

## **DDS Legislative Update – Veto Session – July 20, 2009**

**The General Assembly held a “Veto Session” on Monday, July 20, 2009 to attempt to override the Governor’s veto of certain bills. To override a Governor’s veto the Senate and the House of Representatives must first vote by a simple majority to reconsider the bill. Then each chamber must vote to re-pass the bill by a two-thirds majority. In Connecticut, in order to re-pass a bill, it would have to get at least 24 votes in the Senate and at least 101 votes in the House of Representatives.**

**Of the bills the department had been tracking during the 2009 session, there were seven that had been vetoed. Below you will find those bills vetoed by the Governor and the results of the General Assembly’s attempt to override that veto. Also below is a list of the other vetoed bills where the legislature overrode the Governor’s veto.**

### **Vetoed Bills Re-Passed (Veto Overridden) By the General Assembly**

**[S.B. No. 1162](#) (Public Act 09-214) AN ACT REQUIRING CONSENSUS ON REVENUE ESTIMATES.** This act requires the Office of Policy and Management (OPM) secretary and the Office of Fiscal Analysis (OFA) director to agree on and issue consensus revenue estimates each year by October 15<sup>th</sup> and to issue any necessary consensus revisions of those estimates in January and April. The estimates cover the current biennium and the three following years. If the two are unable to issue consensus estimates, the act requires the comptroller to issue the consensus estimate, which must either equal one of the separate estimates from the two offices or fall between the two. Under the act, the consensus revenue estimates and revised estimates are required to 1. serve as the basis for the governor's proposed budget and for the revenue statement included in the final budget act passed by the legislature to indicate that the budget is balanced, and 2. include the annual fiscal accountability reports submitted to the legislature's fiscal committees each November. If the estimates or revised estimates forecast deficits or increased deficits exceed certain levels, the act requires the governor and the legislature's fiscal committees to take specified actions to address the estimates. Finally, the act establishes an additional procedure for developing a consensus revenue estimate for the current biennium and requires the governor and legislative fiscal committees to take certain actions based on those estimates if no budget for the biennium has become law by the bill's effective date.

<http://www.cga.ct.gov/2009/ACT/PA/2009PA-00214-R00SB-01162-PA.htm>

**The Senate re-passed [S.B. No. 1162](#) on a vote of 24 to 12. The House re-passed [S.B. No. 1162](#) on a vote of 104 to 38. The Governor’s veto was overridden.**

**[H.B. No. 6502](#) (Public Act 09-183) AN ACT CONCERNING THE STANDARD WAGE FOR CERTAIN CONNECTICUT WORKERS.** This act creates a new method for determining the hourly wage and benefits for employees under the standard wage law, which governs compensation for employees of private contractors who do building and property maintenance, property management, and food service work in state buildings. Under the act, such employees will receive the same prevailing wage rates and

prevailing benefits as employees working under the union agreement covering the same type of work for the largest number of hourly nonsupervisory employees, as long as it covers at least 500 employees, in Hartford County. This ties the state pay and benefits for standard wage workers to those provided under the private sector union contract that meets the act's criteria. If there were no private sector contract that met the bill's criteria, then the law's current standard wage rate would have applied. The act requires a new contractor that takes over an existing building service to keep the employees from the predecessor contract for at least 90 days after the date it begins service under the successor contract and permits it to fire them only for cause. If an employee performs satisfactorily during the 90-day period, the successor contractor is required to offer him or her continued employment for the contract's duration under the terms and conditions of the successor contractor or as required by law. The bill excludes people with disabilities or disadvantaged people working in the janitorial work pilot program under contracts with no more than four full-time workers from the provision requiring employees to be hired by a new contractor taking over a predecessor contract.

<http://www.cga.ct.gov/2009/ACT/PA/2009PA-00183-R00HB-06502-PA.htm>

**The House re-passed [H.B. No. 6502](#) on a vote of 106 to 35. The Senate re-passed [H.B. No. 6502](#) on a vote of 30 to 6. The Governor's veto was overridden.**

**[H.B. No. 6600](#) (Public Act 09-148) AN ACT CONCERNING THE**

**ESTABLISHMENT OF THE SUSTINET PLAN.** This act establishes a nine-member Sustinet Health Partnership Board of Directors that is required to make legislative recommendations, by January 1, 2011, on the details and implementation of the "Sustinet Plan," a self-insured health care delivery plan. The act specifies that these recommendations must address: 1. establishment of a public authority or other entity with the power to contract with insurers and health care providers, develop health care infrastructure ("medical homes"), set reimbursement rates, create advisory committees, and encourage the use of health information technology; 2. provisions for the phased-in offering of the Sustinet Plan to state employees and retirees, HUSKY A and B beneficiaries, people without employer sponsored insurance (ESI), people with unaffordable ESI, small and large employers, and others; 3. guidelines for development of a model benefits package; and 4. public outreach and methods of identifying uninsured citizens. The board is required to establish a number of separate committees to address and make recommendations concerning health information technology, medical homes, clinical care and safety guidelines, and preventive care and improved health outcomes. The bill also establishes an independent information clearinghouse to provide employers, consumers, and the general public with information about Sustinet and private health care plans. Finally, the bill creates task forces addressing obesity, tobacco usage, and the health care workforce. <http://www.cga.ct.gov/2009/ACT/PA/2009PA-00148-R00HB-06600-PA.htm> **The House re-passed [H.B. No. 6600](#) on a vote of 102 to 40. The Senate re-passed [H.B. No. 6600](#) on a vote of 30 to 6. The Governor's veto was overridden.**

**Other vetoed bills re-passed by the General Assembly.**

**S.B. No. 922 AN ACT CONCERNING AFFIRMATIVE ACTION AND CONTRACTING PROCEDURES FOR THE METROPOLITAN DISTRICT OF HARTFORD COUNTY.**

**S.B. No. 1078 AN ACT ESTABLISHING A BI-STATE LONG ISLAND SOUND COMMISSION.**

**H.B. No. 6649 AN ACT CONCERNING THE PROGRAMS AND ACTIVITIES OF THE DEPARTMENT OF TRANSPORTATION.**

**H.B. No. 6684 AN ACT ESTABLISHING A CORRECTIONAL STAFF HEALTH AND SAFETY SUBCOMMITTEE OF THE CRIMINAL JUSTICE POLICY ADVISORY COMMISSION.**

**Vetoed Bills Not Re-Passed (Veto Not Overridden) By the General Assembly**

**S.B. No. 1801 (Emergency Certification) (Public Act 09-1 of the June Special Session) AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2011, AND MAKING APPROPRIATIONS THEREFOR. <http://www.cga.ct.gov/2009/ACT/PA/2009PA-00001-R00SB-01801SS1-PA.htm> The General Assembly did not attempt to override the Governor's veto of this state budget bill.**

**H.B. No. 5021 (Public Act 09-188) AN ACT CONCERNING WELLNESS PROGRAMS AND EXPANSION OF HEALTH INSURANCE COVERAGE.** This act would have 1. required group health insurers to offer health wellness programs that provide insured people participation incentives and 2. allowed the insurance commissioner, in consultation with the public health commissioner, to adopt regulations regarding such programs. It would have 1. required health insurance policies to cover, subject to specified conditions, prosthetic devices and human leukocyte antigen (bone marrow) testing and 2. prohibited insurers from charging an insured person for a second or subsequent colonoscopy a physician orders for him or her in a policy year. The act would have expanded the insurance coverage required for 1. medically necessary ostomy appliances and supplies, increasing the annual benefit from \$1,000 to \$5,000; 2. children's hearing aids, requiring coverage for children under age 19, instead of under age 13; and 3. wigs, requiring coverage of at least \$350 annually for people diagnosed with alopecia areata (a type of hair loss, which is often temporary in nature). The act also would have broadened the applicability of several health insurance benefits required by law, including ostomy supplies, treatment of tumors and leukemia, reconstructive surgery, non-dental prosthesis, chemotherapy, and wigs for chemotherapy patients. It would have done this by requiring all policies delivered, issued, renewed, amended, or continued in Connecticut to include the benefits, instead of only policies delivered or

issued in the state. <http://www.cga.ct.gov/2009/ACT/PA/2009PA-00188-R00HB-05021-PA.htm> **The General Assembly did not attempt to override the Governor's veto of this bill.**

**H.B. No. 6582 (Public Act 09-147) AN ACT ESTABLISHING THE**

**CONNECTICUT HEALTHCARE PARTNERSHIP.** This bill would have required the comptroller to convert the state employee health insurance plan, excluding dental, to a self-insured arrangement for benefit periods beginning July 1, 2009 and later. (Pharmacy benefits are already self-insured.) It would have authorized her to merge, on or after January 1, 2010, any health benefit plans she arranges into the self-insured state plan. The bill required that a company contracting with the state to provide administrative services for the self-insured state plan must charge the state its lowest available rate. The bill would have required the comptroller to offer employee and retiree coverage under the self-insured state plan, to 1. nonstate public employers beginning January 1, 2010; 2. municipal-related and nonprofit employers beginning July 1, 2010; and (3) small employers beginning January 1, 2011. She would have been required to do this 1. after the General Assembly receives written consent from the State Employees' Bargaining Agent Coalition (SEBAC) and 2. subject to specified requirements and conditions. Employers that apply and are approved for coverage would be required to agree to benefit periods of at least two years. The bill required a health care actuary to 1. review certain employer applications for coverage under the state plan and 2. certify to the comptroller in writing if the group will shift a significantly disproportionate share of its employees' medical risks to the state plan. If so, the bill required the comptroller to decline the group coverage.

The bill would have: 1. required the state to charge employers participating in the state plan the same premium rates the state pays, except it may adjust the rate for a small employer to reflect its group characteristics; 2. allowed the comptroller to have state money withheld from a municipality participating in the state plan that fails to pay premiums and, with 10-days' notice, terminate any participating employer group that did not pay its premiums; 3. established a "state plan premium account" as a restricted grant fund, into which employer groups' premiums must be deposited and from which claims must be paid; 4. established two advisory committees to make recommendations to the Health Care Costs Containment Committee (HCCCC), a state labor and management committee that exists under agreement with SEBAC, about coverage for nonstate public employees and private sector employees; 5. permitted two or more municipalities to enter into a written agreement to act as a single entity to obtain health insurance for their employees, subject to specified conditions, including insurance commissioner approval; and 6. excluded from the state insurance law definition of "small employer" a municipality obtaining health care benefits through the self-insured state plan. The bill eliminated the dependent age limitation for certain children eligible for coverage under the state plan or a state-arranged plan. It would have conformed these plans to state insurance law that requires coverage for a child up to age 26 who meet certain criteria. <http://www.cga.ct.gov/2009/ACT/PA/2009PA-00147-R00HB-06582-PA.htm> **The House re-passed H.B. No. 6600 on a vote of 105 to 37. The Senate failed to re-pass H.B. No. 6600 on a vote of 23 to 12. The Governor's veto was sustained.**

**H.B. No. 6695 (Public Act 09-203) AN ACT CONCERNING THE CONVEYANCE OF CERTAIN PARCELS OF STATE LAND.** Among other provisions, this bill would have: 1. authorized conveyances of state property to certain municipalities; 2. amended prior conveyances; and 3. required certain state agencies to convey or transfer easements. This bill as amended included the transfer of an easement from the Department of Developmental Services to the Town of Enfield.  
<http://www.cga.ct.gov/2009/ACT/PA/2009PA-00203-R00HB-06695-PA.htm> **The General Assembly did not attempt to override the Governor's veto of this bill.**