



Substitute Senate Bill No. 404

Public Act No. 18-86

AN ACT CONCERNING WHITING FORENSIC HOSPITAL AND CONNECTICUT VALLEY HOSPITAL.

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

Section 1. (*Effective from passage*) (a) There is established a task force to (1) review and evaluate the operations, conditions, culture and finances of Connecticut Valley Hospital and Whiting Forensic Hospital, (2) evaluate the feasibility of creating an independent, stand-alone office of inspector general that shall be responsible for providing ongoing, independent oversight of Connecticut Valley Hospital and Whiting Forensic Hospital, including, but not limited to, receiving and investigating complaints concerning employees of Connecticut Valley Hospital and Whiting Forensic Hospital, (3) examine complaints and any other reports of discriminatory employment practices at said hospitals, except any information or documentation not subject to disclosure under the Freedom of Information Act, as defined in section 1-200 of the general statutes or any other federal or state confidentiality law, (4) assess the implications of a patient of Whiting Forensic Hospital being permitted to be present during a search of his or her possessions, (5) evaluate the membership of the advisory board for Whiting Forensic Hospital established pursuant to section 17a-565 of the general statutes, as amended by this act, (6) examine the role of the Psychiatric Security Review Board established pursuant to section 17a-

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581 of the general statutes, (7) evaluate the need to conduct a confidential survey regarding the employee work environment at Connecticut Valley Hospital and Whiting Forensic Hospital, including, but not limited to, worker morale, management and any incidences of bullying, intimidation or retribution, and (8) review the statutory definitions of abuse and neglect in the behavioral health context.

(b) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom shall be a senior administrator of a behavioral health facility, and one of whom shall have law enforcement or corrections experience or experience working in a secured facility;

(2) Two appointed by the president pro tempore of the Senate, one of whom shall be a psychologist or psychiatrist with forensic experience, and one of whom shall be a person who has lived with or experienced mental illness;

(3) One appointed by the majority leader of the House of Representatives, who shall be a former or current administrator of a hospital with a bed capacity of at least two hundred;

(4) One appointed by the majority leader of the Senate, who shall be a patient advocate;

(5) One appointed by the minority leader of the House of Representatives, who shall have experience providing direct care services to persons with behavioral health disorders; and

(6) One appointed by the minority leader of the Senate, who shall have experience providing direct care services at a hospital.

(c) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be

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filled by the appointing authority.

(d) The chairperson of the task force shall be selected from among its members. Such chairperson shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(e) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall serve as administrative staff of the task force.

(f) In performing its review and evaluation under subsection (a) of this section, the task force may hold a public forum, which shall provide opportunity for public comment.

(g) Not later than January 1, 2019, the task force shall submit a preliminary report, in accordance with the provisions of section 11-4a of the general statutes, on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health. Not later than January 1, 2021, the task force shall submit a final report on its findings and recommendations to said joint standing committee. The task force shall terminate on the date that it submits such final report or January 1, 2021, whichever is later.

Sec. 2. (NEW) (*Effective October 1, 2018*) (a) As used in this section and section 3 of this act:

(1) "Abuse" means the wilful infliction of physical pain, injury or mental anguish, or the wilful deprivation by a caregiver of services which are necessary to maintain the physical and mental health of a patient;

(2) "Behavioral health facility" means any facility operated by the Department of Mental Health and Addiction Services that provides

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mental health or substance use disorder services to persons eighteen years of age or older;

(3) "Patient" means any person receiving services from a behavioral health facility;

(4) "Legal representative" means a court-appointed fiduciary, including a guardian or conservator, or a person with power of attorney authorized to act on a patient's behalf; and

(5) "Mandatory reporter" means (A) any person in a behavioral health facility paid to provide direct care for a patient of such facility, and (B) any employee, contractor or consultant of such facility who is a licensed healthcare provider.

(b) Any mandatory reporter, who, in the ordinary course of such person's employment, has reasonable cause to suspect or believe that any patient (1) has been abused, (2) is in a condition that is the result of abuse, or (3) has had an injury that is at variance with the history given of such injury, shall, not later than seventy-two hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Mental Health and Addiction Services or to the person or persons designated by the commissioner to receive such reports. Any behavioral health facility providing direct care for patients shall provide mandatory training on detecting potential abuse of patients to mandatory reporters and inform such individuals of their obligations under this section.

(c) Any mandatory reporter who fails to make a report under subsection (b) of this section or fails to make such report within the prescribed time period set forth in said subsection shall be fined not more than five hundred dollars, except if such person intentionally fails to make such report within the prescribed time period, such

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person shall be guilty of (1) a class C misdemeanor for the first violation, and (2) a class A misdemeanor for any subsequent violation.

(d) A report made under subsection (b) of this section shall contain the name and address of the behavioral health facility, the name of the patient, information regarding the nature and extent of the abuse and any other information the mandatory reporter believes may be helpful in an investigation of the case and for the protection of the patient.

(e) Any other person having reasonable cause to believe that a patient is being or has been abused shall report such information in accordance with subsection (b) of this section in any reasonable manner to the Commissioner of Mental Health and Addiction Services, or to the person or persons designated by the commissioner to receive such reports, who shall inform the patient or such patient's legal representative of the services of the nonprofit entity designated by the Governor in accordance with section 46a-10b of the general statutes to serve as the Connecticut protection and advocacy system.

(f) A report filed under this section shall not be deemed a public record, and shall not be subject to the provisions of section 1-210 of the general statutes, as amended by this act. Information derived from such report for which reasonable grounds are determined to exist after investigation, including the identity of the behavioral health facility, the number of complaints received, the number of complaints substantiated and the types of complaints, shall be disclosed by the Commissioner of Mental Health and Addiction Services, except in no case shall the name of the patient be revealed, unless such patient or such patient's legal representative specifically requests such disclosure or unless a judicial proceeding results from such report. Notwithstanding the provisions of this section, not later than twenty-four hours or as soon as possible after receiving a report under this section, the commissioner or the commissioner's designee shall notify such patient's legal representative, if any. Such notification shall not be

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required when the legal representative is suspected of perpetrating the abuse that is the subject of the report. The commissioner shall obtain the contact information for such legal representative from the behavioral health facility.

(g) (1) Subject to subdivision (2) of this subsection, any person who makes a report under this section or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability with regard to such report or testimony, except liability for perjury in the context of making such report.

(2) Any person who makes a report under this section is guilty of making a fraudulent or malicious report or providing false testimony when such person (A) wilfully makes a fraudulent or malicious report, (B) conspires with another person to make or cause to be made such fraudulent or malicious report, or (C) wilfully testifies falsely in any administrative or judicial proceeding arising from such report regarding the abuse of a patient. Making a fraudulent or malicious report or providing false testimony under this section is a class A misdemeanor.

(h) Any person who is discharged or in any manner discriminated or retaliated against for making, in good faith, a report under this section shall be entitled to all remedies available under law.

Sec. 3. (NEW) (*Effective October 1, 2018*) (a) The Commissioner of Mental Health and Addiction Services, upon receiving a report under section 2 of this act that a patient is being or has been abused, shall investigate the report to determine the condition of the patient and what action and services, if any, are required. The investigation shall include (1) an in-person visit to the named patient, (2) consultation with those individuals having knowledge of the facts surrounding the particular report, and (3) an interview with the patient, unless the patient refuses to consent to such interview. Upon completion of the

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investigation, the commissioner shall prepare written findings that shall include recommended actions. Not later than forty-five days after completion of the investigation, the commissioner shall disclose, in general terms, the result of the investigation to the person or persons who reported the suspected abuse, provided: (A) The person who made such report is legally mandated to make such report, (B) the information is not otherwise privileged or confidential under state or federal law, (C) the names of the witnesses or other persons interviewed are kept confidential, and (D) the names of the person or persons suspected to be responsible for the abuse are not disclosed unless such person or persons have been arrested as a result of the investigation.

(b) The Department of Mental Health and Addiction Services shall maintain a state-wide registry of the number of reports received under this section, the allegations contained in such reports and the outcomes of the investigations resulting from such reports.

(c) The patient's file, including, but not limited to, the original report and the investigation report shall not be deemed a public record or subject to the provisions of section 1-210 of the general statutes, as amended by this act. The commissioner may disclose such file, in whole or in part, to an individual, agency, corporation or organization only with the written authorization of the patient, the patient's legal representative or as otherwise authorized under this section.

(d) Notwithstanding the provisions of subsection (c) of this section, the commissioner shall not disclose the name of a person who reported suspected abuse, except with such person's written permission or to a law enforcement official pursuant to a court order that specifically requires such disclosure.

(e) The patient or such patient's legal representative or attorney shall have the right of access to records made, maintained or kept on

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file by the department, in accordance with all applicable state and federal law, when such records pertain to or contain information or material concerning the patient, including, but not limited to, records concerning investigations, reports or medical, psychological or psychiatric examinations of the patient, except: (1) If protected health information was obtained by the department from someone other than a health care provider under the promise of confidentiality and the access requested would, with reasonable likelihood, reveal the source of the information; (2) information identifying the individual who reported the abuse of the person shall not be released unless, upon application made to the Superior Court by the patient or such patient's legal representative or attorney and served on the Commissioner of Mental Health and Addiction Services, a judge determines, after in camera inspection of relevant records and a hearing, that there is reasonable cause to believe the individual knowingly made a false report or that other interests of justice require such release; (3) if it is determined by a licensed health care provider that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person; (4) if the protected health information makes reference to another person, other than a health care provider, and the access requested would reveal protected health information about such other person; or (5) the request for access is made by the patient's legal representative, and a licensed health care provider has determined, in the exercise of professional judgment, that the provision of access to such legal representative is reasonably likely to cause harm to the patient or another person.

Sec. 4. (*Effective July 1, 2018*) (a) On or before January 1, 2019, the Department of Public Health shall conduct an on-site inspection of Whiting Forensic Hospital and a review of Whiting Forensic Hospital records, including, but not limited to, (1) the hospital's operating protocols and procedures, (2) documentation of employee training, (3) any complaints against the hospital or an employee of the hospital,

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and (4) any allegations of abuse or neglect of a patient.

(b) Not later than thirty days after completing the on-site inspection and review of hospital records conducted under subsection (a) of this section, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, to the task force established under section 1 of this act and to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the outcome of the on-site inspection and review.

Sec. 5. Subsection (a) of section 19a-490 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, homemaker-home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency; [, except facilities for the care or treatment of mentally ill persons or persons with substance abuse problems;] and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability. "Institution" does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital;

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Sec. 6. Subdivision (18) of subsection (b) of section 1-210 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(18) Records, the disclosure of which the Commissioner of Correction, or as it applies to Whiting Forensic [Division facilities of the Connecticut Valley] Hospital, the Commissioner of Mental Health and Addiction Services, has reasonable grounds to believe may result in a safety risk, including the risk of harm to any person or the risk of an escape from, or a disorder in, a correctional institution or facility under the supervision of the Department of Correction or Whiting Forensic [Division facilities] Hospital. Such records shall include, but are not limited to:

(A) Security manuals, including emergency plans contained or referred to in such security manuals;

(B) Engineering and architectural drawings of correctional institutions or facilities or Whiting Forensic [Division] Hospital facilities;

(C) Operational specifications of security systems utilized by the Department of Correction at any correctional institution or facility or Whiting Forensic [Division] Hospital facilities, except that a general description of any such security system and the cost and quality of such system may be disclosed;

(D) Training manuals prepared for correctional institutions and facilities or Whiting Forensic [Division] Hospital facilities that describe, in any manner, security procedures, emergency plans or security equipment;

(E) Internal security audits of correctional institutions and facilities or Whiting Forensic [Division] Hospital facilities;

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(F) Minutes or recordings of staff meetings of the Department of Correction or Whiting Forensic [Division] Hospital facilities, or portions of such minutes or recordings, that contain or reveal information relating to security or other records otherwise exempt from disclosure under this subdivision;

(G) Logs or other documents that contain information on the movement or assignment of inmates or staff at correctional institutions or facilities; and

(H) Records that contain information on contacts between inmates, as defined in section 18-84, and law enforcement officers;

Sec. 7. Subsection (c) of section 1-210 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) Whenever a public agency receives a request from any person confined in a correctional institution or facility or a Whiting Forensic [Division] Hospital facility, for disclosure of any public record under the Freedom of Information Act, the public agency shall promptly notify the Commissioner of Correction or the Commissioner of Mental Health and Addiction Services in the case of a person confined in a Whiting Forensic [Division] Hospital facility of such request, in the manner prescribed by the commissioner, before complying with the request as required by the Freedom of Information Act. If the commissioner believes the requested record is exempt from disclosure pursuant to subdivision (18) of subsection (b) of this section, the commissioner may withhold such record from such person when the record is delivered to the person's correctional institution or facility or Whiting Forensic [Division] Hospital facility.

Sec. 8. Section 5-145a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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Any condition of impairment of health caused by hypertension or heart disease resulting in total or partial disability or death to a member of the security force or fire department of The University of Connecticut or the aeronautics operations of the Department of Transportation, or to a member of the Office of State Capitol Police or any person appointed under section 29-18 as a special policeman for the State Capitol building and grounds, the Legislative Office Building and parking garage and related structures and facilities, and other areas under the supervision and control of the Joint Committee on Legislative Management, or to state personnel engaged in guard or instructional duties in the Connecticut Correctional Institution, Somers, Connecticut Correctional Institution, Enfield-Medium, the Carl Robinson Correctional Institution, Enfield, John R. Manson Youth Institution, Cheshire, the York Correctional Institution, the Connecticut Correctional Center, Cheshire, or the community correctional centers, or to any employee of the Whiting Forensic [Division] Hospital with direct and substantial patient contact, or to any detective, chief inspector or inspector in the Division of Criminal Justice or chief detective, or to any state employee designated as a hazardous duty employee pursuant to an applicable collective bargaining agreement who successfully passed a physical examination on entry into such service, which examination failed to reveal any evidence of such condition, shall be presumed to have been suffered in the performance of his duty and shall be compensable in accordance with the provisions of chapter 568, except that for the first three months of compensability the employee shall continue to receive the full salary which he was receiving at the time of injury in the manner provided by the provisions of section 5-142. Any such employee who began such service prior to June 28, 1985, and was not covered by the provisions of this section prior to said date shall not be required, for purposes of this section, to show proof that he successfully passed a physical examination on entry into such service.

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Sec. 9. Section 5-173 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) A state policeman in the active service of the Division of State Police within the Department of Emergency Services and Public Protection, or any person who is engaged in guard or instructional duties at the Connecticut Correctional Institution, Somers, the Connecticut Correctional Institution, Enfield-Medium, the Carl Robinson Correctional Institution, Enfield, the John R. Manson Youth Institution, Cheshire, the York Correctional Institution, the Connecticut Correctional Center, Cheshire and the community correctional centers, or any person exempt from collective bargaining who is engaged in custodial or instructional duties within the Department of Correction, or any person who is an employee of the Whiting Forensic [Division] Hospital with direct and substantial patient contact, or any person who is employed as a correctional counselor, correctional counselor supervisor, parole officer or parole supervisor or in a comparable job classification by the Board of Pardons and Paroles, or any member of tier I who has been designated as a hazardous duty member pursuant to an applicable collective bargaining agreement, who has reached his forty-seventh birthday and completed at least twenty years of hazardous duty service for the state or service as a state policeman or as guard or instructor at said correctional institutions or correctional centers, or service in a custodial or instructional position within the Department of Correction which is exempt from collective bargaining, or as an employee of the Whiting Forensic [Division] Hospital or its predecessor institutions, or as a correctional counselor, correctional counselor supervisor, parole officer or parole supervisor or in a comparable job classification as an employee of the Board of Pardons and Paroles, shall be retired on his own application or on the application of the Commissioner of Emergency Services and Public Protection or the Commissioner of Correction, as the case may be.

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(b) On or after October 1, 1982, each such person shall receive a monthly retirement income equal to one-twelfth of (1) fifty per cent of his base salary, as defined in subsection (b) of section 5-162, for such twenty years of service, plus (2) two per cent of his base salary for each year, taken to completed months, of Connecticut state service in excess of twenty years, except that any such person who is both a member of the Division of State Police within the Department of Emergency Services and Public Protection and a member of part B shall receive a permanently reduced retirement income upon reaching the age of sixty-five or, if earlier, upon receipt of Social Security disability benefits or, for any such state policeman, upon receipt of benefits under subsection (d) of section 5-142. Any such state police member shall have his monthly retirement income reduced by an amount equal to one-twelfth of one per cent of four thousand eight hundred dollars multiplied by the number of years of state service, taken to completed months.

(c) Any such person who, while so employed, was granted military leave to enter the armed forces, as defined by section 27-103, and who, upon his discharge and within ninety days, returned to such service, shall be granted retirement credit for any period of service in time of war, as defined by said section, and for military service during a national emergency declared by the President of the United States on and after September 1, 1939, toward the required minimum of twenty [years] years' service; and any such person may be granted credit for any such war service prior to such employment upon payment of contributions and interest computed in accordance with subsection (b) of section 5-180, but such service shall not be counted toward the minimum service requirement of twenty years.

(d) Any such person who, after retiring from hazardous duty as designated pursuant to a collective bargaining agreement or from the Division of State Police or the employ of the Connecticut Correctional

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Institution, Somers, the Connecticut Correctional Institution, Enfield-Medium, the Carl Robinson Correctional Institution, Enfield, the John R. Manson Youth Institution, Cheshire, the York Correctional Institution, the Connecticut Correctional Center, Cheshire or a community correctional center, the Whiting Forensic [Division] Hospital or the Board of Pardons and Paroles, as the case may be, is employed by any other state agency may elect to receive the retirement income to which he was entitled at the time of his retirement from such hazardous duty or as a state policeman or employee of the correctional institution or correctional center, forensic [division] hospital or Board of Pardons and Paroles when his employment in such other agency ceases, but he shall not, in that case, be entitled to any retirement income by reason of service in such other agency except as provided in subsection (g) of this section.

(e) Notwithstanding the provisions of subsection (a) of this section, any state policeman who serves as Commissioner or Deputy Commissioner of Emergency Services and Public Protection and whose position as commissioner or deputy commissioner is terminated, abolished or eliminated for any reason or who otherwise leaves such position and who has completed twenty years of service as a state policeman but who has not reached his forty-seventh birthday, shall be entitled to a retirement income, in accordance with subsection (b) of this section.

(f) A member who has completed twenty years of hazardous duty service under this section, but who leaves such service on or after October 1, 1982, but prior to reaching his forty-seventh birthday shall, upon his own application be entitled to the benefits provided in subsection (b) of this section at any time after reaching his forty-seventh birthday.

(g) On and after October 1, 1982, an employee who has met the twenty-year minimum service requirement and is thus eligible for

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benefits under this section shall have any other Connecticut state employment recognized in calculating the amount of his benefits.

Sec. 10. Subsection (d) of section 5-192f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) "Hazardous duty member" means a member who is a state policeman in the active service of the Division of State Police within the Department of Emergency Services and Public Protection, who is engaged in guard or instructional duties at the Connecticut Correctional Institution, Somers, the Connecticut Correctional Institution, Enfield-Medium, the Carl Robinson Correctional Institution, Enfield, the John R. Manson Youth Institution, Cheshire, the York Correctional Institution, the Connecticut Correctional Center, Cheshire or the community correctional centers, who is an employee of the Whiting Forensic [Division] Hospital or its predecessor institutions with direct and substantial patient contact, who is a detective, chief inspector or inspector in the Division of Criminal Justice or chief detective, who is employed as a correctional counselor, correctional counselor supervisor, parole officer or parole supervisor or in a comparable job classification by the Board of Pardons and Paroles, or who has been designated as a hazardous duty member pursuant to the terms of a collective bargaining agreement.

Sec. 11. Subsection (b) of section 17a-450 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) For the purposes of chapter 48, the Department of Mental Health and Addiction Services shall be organized to promote comprehensive, client-based services in the areas of mental health treatment and substance abuse treatment and to ensure the programmatic integrity and clinical identity of services in each area. The department shall

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perform the functions of: Centralized administration, planning and program development; prevention and treatment programs and facilities, both inpatient and outpatient, for persons with psychiatric disabilities or persons with substance use disorders, or both; community mental health centers and community or regional programs and facilities providing services for persons with psychiatric disabilities or persons with substance use disorders, or both; training and education; and research and evaluation of programs and facilities providing services for persons with psychiatric disabilities or persons with substance use disorders, or both. The department shall include, but not be limited to, the following divisions and facilities or their successor facilities: The office of the Commissioner of Mental Health and Addiction Services; Capitol Region Mental Health Center; Connecticut Valley Hospital, including the Addictions Division [, the Whiting Forensic Division] and the General Psychiatric Division of Connecticut Valley Hospital; the Whiting Forensic Hospital; the Connecticut Mental Health Center; Ribicoff Research Center; the Southwest Connecticut Mental Health System, including the Franklin S. DuBois Center and the Greater Bridgeport Community Mental Health Center; the Southeastern Mental Health Authority; River Valley Services; the Western Connecticut Mental Health Network; and any other state-operated facility for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, but shall not include those portions of such facilities transferred to the Department of Children and Families for the purpose of consolidation of children's services.

Sec. 12. Subdivision (3) of subsection (c) of section 17a-450 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(3) Work with public or private agencies, organizations, facilities or individuals to ensure the operation of the programs set forth in

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accordance with sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, 17a-580 to 17a-603, inclusive, and 17a-615 to 17a-618, inclusive;

Sec. 13. Subsection (a) of section 17a-450a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Department of Mental Health and Addiction Services shall constitute a successor department to the Department of Mental Health. Whenever the words "Commissioner of Mental Health" are used or referred to in the following general statutes, the words "Commissioner of Mental Health and Addiction Services" shall be substituted in lieu thereof and whenever the words "Department of Mental Health" are used or referred to in the following general statutes, the words "Department of Mental Health and Addiction Services" shall be substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d, 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246, 17a-450, as amended by this act, 17a-451, 17a-453, 17a-454, 17a-455, 17a-456, 17a-457, 17a-458, as amended by this act, 17a-459, 17a-460, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470, as amended by this act, 17a-471, 17a-472, as amended by this act, 17a-473, 17a-474, 17a-476, 17a-478, 17a-479, 17a-480, 17a-481, 17a-482, 17a-483, 17a-484, 17a-498, as amended by this act, 17a-499, as amended by this act, 17a-502, 17a-506, 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, as amended by this act, 17a-528, as amended by this act, 17a-560, as amended by this act, 17a-561, as amended by this act, 17a-562, as amended by this act, 17a-565, [17a-576,] as amended by this act, 17a-581, 17a-582, 17a-675, 17b-28, 17b-59a, 17b-222, 17b-223, 17b-225, 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a, 19a-507c, 19a-576, 19a-583, 20-14i, 20-14j, 21a-240, 21a-301, 27-122a, 31-222, 38a-514, 46a-28, 51-51o, 52-146h and

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54-56d.

Sec. 14. Subsection (c) of section 17a-458 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) "State-operated facilities" means those hospitals or other facilities providing treatment for persons with psychiatric disabilities or for persons with substance use disorders, or both, which are operated in whole or in part by the Department of Mental Health and Addiction Services. Such facilities include, but are not limited to, the Capitol Region Mental Health Center, the Connecticut Valley Hospital, including the Addictions Division [, the Whiting Forensic Division] and the General Psychiatric Division of Connecticut Valley Hospital, the Whiting Forensic Hospital, the Connecticut Mental Health Center, the Franklin S. DuBois Center, the Greater Bridgeport Community Mental Health Center and River Valley Services.

Sec. 15. Section 17a-470 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Each state hospital, state-operated facility or the Whiting Forensic [Division of the Connecticut Valley] Hospital for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, except the Connecticut Mental Health Center, may have an advisory board appointed by the superintendent or director of the facility for terms to be decided by such superintendent or director. In any case where the present number of members of an advisory board is less than the number of members designated by the superintendent or director of the facility, he shall appoint additional members to such board in accordance with this section in such manner that the terms of an approximately equal number of members shall expire in each odd-numbered year. The superintendent or director shall fill any vacancy that may occur for the unexpired portion of any

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term. No member may serve more than two successive terms plus the balance of any unexpired term to which he had been appointed. The superintendent or director of the facility shall be an ex-officio member of the advisory board. Each member of an advisory board of a state-operated facility within the Department of Mental Health and Addiction Services assigned a geographical territory shall be a resident of the assigned geographical territory. Members of said advisory boards shall receive no compensation for their services but shall be reimbursed for necessary expenses involved in the performance of their duties. At least one-third of such members shall be from a substance abuse subregional planning and action council established pursuant to section 17a-671, and at least one-third shall be members of the catchment area councils, as provided in section 17a-483, for the catchment areas served by such facility, except that members serving as of October 1, 1977, shall serve out their terms.

Sec. 16. Section 17a-471a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Mental Health and Addiction Services, in consultation and coordination with the advisory council established under subsection (b) of this section, shall develop policies and set standards related to clients residing on the Connecticut Valley Hospital campus and to the discharge of such clients from the hospital into the adjacent community. Any such policies and standards shall assure that no discharge of any client admitted to Whiting Forensic [Division] Hospital under commitment by the Superior Court or transfer from the Department of Correction shall take place without full compliance with sections 17a-511 to 17a-524, inclusive, 17a-566 to 17a-575, inclusive, as amended by this act, 17a-580 to 17a-603, inclusive, and 54-56d.

(b) There is established a Connecticut Valley Hospital Advisory Council that shall advise the Commissioner of Mental Health and

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Addiction Services on policies concerning, but not limited to, building use, security, clients residing on the campus and the discharge of clients from the [campuses] campus into the adjacent community. In addition, the advisory council shall periodically review the implementation of the policies and standards established by the commissioner in consultation with the advisory council. The council shall be composed of six members appointed by the mayor of Middletown, six members appointed by the Commissioner of Mental Health and Addiction Services and one member who shall serve as chairperson appointed by the Governor.

Sec. 17. Section 17a-472 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Except as otherwise provided, the Commissioner of Mental Health and Addiction Services shall appoint and remove (1) the superintendents and directors of state-operated facilities and divisions constituting the Department of Mental Health and Addiction Services, and (2) the director of the Whiting Forensic [Division of Connecticut Valley] Hospital, who shall report to the [director of forensic services] commissioner and shall have as [his] such director's sole responsibility the administration of the Whiting Forensic [Division] Hospital. Each superintendent or director shall be a qualified person with experience in health, hospital or mental health administration.

Sec. 18. Section 17a-495 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For the purposes of sections 17a-75 to 17a-83, inclusive, and 17a-615 to 17a-618, inclusive, the following terms shall have the following meanings: "Business day" means Monday to Friday, inclusive, except when a legal holiday falls on any such day; "hospital for psychiatric disabilities" means any public or private hospital, retreat, institution, house or place in which any mentally ill person is received or detained

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as a patient, but shall not include any correctional institution of this state; "mentally ill person" means any person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment, and specifically excludes a person who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680; "patient" means any person detained and taken care of as a mentally ill person; "keeper of a hospital for psychiatric disabilities" means any person, body of persons or corporation which has the immediate superintendence, management and control of a hospital for psychiatric disabilities and the patients therein; "support" includes all necessary food, clothing and medicine and all general expenses of maintaining state hospitals for persons with psychiatric disabilities; "indigent person" means any person who has an estate insufficient, in the judgment of the Court of Probate, to provide for his or her support and has no person or persons legally liable who are able to support him or her; "dangerous to himself or herself or others" means there is a substantial risk that physical harm will be inflicted by an individual upon his or her own person or upon another person, and "gravely disabled" means that a person, as a result of mental or emotional impairment, is in danger of serious harm as a result of an inability or failure to provide for his or her own basic human needs such as essential food, clothing, shelter or safety and that hospital treatment is necessary and available and that such person is mentally incapable of determining whether or not to accept such treatment because his judgment is impaired by his psychiatric disabilities. "Respondent" means a person who is alleged to be mentally ill and for whom an application for commitment to a hospital for persons with psychiatric disabilities has been filed; "voluntary patient" means any patient sixteen years of age or older who applies in writing to and is admitted to a hospital for psychiatric disabilities as a mentally ill person or any patient under sixteen years of age whose parent or legal guardian applies in writing to such hospital for admission of such patient; "involuntary patient" means

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any patient hospitalized pursuant to an order of a judge of the Probate Court after an appropriate hearing or a patient hospitalized for emergency diagnosis, observation or treatment upon certification of a qualified physician.

(b) For the purposes of this section, sections 17a-450 to 17a-484, inclusive, as amended by this act, [17a-495] 17a-496 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, and 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, the following terms shall have the following meanings: "Business day" means Monday to Friday, inclusive, except when a legal holiday falls on any such day; "hospital for persons with psychiatric disabilities" means any public or private hospital, retreat, institution, house or place in which any person with psychiatric disabilities is received or detained as a patient, but shall not include any correctional institution of this state; "patient" means any person detained and taken care of as a person with psychiatric disabilities; "keeper of a hospital for persons with psychiatric disabilities" means any person, body of persons or corporation which has the immediate superintendence, management and control of a hospital for persons with psychiatric disabilities and the patients therein; "support" includes all necessary food, clothing and medicine and all general expenses of maintaining state hospitals for persons with psychiatric disabilities; "indigent person" means any person who has an estate insufficient, in the judgment of the Court of Probate, to provide for his or her support and has no person or persons legally liable who are able to support him or her; "dangerous to himself or herself or others" means there is a substantial risk that physical harm will be inflicted by an individual upon his or her own person or upon another person; "gravely disabled" means that a person, as a result of mental or emotional impairment, is in danger of serious harm as a result of an inability or failure to provide for his or her own basic human needs such as essential food, clothing, shelter or safety and that hospital treatment is necessary and available and that

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such person is mentally incapable of determining whether or not to accept such treatment because his judgment is impaired by his psychiatric disabilities; "respondent" means a person who is alleged to have psychiatric disabilities and for whom an application for commitment to a hospital for persons with psychiatric disabilities has been filed; "voluntary patient" means any patient sixteen years of age or older who applies in writing to and is admitted to a hospital for persons with psychiatric disabilities as a person with psychiatric disabilities or any patient under sixteen years of age whose parent or legal guardian applies in writing to such hospital for admission of such patient; and "involuntary patient" means any patient hospitalized pursuant to an order of a judge of the Probate Court after an appropriate hearing or a patient hospitalized for emergency diagnosis, observation or treatment upon certification of a qualified physician.

(c) For the purposes of this section and sections [17a-495] 17a-496 to 17a-528, inclusive, as amended by this act, "person with psychiatric disabilities" means any person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment, and specifically excludes a person who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680.

(d) For the purposes of sections 17a-453, ~~[to] 17a-454, [inclusive,] 17a-456, 17a-458 to 17a-464, inclusive, as amended by this act,~~ 17a-466 to 17a-469, inclusive, 17a-471, 17a-474, 17a-476 to 17a-484, inclusive, 17a-540 to 17a-550, inclusive, 17a-560 to ~~[17a-576] 17a-575, inclusive, as amended by this act,~~ and 17a-615 to 17a-618, inclusive, "person with psychiatric disabilities" means any person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment, and specifically includes a person who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680.

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Sec. 19. Section 17a-496 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any keeper of a hospital for psychiatric disabilities who wilfully violates any of the provisions of this section, sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, [17a-495] 17a-497 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, shall be fined not more than two hundred dollars or imprisoned not more than one year or both.

Sec. 20. Subsection (b) of section 17a-497 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Upon the motion of any respondent or his or her counsel, or the probate judge having jurisdiction over such application, filed not later than three days prior to any hearing scheduled on such application, the Probate Court Administrator shall appoint a three-judge court from among the probate judges to hear such application. The judge of the Probate Court having jurisdiction over such application under the provisions of this section shall be a member, provided such judge may disqualify himself in which case all three members of such court shall be appointed by the Probate Court Administrator. Such three-judge court when convened shall have all the powers and duties set forth under sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, and shall be subject to all of the provisions of law as if it were a single-judge court. No such respondent shall be involuntarily confined without the vote of at least two of the three judges convened hereunder. The judges of such court shall designate a chief judge from

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among their members. All records for any case before the three-judge court shall be maintained in the Probate Court having jurisdiction over the matter as if the three-judge court had not been appointed.

Sec. 21. Subsection (g) of section 17a-498 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(g) The hospital shall notify each patient at least annually that such patient has a right to a further hearing pursuant to this section. If the patient requests such hearing, it shall be held by the Probate Court for the district in which the hospital is located. Any such request shall be immediately filed with the appropriate court by the hospital. After such request is filed with the Probate Court, it shall proceed in the manner provided in subsections (a), (b), (c) and (f) of this section. In addition, the hospital shall furnish the Probate Court for the district in which the hospital is located on a monthly basis with a list of all patients confined in the hospital involuntarily without release for one year since the last annual review under this section of the patient's commitment or since the original commitment. The hospital shall include in such notification the type of review the patient last received. If the patient's last annual review had a hearing, the Probate Court shall, within fifteen business days thereafter, appoint an impartial physician who is a psychiatrist from the list provided by the Commissioner of Mental Health and Addiction Services as set forth in subsection (c) of this section and not connected with the hospital in which the patient is confined or related by blood or marriage to the original applicant or to the respondent, which physician shall see and examine each such patient within fifteen business days after such physician's appointment and make a report forthwith to such court of the condition of the patient on forms provided by the Probate Court Administrator. If the Probate Court concludes that the confinement of any such patient should be reviewed by such court for possible release

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of the patient, the court, on its own motion, shall proceed in the manner provided in subsections (a), (b), (c) and (f) of this section, except that the examining physician shall be considered one of the physicians required by subsection (c) of this section. If the patient's last annual review did not result in a hearing, and in any event at least every two years, the Probate Court shall, within fifteen business days, proceed with a hearing in the manner provided in subsections (a), (b), (c) and (f) of this section. All costs and expenses, including Probate Court entry fees provided by statute, in conjunction with the annual psychiatric review and the judicial review under this subsection, except costs for physicians appointed pursuant to this subsection, shall be established by, and paid from funds appropriated to, the Judicial Department, except that if funds have not been included in the budget of the Judicial Department for such costs and expenses, such payment shall be made from the Probate Court Administration Fund. Compensation of any physician appointed to conduct the annual psychiatric review, to examine a patient for any hearing held as a result of such annual review or for any other biennial hearing required pursuant to sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, shall be paid by the state from funds appropriated to the Department of Mental Health and Addiction Services in accordance with rates established by the Department of Mental Health and Addiction Services.

Sec. 22. Section 17a-499 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All proceedings of the Probate Court, upon application made under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as

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amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, shall be in writing and filed in such court, and, whenever a court passes an order for the admission of any person to any state hospital for psychiatric disabilities, the court shall record the order and give a certified copy of such order and of the reports of the physicians to the person by whom such person is to be taken to the hospital, as the warrant for such taking and commitment, and shall also forthwith transmit a like copy to the Commissioner of Mental Health and Addiction Services, and, in the case of a person in the custody of the Commissioner of Correction, to the Commissioner of Correction. Whenever a court passes an order for the commitment of any person to any hospital for psychiatric disabilities, it shall, within three business days, provide the Commissioner of Mental Health and Addiction Services with access to identifying information including, but not limited to, name, address, sex, date of birth and date of commitment on all commitments ordered on and after June 1, 1998. All commitment applications, orders of commitment and commitment papers issued by any court in committing persons with psychiatric disabilities to public or private hospitals for psychiatric disabilities shall be in accordance with a form prescribed by the Probate Court Administrator, which form shall be uniform throughout the state. State hospitals and other hospitals for persons with psychiatric disabilities shall, so far as they are able, upon reasonable request of any officer of a court having the power of commitment, send one or more trained attendants or nurses to attend any hearing concerning the commitment of any person with psychiatric disabilities and any such attendant or nurse, when present, shall be designated by the court as the authority to serve commitment process issued under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive.

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Sec. 23. Subsection (a) of section 17a-500 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each court of probate shall keep a record of the cases relating to persons with psychiatric disabilities coming before it under sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, and the disposition of them. It shall also keep on file the original application and certificate of physicians required by said sections, or a microfilm duplicate of such records in accordance with regulations issued by the Probate Court Administrator. All records maintained in the courts of probate under the provisions of said sections shall be sealed and available only to the respondent or his or her counsel unless the Court of Probate, after hearing held with notice to the respondent, determines such records should be disclosed for cause shown.

Sec. 24. Section 17a-501 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any person with psychiatric disabilities, the expense of whose support is paid by himself or by another person, may be committed to any institution for the care of persons with psychiatric disabilities designated by the person paying for such support; and any indigent person with psychiatric disabilities, not a pauper, committed under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, shall be committed to any state hospital for psychiatric disabilities which is equipped to receive him, at the discretion of the Court of Probate, upon consideration of a request made by the person

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applying for such commitment.

Sec. 25. Section 17a-504 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any person who wilfully and maliciously causes, or attempts to cause, or who conspires with any other person to cause, any person who does not have psychiatric disabilities to be committed to any hospital for psychiatric disabilities, and any person who wilfully certifies falsely to the psychiatric disabilities of any person in any certificate provided for in sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, and any person who, under the provisions of said sections relating to persons with psychiatric disabilities, wilfully reports falsely to any court or judge that any person has psychiatric disabilities, shall be guilty of a class D felony.

Sec. 26. Section 17a-505 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

When any female with psychiatric disabilities is escorted to a state hospital for persons with psychiatric disabilities by a male guard, attendant or other employee of a correctional or reformatory institution, or by a male law enforcement officer, under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, the person so escorting her shall be accompanied by an adult member of her family or at least one woman.

Sec. 27. Section 17a-517 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective from passage*):

[If any] Any person in the custody of the Commissioner of Correction who is brought to a hospital pursuant to the provisions of sections 17a-499, as amended by this act, 17a-509, 17a-512 to [17a-517] 17a-516, inclusive, 17a-520, 17a-521, [and] as amended by this act, or 54-56d [is a desperate or dangerous individual, such person] shall be hospitalized in the Whiting Forensic [Division] Hospital. If the Whiting Forensic [Division] Hospital is unable to accommodate such transfer, then such person shall remain in the custody of the commissioner at a correctional institution, there confined under appropriate care and supervision. Under no circumstances shall an inmate with psychiatric disabilities requiring maximum security conditions be placed in a state hospital for persons with psychiatric disabilities which does not have the facilities and trained personnel to provide appropriate care and supervision for such individuals.

Sec. 28. Section 17a-519 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Each officer or indifferent person making legal service of any order, notice, warrant or other paper under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, shall be entitled to the same compensation as is by law provided for like services in civil causes. Physicians, for examining a person alleged to have psychiatric disabilities and making a certificate as provided by said sections, shall be entitled to a reasonable compensation established by the Commissioner of Mental Health and Addiction Services. The fees of the courts of probate shall be such as are provided by law for similar services. The Superior Court, on an appeal, may tax costs at its discretion.

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Sec. 29. Section 17a-521 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Except as otherwise provided in this section, the superintendent [or keeper] of any institution used wholly or in part for the care of persons with psychiatric disabilities or the director of the Whiting Forensic [Division] Hospital may, under such provisions or agreements as [he] the director deems advisable for psychiatric supervision, permit any patient of the institution under [his] the director's charge temporarily to leave such institution, in charge of his guardian, relatives or friends, or by himself or herself. A person confined to a hospital for psychiatric disabilities under the provisions of section 17a-584 may leave the hospital temporarily as provided under the provisions of section 17a-587. In the case of committed persons, the original order of commitment shall remain in force and effect during absence from the institution either on authorized or unauthorized leave until such patient is officially discharged by the authorities of such institution or such order is superseded by a court of competent jurisdiction. In the case of a patient on authorized leave, if it appears to be for the best interest of the public or for the interest and benefit of such patient, [he] the patient may return or be returned by [his] the patient's guardian, relatives or friends or [he] the patient may be recalled by the authorities of such institution, at any time during such temporary absence and prior to [his] the patient's official discharge. With respect both to patients on authorized and unauthorized leave, state or local police shall, on the request of the authorities of any such institution, assist in the rehospitalization of any patient on temporary leave or of any other patient committed to such institution by a court of competent jurisdiction or any person who is a patient under the provisions of section 17a-502, if, in the opinion of such authorities, the patient's condition warrants such assistance. The expense, if any, of such recall or return shall, in the case of an indigent, be paid by those responsible for [his] the patient's support or, in the case of a pauper, by

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the state. Leave under this section shall not be available to any person who is under a term of imprisonment or who has not met the requirements of the condition of release set to provide reasonable assurance of such person's appearance in court.

Sec. 30. Section 17a-525 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any person aggrieved by an order, denial or decree of a Probate Court under sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, including any relative or friend, on behalf of any person found to have psychiatric disabilities, shall have the right of appeal in accordance with sections 45a-186 to 45a-193, inclusive. On the trial of an appeal, the Superior Court may require the state's attorney or, in the state's attorney's absence, some other practicing attorney of the court to be present for the protection of the interests of the state and of the public.

Sec. 31. Subsection (a) of section 17a-528 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) When any person is found to have psychiatric disabilities, and is committed to a state hospital for psychiatric disabilities, upon proceedings had under sections 17a-75 to 17a-83, inclusive, 17a-450 to 17a-484, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and 17a-615 to 17a-618, inclusive, all fees and expenses incurred upon the probate commitment proceedings, payment of which is not otherwise provided for under said sections, shall be paid by the state within available

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appropriations from funds appropriated to the Department of Mental Health and Addiction Services in accordance with rates established by said department; and, if such person is found not to have psychiatric disabilities, such fees and expenses shall be paid by the applicant.

Sec. 32. Subsection (a) of section 17a-548 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any patient shall be permitted to wear his or her own clothes; to keep and use personal possessions including toilet articles; [except for patients hospitalized in Whiting Forensic Division;] to be present during any search of his or her personal possessions, except a patient hospitalized in the maximum security service of Whiting Forensic Hospital; to have access to individual storage space for such possessions; and in such manner as determined by the facility to spend a reasonable sum of his or her own money for canteen expenses and small purchases. These rights shall be denied only if the superintendent, director [,] or his or her authorized representative determines that it is medically harmful to the patient to exercise such rights. An explanation of such denial shall be placed in the patient's permanent clinical record.

Sec. 33. Section 17a-560 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in sections 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, unless specifically provided otherwise, ["division",] "hospital" means the Whiting Forensic [Division] Hospital, including the diagnostic unit established under the provisions of section 17a-562, as amended by this act, or any other facility of the Department of Mental Health and Addiction Services which the commissioner may designate as appropriate. The words ["institute"] "hospital" or "diagnostic unit", as used in sections 17a-566, as amended

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by this act, 17a-567, as amended by this act, 17a-570, as amended by this act, and [17a-576] 17a-575, as amended by this act, when applied to children or youths under the age of eighteen, mean any facility of the Department of Children and Families designated by the Commissioner of Children and Families. "Board" means the advisory and review board appointed under the provisions of section 17a-565, as amended by this act. "Commissioner" means the Commissioner of Mental Health and Addiction Services or in the case of children, the Commissioner of Children and Families.

Sec. 34. Section 17a-561 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Whiting Forensic [Division of the Connecticut Valley] Hospital shall exist for the care and treatment of (1) patients with psychiatric disabilities, confined in facilities under the control of the Department of Mental Health and Addiction Services, including persons who require care and treatment under maximum security conditions, (2) persons convicted of any offense enumerated in section 17a-566, as amended by this act, who, after examination by the staff of the diagnostic unit of the [division] hospital as herein provided, are determined to have psychiatric disabilities and be dangerous to themselves or others and to require custody, care and treatment at the [division and] hospital, (3) inmates in the custody of the Commissioner of Correction who are transferred in accordance with sections 17a-512 to 17a-517, inclusive, as amended by this act, and who require custody, care and treatment at the [division] hospital, and (4) persons committed to the hospital pursuant to section 17a-582 or 54-56d.

Sec. 35. Section 17a-562 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Whiting Forensic [Division of the Connecticut Valley] Hospital shall be within the general administrative control and supervision of

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the Department of Mental Health and Addiction Services. The director, with the approval of the commissioner and the board, shall establish such [subdivisions] divisions, which may be located geographically separate from the [division] hospital, as may be deemed proper for the administrative control and the efficient operation thereof, one of which [subdivisions] divisions shall be the diagnostic unit.

Sec. 36. Section 17a-564 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The director of the Whiting Forensic [Division] Hospital shall quarterly make a report to the Board of Mental Health and Addiction Services on the affairs of the [division] hospital, including reports of reexaminations and recommendations.

Sec. 37. Section 17a-565 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

There shall be an advisory board for [the division] Whiting Forensic Hospital, constituted as follows: The Commissioner of Mental Health and Addiction Services, three physicians licensed to practice in this state, two of whom shall be psychiatrists, two attorneys of this state, at least one of whom shall be in active practice and have at least five years' experience in the trial of criminal cases, one licensed psychologist with experience in clinical psychology, one licensed clinical social worker, and one person actively engaged in business who shall have at least ten years' experience in business management. Annually, on October first, the Governor shall appoint a member or members to replace those whose terms expire for terms of five years each. The board shall elect a chairman and a secretary, who shall keep full and accurate minutes of its meetings and preserve the same. The board shall meet at the call of the chairman at least quarterly. Members of the board shall receive no compensation for their duties as such but shall be reimbursed for their actual expenses incurred in the course of

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their duties. Said board shall confer with the staff of the [division] hospital and give general consultative and advisory services on problems and matters relating to its work. On any matter relating to the work of the [division] hospital, the board may also confer with the warden or superintendent of the affected Connecticut correctional institution.

Sec. 38. Section 17a-566 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Except as provided in section 17a-574, as amended by this act, any court prior to sentencing a person convicted of an offense for which the penalty may be imprisonment in the Connecticut Correctional Institution at Somers, or of a sex offense involving (1) physical force or violence, (2) disparity of age between an adult and a minor or (3) a sexual act of a compulsive or repetitive nature, may if it appears to the court that such person has psychiatric disabilities and is dangerous to himself or others, upon its own motion or upon request of any of the persons enumerated in subsection (b) of this section and a subsequent finding that such request is justified, order the commissioner to conduct an examination of the convicted defendant by qualified personnel of the [division] hospital. Upon completion of such examination the examiner shall report in writing to the court. Such report shall indicate whether the convicted defendant should be committed to the diagnostic unit of the [division] hospital for additional examination or should be sentenced in accordance with the conviction. Such examination shall be conducted and the report made to the court not later than fifteen days after the order for the examination. Such examination may be conducted at a correctional facility if the defendant is confined or it may be conducted on an outpatient basis at the [division] hospital or other appropriate location. If the report recommends additional examination at the diagnostic unit, the court may, after a hearing, order the convicted defendant

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committed to the diagnostic unit of the [division] hospital for a period not to exceed sixty days, except as provided in section 17a-567, as amended by this act, provided the hearing may be waived by the defendant. Such commitment shall not be effective until the director certifies to the court that space is available at the diagnostic unit. While confined in said diagnostic unit, the defendant shall be given a complete physical and psychiatric examination by the staff of the unit and may receive medication and treatment without his consent. The director shall have authority to procure all court records, institutional records and probation or other reports which provide information about the defendant.

(b) The request for such examination may be made by the state's attorney or assistant state's attorney who prosecuted the defendant for an offense specified in this section, or by the defendant or his attorney in his behalf. If the court orders such examination, a copy of the examination order shall be served upon the defendant to be examined.

(c) Upon completion of the physical and psychiatric examination of the defendant, but not later than sixty days after admission to the diagnostic unit, a written report of the results thereof shall be filed in quadruplicate with the clerk of the court before which he was convicted, and such clerk shall cause copies to be delivered to the state's attorney, to counsel for the defendant and to the Court Support Services Division.

(d) Such report shall include the following: (1) A description of the nature of the examination; (2) a diagnosis of the mental condition of the defendant; (3) an opinion as to whether the diagnosis and prognosis demonstrate clearly that the defendant is actually dangerous to himself or others and requires custody, care and treatment at the [division] hospital; and (4) a recommendation as to whether the defendant should be sentenced in accordance with the conviction, sentenced in accordance with the conviction and confined in the

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[institute] hospital for custody, care and treatment, placed on probation by the court or placed on probation by the court with the requirement, as a condition to probation, that he receive outpatient psychiatric treatment.

Sec. 39. Section 17a-567 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) If the report recommends that the defendant be sentenced in accordance with the conviction, placed on probation by the court or placed on probation by the court with the requirement, as a condition of such probation, that he receive outpatient psychiatric treatment, the defendant shall be returned directly to the court for disposition. If the report recommends sentencing in accordance with the conviction and confinement in the [division] hospital for custody, care and treatment, then during the period between the submission of the report and the disposition of the defendant by the court such defendant shall remain at the [division] hospital and may receive such custody, care and treatment as is consistent with his medical needs.

(b) If the report recommends confinement at the [division] hospital for custody, care and treatment, the court shall set the matter for a hearing not later than fifteen days after receipt of the report. Any evidence, including the report ordered by the court, regarding the defendant's mental condition may be introduced at the hearing by either party. Any staff member of the diagnostic unit who participated in the examination of the defendant and who signed the report may testify as to the contents of the report. The defendant may waive the court hearing.

(c) If at such hearing the court finds the defendant is not in need of custody, care and treatment at the [division] hospital, it shall sentence [him] the defendant in accordance with the conviction or place [him] the defendant on probation. If the court finds that [such person] the

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defendant is in need of outpatient psychiatric treatment, it may place [him] the defendant on probation on condition that [he] the defendant receive such treatment. If the court finds [such person] the defendant to have psychiatric disabilities and to be dangerous to himself, herself or others and to require custody, care and treatment at the [division] hospital, it shall sentence [him] the defendant in accordance with the conviction and order confinement in the [division] hospital for custody, care and treatment provided no court may order such confinement if the report does not recommend confinement at the [division] hospital. The defendant shall not be subject to custody, care and treatment under sections 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, beyond the maximum period specified in the sentence.

Sec. 40. Section 17a-568 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Nothing in sections 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, shall affect proceedings under sections 17a-580 to 17a-602, inclusive, 17b-250 and 54-56d.

Sec. 41. Section 17a-569 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Not less than once every six months the staff of the [institute] hospital shall give a complete psychiatric examination to every patient confined in the [division] hospital. As used in this section and sections 17a-570 to 17a-573, inclusive, as amended by this act, the word "patient" means any person confined for custody, care and treatment under section 17a-567, as amended by this act. Such examination shall ascertain whether the patient has psychiatric disabilities and is in need of custody, care and treatment at the [division] hospital and, in making such determination, the staff shall assemble such information and follow such procedures as are used in initial examinations by the

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diagnostic unit to indicate the need for custody, care and treatment. The record of the examination shall include the information required in subdivisions (1), (2) and (3) of subsection (d) of section 17a-566, as amended by this act, and a recommendation for the future treatment of the patient examined. The record of the examination may include a recommendation for transfer of the patient or change in confinement status.

Sec. 42. Section 17a-570 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As soon as is practicable, the director of the Whiting Forensic [Division] Hospital shall act upon the examination reports of the director's staff. Upon review of each report and upon consideration of what is for the benefit of the patient and for the benefit of society, the director shall determine whether such patient: (1) Is to remain in the [division] hospital for further treatment, or (2) has sufficiently improved to warrant discharge from the [division] hospital, provided if such patient was sentenced and confined in the [division] hospital under section 17a-567, as amended by this act, such patient shall not be released except upon order of the court by which such patient was confined under said section, after notice to said court by the director. The director shall report each determination made under this subsection to the court by which the patient was confined in the [division] hospital.

(b) If a report submitted by the director to the court under subsection (a) of this section recommends that the patient be returned to the custody of the Commissioner of Correction, the court shall set the matter for a hearing not later than fifteen days after receipt of such report.

(c) The court, upon its own motion or at the request of the patient or the patient's attorney, may at any time hold a hearing to determine

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whether such patient should be discharged from the [division] hospital prior to the expiration of the maximum period of the patient's sentence. Prior to such hearing, the [division] hospital shall file a report with the court concerning the patient's mental condition. The court may appoint a physician specializing in psychiatry to examine the patient and report to the court. Such hearing shall be held at least once every five years. If the court determines that the patient should be discharged from the [division] hospital, the patient shall be returned to the custody of the Commissioner of Correction.

Sec. 43. Section 17a-572 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All certificates, applications, records and reports made for the purpose of sections 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, and directly or indirectly identifying a person subject to it shall be kept confidential and shall not be disclosed by any person except so far (1) as the individual identified or his legal guardian, if any, or, if he is a minor, his parent or legal guardian, consents or (2) as disclosure may be necessary to carry out any of the provisions of said sections or (3) as a court may direct upon its determination that disclosure is necessary for the conduct of proceedings before it and that failure to make such disclosure would be contrary to the public interest.

Sec. 44. Section 17a-573 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Within two months prior to the expiration of the maximum term of confinement authorized for any patient under section 17a-567, as amended by this act, the director of the [division] hospital may, upon the recommendation of the board, initiate proceedings under section 17a-497 or 17a-520, as amended by this act, for the commitment or further commitment, as the case may be, of the patient.

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Sec. 45. Section 17a-574 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Nothing in sections 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, shall be construed to extend to or affect any case in the Superior Court involving a juvenile matter, or to any person arrested for an offense which is not punishable by imprisonment for more than one year or by a fine of not more than one thousand dollars or both or except as provided in section 46b-127.

Sec. 46. Section 17a-575 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Nothing in sections 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, shall be construed to limit or suspend the writ of habeas corpus.

Sec. 47. Subsection (d) of section 45a-656 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) The conservator of the person shall not have the power or authority to cause the respondent to be committed to any institution for the treatment of the mentally ill except under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to 17a-484, inclusive, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 359.

Sec. 48. Subsection (d) of section 45a-656 of the 2018 supplement to the general statutes, as amended by section 4 of public act 17-7, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

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(d) The conservator of the person shall not have the power or authority to cause the respondent to be committed to any institution for the treatment of the mentally ill except under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to 17a-484, inclusive, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 359.

Sec. 49. Subsection (e) of section 45a-677 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(e) A plenary guardian or limited guardian shall not have the power or authority: (1) To cause the protected person to be admitted to any institution for treatment of the mentally ill, except in accordance with the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to 17a-484, inclusive, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to [17a-576] 17a-575, inclusive, as amended by this act, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 420b; (2) to cause the protected person to be admitted to any training school or other facility provided for the care and training of persons with intellectual disability if there is a conflict concerning such admission between the guardian and the protected person or next of kin, except in accordance with the provisions of sections 17a-274 and 17a-275; (3) to consent on behalf of the protected person to a sterilization, except in accordance with the provisions of sections 45a-690 to 45a-700, inclusive; (4) to consent on behalf of the protected person to psychosurgery, except in accordance with the provisions of section 17a-543; (5) to consent on behalf of the protected person to the termination of the protected person's parental rights, except in accordance with the provisions of sections 45a-706 to 45a-709, inclusive, 45a-715 to 45a-718, inclusive, 45a-724 to 45a-737, inclusive,

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and 45a-743 to 45a-757, inclusive; (6) to consent on behalf of the protected person to the performance of any experimental biomedical or behavioral medical procedure or participation in any biomedical or behavioral experiment, unless it (A) is intended to preserve the life or prevent serious impairment of the physical health of the protected person, (B) is intended to assist the protected person to regain the protected person's abilities and has been approved for the protected person by the court, or (C) has been (i) approved by a recognized institutional review board, as defined by 45 CFR 46, 21 CFR 50 and 21 CFR 56, as amended from time to time, which is not a part of the Department of Developmental Services, (ii) endorsed or supported by the Department of Developmental Services, and (iii) approved for the protected person by such protected person's primary care physician; (7) to admit the protected person to any residential facility operated by an organization by whom such guardian is employed, except in accordance with the provisions of section 17a-274; (8) to prohibit the marriage or divorce of the protected person; and (9) to consent on behalf of the protected person to an abortion or removal of a body organ, except in accordance with applicable statutory procedures when necessary to preserve the life or prevent serious impairment of the physical or mental health of the protected person.

Sec. 50. Section 18-101f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

A personnel or medical file or similar file concerning a current or former employee of the Division of Public Defender Services, Department of Correction or the Department of Mental Health and Addiction Services, including, but not limited to, a record of a security investigation of such employee by the department or division or an investigation by the department or division of a discrimination complaint by or against such employee, shall not be subject to disclosure under the Freedom of Information Act, as defined in section

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1-200, to any individual committed to the custody or supervision of the Commissioner of Correction or confined in a facility of the Whiting Forensic [Division of the Connecticut Valley] Hospital. For the purposes of this section, an "employee of the Department of Correction" includes a member or employee of the Board of Pardons and Paroles within the Department of Correction.

Sec. 51. Subsection (a) of section 46a-152 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No provider or assistant may use involuntary physical restraint on a person at risk except (1) as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others, provided the restraint is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative, (2) as necessary and appropriate, as determined on an individual basis by the person's treatment team and consistent with sections 17a-540 to 17a-550, inclusive, for the transportation of a person under the jurisdiction of the Whiting Forensic [Division] Hospital of the Department of Mental Health and Addiction Services.

Sec. 52. Subsection (a) of section 12-19a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Until the fiscal year commencing July 1, 2016, on or before January first, annually, the Secretary of the Office of Policy and Management shall determine the amount due, as a state grant in lieu of taxes, to each town in this state wherein state-owned real property, reservation land held in trust by the state for an Indian tribe, a municipally owned airport, or any airport owned by the Connecticut Airport Authority, other than Bradley International Airport, except that which was acquired and used for highways and bridges, but not

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excepting property acquired and used for highway administration or maintenance purposes, is located. The grant payable to any town under the provisions of this section in the state fiscal year commencing July 1, 1999, and each fiscal year thereafter, shall be equal to the total of (1) (A) one hundred per cent of the property taxes which would have been paid with respect to any facility designated by the Commissioner of Correction, on or before August first of each year, to be a correctional facility administered under the auspices of the Department of Correction or a juvenile detention center under direction of the Department of Children and Families that was used for incarcerative purposes during the preceding fiscal year. If a list containing the name and location of such designated facilities and information concerning their use for purposes of incarceration during the preceding fiscal year is not available from the Secretary of the State on the first day of August of any year, said commissioner shall, on said first day of August, certify to the Secretary of the Office of Policy and Management a list containing such information, (B) one hundred per cent of the property taxes which would have been paid with respect to that portion of the John Dempsey Hospital located at The University of Connecticut Health Center in Farmington that is used as a permanent medical ward for prisoners under the custody of the Department of Correction. Nothing in this section shall be construed as designating any portion of The University of Connecticut Health Center John Dempsey Hospital as a correctional facility, and (C) in the state fiscal year commencing July 1, 2001, and each fiscal year thereafter, one hundred per cent of the property taxes which would have been paid on any land designated within the 1983 Settlement boundary and taken into trust by the federal government for the Mashantucket Pequot Tribal Nation on or after June 8, 1999, (2) subject to the provisions of subsection (c) of this section, sixty-five per cent of the property taxes which would have been paid with respect to the buildings and grounds comprising Connecticut Valley Hospital and Whiting Forensic Hospital in Middletown. Such grant shall commence

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with the fiscal year beginning July 1, 2000, and continuing each year thereafter, (3) notwithstanding the provisions of subsections (b) and (c) of this section, with respect to any town in which more than fifty per cent of the property is state-owned real property, one hundred per cent of the property taxes which would have been paid with respect to such state-owned property. Such grant shall commence with the fiscal year beginning July 1, 1997, and continuing each year thereafter, (4) subject to the provisions of subsection (c) of this section, forty-five per cent of the property taxes which would have been paid with respect to all other state-owned real property, (5) forty-five per cent of the property taxes which would have been paid with respect to all municipally owned airports or any airport owned by the Connecticut Airport Authority, other than Bradley International Airport, except for the exemption applicable to such property, on the assessment list in such town for the assessment date two years prior to the commencement of the state fiscal year in which such grant is payable. The grant provided pursuant to this section for any municipally owned airport or any airport owned by the Connecticut Airport Authority, other than Bradley International Airport, shall be paid to any municipality in which the airport is located, except that the grant applicable to Sikorsky Airport shall be paid half to the town of Stratford and half to the city of Bridgeport, and (6) forty-five per cent of the property taxes which would have been paid with respect to any land designated within the 1983 Settlement boundary and taken into trust by the federal government for the Mashantucket Pequot Tribal Nation prior to June 8, 1999, or taken into trust by the federal government for the Mohegan Tribe of Indians of Connecticut, provided (A) the real property subject to this subdivision shall be the land only, and shall not include the assessed value of any structures, buildings or other improvements on such land, and (B) said forty-five per cent grant shall be phased in as follows: (i) In the fiscal year commencing July 1, 2012, an amount equal to ten per cent of said forty-five per cent grant, (ii) in the fiscal year commencing July 1, 2013, thirty-five per cent of said

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forty-five per cent grant, (iii) in the fiscal year commencing July 1, 2014, sixty per cent of said forty-five per cent grant, (iv) in the fiscal year commencing July 1, 2015, eighty-five per cent of said forty-five per cent grant, and (v) in the fiscal year commencing July 1, 2016, one hundred per cent of said forty-five per cent grant.

Sec. 53. Subparagraph (D) of subdivision (1) of subsection (b) of section 12-18b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(D) Subject to the provisions of subsection (c) of section 12-19a, sixty-five per cent of the property taxes that would have been paid with respect to the buildings and grounds comprising Connecticut Valley Hospital and Whiting Forensic Hospital in Middletown;

Sec. 54. Sections 17a-451b, 17a-560a and 17a-576 of the general statutes and section 20-185n of the 2018 supplement to the general statutes are repealed. (*Effective from passage*)

Approved June 4, 2018