094 (2) If no grant, allocation or appropriation is payable to such
1095 nonstate public employer or is not withheld, pursuant to subdivision
1096 (1) of this subsection, the Comptroller may terminate participation in
1097 the state employee plan by a nonstate public employer on the basis of
1098 nonpayment of premium, provided not less than ten days' advance
1099 notice is given to such employer. The nonstate public employer may
1100 continue the coverage and avoid the effect of the termination by
1101 remitting payment in full at any time prior to the effective date of
1102 termination.

1103 (3) The Comptroller may request the Attorney General to bring an
1104 action in the superior court for the judicial district of Hartford to
1105 recover any premium and interest costs or equitable relief from a
1106 terminated nonstate public employer.

1107 (n) The Comptroller may adopt regulations, in accordance with
1108 chapter 54 of the general statutes, to establish the procedures and
1109 criteria for any reviews or evaluations performed by the Health Care
1110 Cost Containment Committee pursuant to this section.

1111 (o) The Sustinet Plan Authority may adopt procedures necessary to
1112 carry out the provisions of this section in accordance with section 1-121
1113 of the general statutes.

1114 (p) The state employee plan shall not be deemed an unauthorized
1115 insurer, as defined in section 38a-1 of the general statutes, or a multiple
1116 employer welfare arrangement, as defined in Section 3 of the
1117 Employee Retirement Income Security Act of 1974, as amended from
1118 time to time.

1119 Sec. 14. (NEW) (*Effective from passage*) There is established a
1120 Nonstate Public Health Care Advisory Committee. The committee
1121 shall make advisory recommendations to the Health Care Cost

1122 Containment Committee, as defined in section 2 of this act, concerning
1123 health care coverage for nonstate public employees. The advisory
1124 committee shall consist of nonstate public employers and employees
1125 participating in the state plan and shall include the following members
1126 appointed by the Comptroller: (1) Three municipal employer
1127 representatives, one of whom represents towns with populations of
1128 one hundred thousand or more, one of whom represents towns with
1129 populations of at least twenty thousand but under one hundred
1130 thousand, and one of whom represents towns with populations under
1131 twenty thousand; (2) three municipal employee representatives, one of
1132 whom represents employees in towns with populations of one
1133 hundred thousand or more, one of whom represents employees in
1134 towns with populations of at least twenty thousand but under one
1135 hundred thousand, and one of whom represents employees in towns
1136 with populations under twenty thousand; (3) three board of education
1137 employers, one of whom represents towns with populations of one
1138 hundred thousand or more, one of whom represents towns with
1139 populations of at least twenty thousand but under one hundred
1140 thousand, and one of whom represents towns with populations under
1141 twenty thousand; and (4) three board of education employee
1142 representatives, one of whom represents towns with populations of
1143 one hundred thousand or more, one of whom represents towns with
1144 populations of at least twenty thousand but under one hundred
1145 thousand, and one of whom represents towns with populations under
1146 twenty thousand.

1147 Sec. 15. (NEW) (*Effective from passage*) (a) With respect to nonstate
1148 public employers, municipal-related employers, nonprofit employers
1149 and other employers, which are provided coverage in accordance with
1150 section 6 of this act under SustiNet G:

1151 (1) On and after January 1, 2012, the SustiNet Plan Authority shall
1152 offer participation in SustiNet G for not less than two-year intervals to
1153 the extent feasible and unless superseded by policies and procedures
1154 concerning the implementation of the Affordable Care Act on or after
1155 January 1, 2014. An employer may apply for renewal prior to the

1156 expiration of each interval.

1157 (2) The authority shall develop procedures by which:

1158 (A) Such employers may apply to participate in the plan, including
1159 procedures for employers that are currently self-insured and
1160 procedures for employers that are currently fully-insured; and

1161 (B) Employers receiving coverage for their employees pursuant to
1162 SustiNet G may (i) apply for renewal, or (ii) withdraw from such
1163 coverage, including, but not limited to, the terms and conditions under
1164 which such employers may withdraw prior to the expiration of the
1165 interval and the procedure by which any premium payments such
1166 employers may be entitled to shall be refunded. Any such procedures
1167 shall provide that nonstate public employees covered by collective
1168 bargaining shall withdraw from such coverage in accordance with
1169 chapters 113 and 166 of the general statutes.

1170 (b) (1) The initial open enrollment for nonstate public employers
1171 participating in SustiNet G shall be for coverage beginning January 1,
1172 2012. Thereafter, open enrollment for nonstate public employers shall
1173 be for coverage periods beginning July first, provided that on and after
1174 January 1, 2014, the authority may establish a different enrollment
1175 period to conform with implementation of the Affordable Care Act.

1176 (2) The initial open enrollment for municipal-related employers,
1177 small employers and nonprofit employers participating in SustiNet G
1178 shall be for coverage periods beginning January first and July first
1179 beginning no sooner than January 1, 2012, if the authority has
1180 determined that offering such coverage is feasible.

1181 (c) Nothing in this section or section 6 of this act shall require the
1182 authority to offer coverage to every employer seeking coverage under
1183 this section or section 6 of this act from every plan offered under
1184 SustiNet G.

1185 (d) The authority shall create applications for coverage for the

1186 members it serves. An application for participation in the SustiNet G
1187 shall require an employer to disclose whether the employer will offer
1188 any other health plan to the employees who are offered the state plan.

1189 (e) No employee shall be enrolled in SustiNet G if such employee is
1190 covered through such employee's employer by health insurance plans
1191 or insurance arrangements issued to or in accordance with a trust
1192 established pursuant to collective bargaining subject to the federal
1193 Labor Management Relations Act.

1194 (f) If the authority determines that granting coverage to an
1195 employer under SustiNet G will affect such plan's status as a
1196 governmental plan under the Employee Retirement Income Security
1197 Act of 1974, as amended from time to time, the authority shall not
1198 grant coverage to such employer and shall stop accepting applications
1199 for coverage from employers. The authority shall resume accepting
1200 applications for coverage under SustiNet G from such employers if the
1201 authority determines that granting coverage to such employers will
1202 not affect such plan's status as a governmental plan under the
1203 Employee Retirement Income Security Act of 1974, as amended from
1204 time to time. The authority shall make a public announcement of its
1205 decision to stop or resume accepting applications for coverage under
1206 SustiNet G.

1207 (g) All premiums paid by employers, employees and retirees
1208 pursuant to this section shall be deposited into the SustiNet account
1209 established pursuant to section 12 of this act.

1210 (h) Premium payments for SustiNet G shall be remitted by the
1211 employer to the authority and shall be the amount set by the authority.
1212 The authority may charge each employer participating in SustiNet G
1213 an administrative fee calculated on a per member, per month basis. In
1214 addition, the authority may charge a fluctuating reserves fee in an
1215 amount which the authority deems necessary to ensure adequate
1216 claims reserves.

1217 (i) The authority may adjust premium rates for small employers to

1218 reflect one or more of the characteristics set forth in subparagraph (A)
1219 of subdivision (5) of section 38a-567 of the general statutes.

1220 (j) Each employer shall pay monthly the amount determined by the
1221 authority pursuant to this section for coverage of its employees or its
1222 employees and retirees, as appropriate. An employer may require each
1223 covered employee to contribute a portion of the cost of such
1224 employee's coverage under the plan, subject to any collective
1225 bargaining obligation applicable to such employer.

1226 (k) If any payment due by an employer under this section is not
1227 submitted to the authority by the tenth day after the date such
1228 payment is due, or such other date as chosen by the authority, interest
1229 to be paid by such employer shall be added to the amount due,
1230 retroactive to the date such payment was due, at the prevailing rate of
1231 interest as determined by the appropriate entity.

1232 (1) The authority may terminate participation in SustiNet G by the
1233 employer on the basis of nonpayment of premium, provided not less
1234 than ten days' advance notice is given to such employer. The employer
1235 may continue the coverage and avoid the effect of the termination by
1236 remitting payment in full at any time prior to the effective date of
1237 termination.

1238 (2) (A) If a nonstate public employer fails to make premium
1239 payments as required by this section, the authority may direct the State
1240 Treasurer, or any other officer of the state who is the custodian of any
1241 moneys made available by grant, allocation or appropriation payable
1242 to such nonstate public employer, to withhold the payment of such
1243 moneys until the amount of the premium or interest due has been paid
1244 to the authority, or until the State Treasurer or such custodial officer
1245 determines that arrangements have been made, to the satisfaction of
1246 the State Treasurer, for the payment of such premium and interest.
1247 Such moneys shall not be withheld if such withholding will adversely
1248 affect the receipt of any federal grant or aid in connection with such
1249 moneys.

1250 (B) If no grant, allocation or appropriation is payable to such
1251 nonstate public employer or is not withheld, pursuant to
1252 subparagraph (A) of this subdivision, the authority may terminate
1253 participation in SustiNet G by a nonstate public employer on the basis
1254 of nonpayment of premium, provided not less than ten days' advance
1255 notice is given to such nonstate public employer. The nonstate public
1256 employer may continue the coverage and avoid the effect of the
1257 termination by remitting payment in full consistent with policies and
1258 procedures adopted by the authority.

1259 (l) The authority may request the Attorney General to bring an
1260 action in the superior court for the judicial district of Hartford to
1261 recover any premium and interest costs or equitable relief from a
1262 terminated employer.

1263 (m) SustiNet G shall not be deemed an unauthorized insurer, as
1264 defined in section 38a-1 of the general statutes, or a multiple employer
1265 welfare arrangement, as defined in Section 3 of the Employee
1266 Retirement Income Security Act of 1974, as amended from time to
1267 time.

1268 (n) On and after January 1, 2014, any provision of this section that is
1269 in conflict with the Affordable Care Act, as implemented by the health
1270 insurance exchange serving the state, shall not apply to the sale of
1271 SustiNet Plan coverage to employers through such exchange.

1272 Sec. 16. (NEW) (*Effective from passage*) (a) The SustiNet Plan
1273 Authority shall establish benefits for all SustiNet plans offered on and
1274 off the exchange, which shall be approved by the board of directors,
1275 provided no change to the benefits for state employees shall be
1276 effective until the State Employees' Bargaining Agent Coalition has
1277 provided its written consent to incorporate such change into its
1278 agreement with the state. There shall be no change to the benefits of
1279 Medicaid, HUSKY Plan, Part A and Part B, HUSKY Plus or Charter
1280 Oak Health Plan enrollees unless such change is in conformance with
1281 the provisions of the general statutes and federal law.

1282 (b) To the extent that health plans sold on a state established health
1283 insurance exchange require coverage of the benefits provided for in
1284 chapter 700c of the general statutes, the SustiNet Plan shall also
1285 include coverage of the benefits provided for in chapter 700c of the
1286 general statutes.

1287 (c) SustiNet plans that are to be sold on the exchange shall be
1288 designed to at least meet any benefit requirements to sell insurance on
1289 any exchange developed in accordance with the Affordable Care Act.
1290 SustiNet Plan benefits shall include, but not be limited to, mental
1291 health benefits that are equal to physical health benefits, vision care
1292 and dental care coverage that shall be comparable in scope to the
1293 median coverage provided by large employers in the Northeast states,
1294 provided, in defining large employers, the authority shall give
1295 consideration to the capacity of available data to yield, without
1296 substantial expense, reliable estimates of median dental coverage
1297 offered by such employers. The authority shall take steps necessary to
1298 promote the cessation of smoking.

1299 (d) The authority shall review and update benefits not less than
1300 every two years and shall base benefit changes on medical evidence
1301 and scientific literature.

1302 Sec. 17. (NEW) (*Effective from passage*) (a) The SustiNet Plan
1303 Authority shall establish cost-sharing requirements, which may
1304 include deductibles, copayments and coinsurance for SustiNet Plans E
1305 and G. Any cost-sharing requirements established by the authority
1306 shall first be approved by the SustiNet board of directors. No change
1307 to the cost-sharing requirements for state employees shall be effective
1308 until the State Employees' Bargaining Agent Coalition has provided its
1309 written consent to incorporate such change into its agreement with the
1310 state. Notwithstanding the provisions of this subsection, Medicaid,
1311 HUSKY Plan, Part A and Part B, HUSKY Plus and Charter Oak Health
1312 Plan cost-sharing provisions shall not be established by the authority
1313 but instead shall be established pursuant to the general statutes. Cost-
1314 sharing requirements may vary depending on the type of provider.

1315 Under the Sustinet Plan, there shall not be no copayments for
1316 preventive care, well-baby and well-child visits, prenatal care, annual
1317 physical exams, immunizations or health screenings.

1318 (b) Cost-sharing requirements established by the authority pursuant
1319 to subsection (a) of this section shall be in conformance with the cost-
1320 sharing requirements established by the Affordable Care Act.

1321 (c) Sustinet Plan providers shall be subject to the provisions of
1322 section 20-7f of the general statutes and shall be prohibited from
1323 balance billing Sustinet Plan members.

1324 Sec. 18. Subdivision (1) of subsection (c) of section 19a-750 of the
1325 general statutes is repealed and the following is substituted in lieu
1326 thereof (*Effective from passage*):

1327 (c) (1) The Health Information Technology Exchange of Connecticut
1328 shall be managed by a board of directors. The board shall consist of the
1329 following members: The Lieutenant Governor, or his or her designee;
1330 the Commissioners of Public Health, Social Services and Consumer
1331 Protection, or their designees; the Chief Information Officer of the
1332 Department of Information Technology, or his or her designee; the
1333 executive director of the Sustinet Plan Authority, or his or her
1334 designee; three appointed by the Governor, one of whom shall be a
1335 representative of a medical research organization, one of whom shall
1336 be an insurer or representative of a health plan and one of whom shall
1337 be an attorney with background and experience in the field of privacy,
1338 health data security or patient rights; three appointed by the president
1339 pro tempore of the Senate, one of whom shall have background and
1340 experience with a private sector health information exchange or health
1341 information technology entity, one of whom shall have expertise in
1342 public health and one of whom shall be a physician licensed under
1343 chapter 370 who works in a practice of not more than ten physicians
1344 and who is not employed by a hospital, health network, health plan,
1345 health system, academic institution or university; three appointed by
1346 the speaker of the House of Representatives, one of whom shall be a

1347 representative of hospitals, an integrated delivery network or a
1348 hospital association, one of whom shall have expertise with federally
1349 qualified health centers and one of whom shall be a consumer or
1350 consumer advocate; one appointed by the majority leader of the
1351 Senate, who shall be a primary care physician whose practice utilizes
1352 electronic health records; one appointed by the majority leader of the
1353 House of Representatives, who shall be a consumer or consumer
1354 advocate; one appointed by the minority leader of the Senate, who
1355 shall be a pharmacist or a health care provider utilizing electronic
1356 health information exchange; and one appointed by the minority
1357 leader of the House of Representatives, who shall be a large employer
1358 or a representative of a business group. The Secretary of the Office of
1359 Policy and Management and the Healthcare Advocate, or their
1360 designees, shall be ex-officio, nonvoting members of the board. The
1361 Commissioner of Public Health, or his or her designee, shall serve as
1362 the chairperson of the board.

1363 Sec. 19. (NEW) (*Effective from passage*) The board of directors of the
1364 SustiNet Plan Authority shall submit to the joint standing committee of
1365 the General Assembly having cognizance of matters relating to
1366 appropriations, public health, human services and insurance and real
1367 estate a copy of each audit of the authority conducted by an
1368 independent auditing firm, not later than seven days after the audit is
1369 received by said board of directors.

1370 Sec. 20. (NEW) (*Effective from passage*) The Comptroller is authorized
1371 to serve as a convener authority for health care institutions, facilities
1372 and providers in the state. The Comptroller shall comply with all
1373 applicable federal law and regulations in the exercise of such
1374 authority. The Comptroller shall implement policies and procedures
1375 necessary to administer the provisions of this section while in the
1376 process of adopting such policies and procedures as regulations,
1377 provided the Comptroller prints notice of the intent to adopt the
1378 regulations in the Connecticut Law Journal not later than twenty days
1379 after the date of implementation of such policies and procedures.
1380 Policies and procedures implemented pursuant to this section shall be

1381 valid until the time final regulations are adopted.

1382 Sec. 21. Subsection (l) of section 1-79 of the general statutes is
1383 repealed and the following is substituted in lieu thereof (*Effective from*
1384 *passage*):

1385 (l) "Quasi-public agency" means the Connecticut Development
1386 Authority, Connecticut Innovations, Incorporated, Connecticut Health
1387 and Education Facilities Authority, Connecticut Higher Education
1388 Supplemental Loan Authority, Connecticut Housing Finance
1389 Authority, Connecticut Housing Authority, Connecticut Resources
1390 Recovery Authority, Lower Fairfield County Convention Center
1391 Authority, Capital City Economic Development Authority,
1392 Connecticut Lottery Corporation, [and] Health Information
1393 Technology Exchange of Connecticut and SustiNet Plan Authority.

1394 Sec. 22. Section 1-120 of the general statutes is repealed and the
1395 following is substituted in lieu thereof (*Effective from passage*):

1396 As used in sections 1-120 to 1-123, inclusive:

1397 (1) "Quasi-public agency" means the Connecticut Development
1398 Authority, Connecticut Innovations, Incorporated, Connecticut Health
1399 and Educational Facilities Authority, Connecticut Higher Education
1400 Supplemental Loan Authority, Connecticut Housing Finance
1401 Authority, Connecticut Housing Authority, Connecticut Resources
1402 Recovery Authority, Capital City Economic Development Authority,
1403 Connecticut Lottery Corporation, [and] Health Information
1404 Technology Exchange of Connecticut and SustiNet Plan Authority.

1405 (2) "Procedure" means each statement, by a quasi-public agency, of
1406 general applicability, without regard to its designation, that
1407 implements, interprets or prescribes law or policy, or describes the
1408 organization or procedure of any such agency. The term includes the
1409 amendment or repeal of a prior regulation, but does not include,
1410 unless otherwise provided by any provision of the general statutes, (A)
1411 statements concerning only the internal management of any agency

1412 and not affecting procedures available to the public and (B) intra-
1413 agency memoranda.

1414 (3) "Proposed procedure" means a proposal by a quasi-public
1415 agency under the provisions of section 1-121 for a new procedure or
1416 for a change in, addition to or repeal of an existing procedure.

1417 Sec. 23. Section 1-124 of the general statutes is repealed and the
1418 following is substituted in lieu thereof (*Effective from passage*):

1419 (a) The Connecticut Development Authority, the Connecticut
1420 Health and Educational Facilities Authority, the Connecticut Higher
1421 Education Supplemental Loan Authority, the Connecticut Housing
1422 Finance Authority, the Connecticut Housing Authority, the
1423 Connecticut Resources Recovery Authority, the Health Information
1424 Technology Exchange of Connecticut, [and] the Capital City Economic
1425 Development Authority and the SustiNet Plan Authority shall not
1426 borrow any money or issue any bonds or notes which are guaranteed
1427 by the state of Connecticut or for which there is a capital reserve fund
1428 of any kind which is in any way contributed to or guaranteed by the
1429 state of Connecticut until and unless such borrowing or issuance is
1430 approved by the State Treasurer or the Deputy State Treasurer
1431 appointed pursuant to section 3-12. The approval of the State Treasurer
1432 or said deputy shall be based on documentation provided by the
1433 authority that it has sufficient revenues to (1) pay the principal of and
1434 interest on the bonds and notes issued, (2) establish, increase and
1435 maintain any reserves deemed by the authority to be advisable to
1436 secure the payment of the principal of and interest on such bonds and
1437 notes, (3) pay the cost of maintaining, servicing and properly insuring
1438 the purpose for which the proceeds of the bonds and notes have been
1439 issued, if applicable, and (4) pay such other costs as may be required.

1440 (b) To the extent the Connecticut Development Authority,
1441 Connecticut Innovations, Incorporated, Connecticut Higher Education
1442 Supplemental Loan Authority, Connecticut Housing Finance
1443 Authority, Connecticut Housing Authority, Connecticut Resources

1444 Recovery Authority, Connecticut Health and Educational Facilities
1445 Authority, [the] Health Information Technology Exchange of
1446 Connecticut, [or the] Capital City Economic Development Authority or
1447 SustiNet Plan Authority is permitted by statute and determines to
1448 exercise any power to moderate interest rate fluctuations or enter into
1449 any investment or program of investment or contract respecting
1450 interest rates, currency, cash flow or other similar agreement,
1451 including, but not limited to, interest rate or currency swap
1452 agreements, the effect of which is to subject a capital reserve fund
1453 which is in any way contributed to or guaranteed by the state of
1454 Connecticut, to potential liability, such determination shall not be
1455 effective until and unless the State Treasurer or his or her deputy
1456 appointed pursuant to section 3-12 has approved such agreement or
1457 agreements. The approval of the State Treasurer or his or her deputy
1458 shall be based on documentation provided by the authority that it has
1459 sufficient revenues to meet the financial obligations associated with the
1460 agreement or agreements.

1461 Sec. 24. Section 1-125 of the general statutes is repealed and the
1462 following is substituted in lieu thereof (*Effective from passage*):

1463 The directors, officers and employees of the Connecticut
1464 Development Authority, Connecticut Innovations, Incorporated,
1465 Connecticut Higher Education Supplemental Loan Authority,
1466 Connecticut Housing Finance Authority, Connecticut Housing
1467 Authority, Connecticut Resources Recovery Authority, including ad
1468 hoc members of the Connecticut Resources Recovery Authority,
1469 Connecticut Health and Educational Facilities Authority, Capital City
1470 Economic Development Authority, [the] Health Information
1471 Technology Exchange of Connecticut, SustiNet Plan Authority and
1472 Connecticut Lottery Corporation and any person executing the bonds
1473 or notes of the agency shall not be liable personally on such bonds or
1474 notes or be subject to any personal liability or accountability by reason
1475 of the issuance thereof, nor shall any director or employee of the
1476 agency, including ad hoc members of the Connecticut Resources
1477 Recovery Authority, be personally liable for damage or injury, not

1478 wanton, reckless, wilful or malicious, caused in the performance of his
 1479 or her duties and within the scope of his or her employment or
 1480 appointment as such director, officer or employee, including ad hoc
 1481 members of the Connecticut Resources Recovery Authority. The
 1482 agency shall protect, save harmless and indemnify its directors,
 1483 officers or employees, including ad hoc members of the Connecticut
 1484 Resources Recovery Authority, from financial loss and expense,
 1485 including legal fees and costs, if any, arising out of any claim, demand,
 1486 suit or judgment by reason of alleged negligence or alleged
 1487 deprivation of any person's civil rights or any other act or omission
 1488 resulting in damage or injury, if the director, officer or employee,
 1489 including ad hoc members of the Connecticut Resources Recovery
 1490 Authority, is found to have been acting in the discharge of his or her
 1491 duties or within the scope of his or her employment and such act or
 1492 omission is found not to have been wanton, reckless, wilful or
 1493 malicious.

1494 Sec. 25. Sections 19a-710 to 19a-723, inclusive, of the general statutes
 1495 are repealed. (*Effective from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	17b-261(a)
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	17b-90(b)
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	New section
Sec. 13	<i>from passage</i>	New section
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>from passage</i>	New section

