



## Legislative Update #35 July 21, 2009

The Legislature held their veto session yesterday, and we are enclosing information on the bills that they acted upon, as well as the outcome. We have also included summaries of the bills that may be of interest to the behavioral health community.

We have not heard any news on a budget agreement, and we are waiting to hear from the Governor's office and OPM as to what will be put forth in the August allotment to state agencies for services they provide.

We will keep you updated with information as soon as it becomes available.

### **Action Taken during the 2009 Veto Session:**

-- **S.B. 992 (Public Act 09-87), AN ACT CONCERNING AFFIRMATIVE ACTION AND CONTRACTING PROCEDURES FOR THE METROPOLITAN DISTRICT OF HARTFORD COUNTY. Governor's veto overturned by the House and Senate. The bill becomes law.**

-- **S.B. 1078 (Public Act 09-151), AN ACT ESTABLISHING A BI-STATE LONG ISLAND SOUND COMMISSION. Governor's veto overturned by the House and Senate. The bill becomes law.**

-- **S.B. 1162 (Public Act 09-214), AN ACT REQUIRING CONSENSUS REVENUE ESTIMATES. Governor's veto overturned by the House and Senate. The bill becomes law.**

**Summary:** This bill 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" (i.e., what the State estimates it will receive in taxes, fees and other revenue and on which upcoming state budgets are based) each year by October 15<sup>th</sup> and to issue any necessary consensus revisions of those estimates in January and April. The estimates must cover the current biennium (two-year budget period) and the three following years. If OPM and OFA are unable to agree on estimated revenue projections, the bill requires the State Comptroller to issue the consensus estimate, which must either equal one of the separate estimates (i.e., from OPM and OFA) or fall somewhere between the two. Under the bill, the consensus revenue estimates and revised estimates must: (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) be included 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 exceeding certain levels, the bill requires the Governor and the legislature's fiscal committees to take specified actions to address those deficits. Finally, the

bill 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 which began July 1, 2009 has become law by the bill's effective date. \*Senate Amendment "A" eliminates the original bill and substitutes the provisions summarized above. The original bill required the Office of Fiscal Analysis to (1) review appropriations authorized from appropriated funds other than the General Fund for the biennium ending June 30, 2009, (2) identify general areas of spending for which appropriations increased 10% or more over appropriations for the immediately preceding biennium, and (3) report the results of its review to the Appropriations Committee by May 1, 2009.

-- **H.B. 6502 (Public Act 09-183), AN ACT CONCERNING THE STANDARD WAGE FOR CERTAIN CONNECTICUT WORKERS. Governor's veto overturned by the House and Senate. The bill becomes law.**

-- **H.B. 6582 (Public Act 09-147), AN ACT ESTABLISHING THE CONNECTICUT HEALTHCARE PARTNERSHIP. Governor's veto overturned by the House, but not by the Senate. The Governor's veto of this bill is sustained.** Summary: This public act would have required the State Comptroller to convert the state employee health insurance plan, excluding dental coverage, to a self-insured arrangement for benefit periods beginning July 1, 2009 and later. (Pharmacy benefits are already self-insured.) It authorized her to (1) merge, on or after January 1, 2010, any health benefit plans she arranges into the self-insured state plan and (2) contract with companies to provide administrative services for the self-insured state plan. It required any such third-party administrator to charge the state its lowest available rate.

-- **H.B. 6600 (Public Act 09-148) AN ACT CONCERNING THE ESTABLISHMENT OF THE SUSTINET PLAN. AN ACT CONCERNING THE ESTABLISHMENT OF THE SUSTINET PLAN. Governor's veto overturned by the House and Senate. The bill becomes law.** Summary: This act establishes a nine-member SustiNet Health Partnership board of directors that must make legislative recommendations, by January 1, 2011, on the details and implementation of the "SustiNet Plan," a self-insured health care delivery plan. The public 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 must 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 act 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 act creates task forces addressing obesity, tobacco usage, and the health care workforce. Effective date: July 1, 2009, except that the sections on identifying uninsured adults and children (Sections 14 and 15) and Medicaid and public education outreach (Sec. 13) take effect July 1, 2011, and the three task forces (Sec. 16-18) take effect upon passage.

-- **H.B. 6649 (Public Act 09-186), AN ACT CONCERNING THE PROGRAMS AND ACTIVITIES OF THE DEPARTMENT OF TRANSPORTATION. Governor's veto overturned by the House and Senate. The bill becomes law.**

-- **H.B. 6684 (Public Act 09-223), AN ACT ESTABLISHING A CORRECTIONAL STAFF HEALTH AND SAFETY SUBCOMMITTEE OF THE CRIMINAL JUSTICE POLICY ADVISORY COMMISSION. Governor's veto overturned by the House and Senate. The bill becomes law.** Summary: This bill requires the Criminal Justice Policy Advisory Commission to establish a subcommittee on correctional staff health and safety. It must be composed of the (1) commissioners of correction, public safety, and **mental health and addiction services**, or their designees; (2) eight persons appointed one each by the chairpersons and ranking members of the Judiciary and Public Safety and Security committees; (3) one representative from each of the three local chapters of labor organizations representing correction officers, appointed by the local chapter; and (4) one representative from each of the labor organizations representing hazardous duty staff of the Department of Correction (DOC), appointed by the labor organization. The bill requires the subcommittee to review DOC's policies and procedures on staff health and safety. The review must include the manner in which:

1. inmate assaults are investigated, classified, and assigned points;
2. data on inmate assaults is collected and compiled; and
3. data on inmate assaults is reported to people and agencies outside the department.

The bill requires the subcommittee to submit any recommendations it may have to the commission concerning revisions to policies and procedures. Effective date: October 1, 2009.