

Submissions for any SSL docket should be sent to CSG at least eight weeks in advance of any scheduled SSL meeting in order to be considered for the docket of that meeting. Submissions received after this will typically be held for a later meeting. Anyone desiring an exception to this policy must contact the SSL committee leadership and will be responsible for preparing and distributing to the SSL committee any materials that are related to the docket submission in question. The status of any item on this docket is listed as reported by the submitting state's legislative Internet Web site or by telephone from state legislative service agencies and legislative libraries. **Abstracts of the legislation on SSL dockets and in SSL volumes are usually compiled from bill digests and state legislative staff analysis.**

CSG COMMITTEE ON
SUGGESTED STATE LEGISLATION

2014 CYCLE
DOCKET BOOK A
October 29, 2012

This docket and referenced legislation can be downloaded from www.csg.org.

CSG AND TRENDS

State officials face unprecedented, turbulent times in which to govern. Recent megatrends and trends that are beginning to affect the states, such as an aging population, generate issues that will profoundly impact states in the future.

A **megatrend** is a large, social, economic, political, environmental or technological change that is slow to form. Once in place, megatrends influence a wide range of activities, processes and perceptions, both in government and in society, possibly for decades. These are the underlying forces that drive trends. (*e.g., aging population*).

A **trend** is an emerging pattern of change likely to impact state government and require a response. (*e.g., adult children taking care of parents*). Discerning trends and state responses to trends affecting states involves these questions:

- Does the megatrend/trend impact the states?
- Is it significant? Is it broad-based? Is it national or regional in scope?
- Is it short-term or long-term?
- Is it measurable/trackable/observable?
- Is it actionable? Is there an innovative response to address new circumstances?

An **issue** is a controversial, debatable or “hot” topic or an innovative state action. (*e.g., changes to Medicare*).

TRENDS AND SUGGESTED STATE LEGISLATION

CSG's national trends mission helps state officials address the near- and long-term by providing the critical foresight capabilities they need to make proactive policy decisions about issues that arise from trends. Accordingly, CSG's Suggested State Legislation Program (SSL) seeks to identify recent, innovative state bills which address issues arising from:

1. Demographic Shifts - Demographic shifts refer to changes in various aspects of population statistics, such as size, racial and ethnic makeup, birth and mortality rates, geographic distribution, age and income.

Megatrend: Aging population

- *Trends:* buying habits, elder care, health care, workforce gaps when baby boomers retire

Megatrend: Immigration/diversity

- *Trends:* government service provision, capacity to fill gaps in workforce

Megatrend: Population growth

- *Trends:* demands and effects on land, climate, water, government resources, schools

Megatrend: Suburbanization/sprawl

- *Trends:* demands and effects on land, climate, water supply, small business, entrepreneurship, government resources

2. Changes in Political Conditions - Changes in political conditions refer to dynamics related to the process of electing officials as well as process of formulating and implementing public policy and programs.

Megatrend: Election issues

- *Trends:* campaign finance reform, redistricting, term limits

Megatrend: Federalism

- *Trends:* distribution of authority from one presidency and Congress to another, impact of federal policies on state governments (including international trade agreements)

Megatrend: Participatory democracy

- *Trends:* voting systems (including e-voting), lobbying, initiatives, referendums

Megatrend: Privatization/outourcing

- *Trends:* private companies providing public services, sending jobs overseas

3. Science and Technology Developments - Science and technology developments are advancements in both scientific research and applications of that research.

Megatrend: Bioengineering

- *Trends:* DNA, stem cell research, cloning, genetic engineering

Megatrend: Energy sources

- *Trends:* development of alternative energy sources

Megatrend: Privacy and security issues

- *Trends:* wireless tracking, identity theft, cyber terrorism

Megatrend: Electronic delivery of goods/services

- *Trends:* e-commerce, e-government

4. Economic Dynamics - Economic dynamics are changes in the production and exchange of goods and services both within and between nations as well as movements in the overall economy such as prices, output, unemployment, banking, capital and wealth.

Megatrend: Globalization of trade

- *Trends:* outsourcing, offshoring, free trade agreements, prescription drug reimportation

Megatrend: Energy supply

- *Trends:* price increases, availability

Megatrend: Intellectual property

- *Trends:* standardization of local, state, national and international regulations

Megatrend: Retirement issues

- *Trends:* move away from defined benefit plans, pension shortfall, Social Security

5. Social and Cultural Shifts - Social and cultural shifts are changes in core values, beliefs, ethics and moral standards that direct peoples' behavior and can influence their participation in the formulation of public policy.

Megatrend: Government involvement in social policy

- *Trends:* gay marriage, abortion, separation of church and state issues

Megatrend: Redefinition of family and role of family

- *Trends:* single-headed households, unmarried couples, home schooling

Megatrend: Redefinition of morality

- *Trends:* re-evaluating definition of indecency, censorship issues

Megatrend: Spirituality

- *Trends:* homeopathic medicine, spiritual beliefs may be different than religious beliefs

Megatrend: Assimilation

- *Trends:* shift from acculturation to maintaining ethnic identities

MEGATRENDS AND CHANGE DRIVERS

Megatrends are caused by or a reflection of slow-forming, large social, economic, political, environmental or technological driving forces. Once in place, these “change drivers” influence a wide range of activities, processes and perceptions, both in government and in society, possibly for decades. Knowledge of what they are, how they interact, and what potential impacts they may produce, is one of the most important tools policy-makers have to recognize. The understanding of these change drivers allows for identifying trends and issues that are cutting across traditional policy areas, and therefore determining all potential impacts and implications for public policy. As such, the Committee on Suggested State Legislation seeks innovative legislation that addresses the following important and far-reaching changes that will affect states and shape state policies for years to come.

1. Aging of the Population

The U.S. population is rapidly getting older. While the population age 65 and older is projected to more than double to nearly 82 million by 2050, the 85 and older population is projected to quadruple within the same timeframe.

An aging population and increasing number of retirees will be hard on all economic sectors, especially those that are already having trouble attracting younger workers, such as agriculture, education and government. The nursing shortage will be particularly hard to deal with as the demand for health care will also increase as the population gets older.

As the population ages, state tax collections will be affected. The older population tends to spend money in non-taxed areas such as health care services. In addition, while many elderly will continue to work, the majority of their income will likely come from sources, such as pensions and Social Security that are not taxed as heavily as salaries and wages. And state government pensions will be hit hard by the wave of retiring baby boomers.

There may also be intergenerational conflicts among different groups. Older and younger voters may want different things from government. Younger voters, for instance, may be willing to pay higher taxes to finance public schools while older citizens may vote against any tax increase.

The aging of the population will also encourage smart growth. As baby boomers get older, there will be an increased demand for communities that are more pedestrian-friendly with residential and commercial areas in closer proximity to one another in order to decrease the need for driving.

With a growing number of seniors on the horizon, state policy-makers will undoubtedly focus more attention on work force shortages and health care. More specifically, planning for replacing retiring workers, training and retaining an existing work force, as well as helping the elderly pay for prescription drugs and dealing with long-term care will be the issues on most policy-makers’ radar screens.

2. Immigration

During the last decade, the foreign-born population grew by almost 60 percent as compared with a 9.3 percent increase in the native population. This growth can primarily be attributed to migration from Latin America and Asia. By 2030 one-quarter of all Americans will be either Hispanic or Asian. And the Hispanic and Asian populations are expected to triple by 2050.

Immigrants provide skilled and unskilled labor needed to keep the U.S. economy going. Immigrants account for 14 percent of the total work force and 20 percent of the low-wage work force. Immigrants are especially important in certain sectors, such as health care. Because of

immigration restrictions since Sept. 11, some areas of the United States are experiencing doctor shortages, especially many rural areas that rely heavily on foreign-born care workers.

Immigration is the driving force behind increases in elementary and high school enrollment. There are gaps, however, in educational achievement between natives and immigrants at the elementary and secondary levels that need to be addressed. Children with limited English skills are more expensive to educate.

The nation's health care system must adapt to a number of changing conditions because of the impact of immigration. Racial and ethnic health disparities may influence health care research and costs. Cultural competency and health literacy can affect the quality of health care. Many immigrants are uninsured.

Immigration will also impact public safety and justice. U.S. laws and the American legal system, and language barriers can intensify the problems. States are grappling with issue of drivers' licenses and identification cards for illegal immigrants. And state facilities house inmates awaiting deportation with little or no reimbursement from the federal government.

States are already experiencing a need for bilingual teachers, law enforcement officers and public health workers. The need for bilingual government employees will only grow in the coming years. Finding the best way to educate immigrants and their children will also grow in importance, especially as immigrants move to states that are not traditional immigrant magnets, and therefore less equipped to respond to the demands and needs of the growing immigrant population.

3. Population Growth Patterns

The population of the South and West are growing. A major factor in the accelerated growth in these two regions is domestic migration, but they are also hot spots for immigration as well. In addition to these regional shifts, the United States is becoming more and more a suburban nation. The percentage of the population living in metropolitan areas is expected to increase over the next two decades, leaving fewer than 18 percent of the population in non-metropolitan areas by 2020.

Regional shifts in population will accentuate water shortage problems in these areas. Growing regions will also have to address the increasing demand for infrastructure and government services. Because of population increases, the South and West will gain in political power at the national level. The influx of people into these areas may also change the political makeup of these areas, depending on the demographics of the new arrivals.

Bedroom communities are thriving, but more remote rural areas and urban centers are losing population. This will lead to shifts in political power to the suburbs, so the needs of the rest of the population may not be addressed. This growing suburbanization leads to urban sprawl, with its related loss of farmland, environmental concerns, infrastructure demands and quality of life issues.

Regional population shifts and suburbanization will increase the attention to urban sprawl issues. As development occurs farther and farther away from city cores, state and local governments may need to address the efficiency of land use patterns and make sure that people are receiving the government services they need and demand.

4. Globalization

While capitalism is the driving force behind globalization, the end result is that people, businesses and governments around the world are more interrelated than ever before. It's difficult to talk about economics without talking about politics, technology and culture. What happens in China may be as important as what happens in Washington, D.C. in a few years. All these factors have a profound impact on the states.

International trade agreements are an important element of globalization. These agreements, which are decided at the federal level, may limit states' ability to exercise regulatory and legislative powers. States may be inadvertently violating trade agreements that were passed without their input.

State officials also have to deal with the impacts of offshoring jobs to other countries. Potential job losses can affect state economies profoundly. When jobs are lost states may need to pay for retraining workers, especially an issue now that higher-skilled jobs are being offshored. There is a potential downward pressure on U.S. wages to compete with workers in other countries, on the one hand, but offshoring also opens new markets for U.S. products by increasing wages and standards of living for people in other parts of the world.

Education about our global society is an unmet need that policy-makers should be aware of. Our current and future work forces may not have the knowledge of globalization that is needed to understand what is happening both economically and politically. In addition, policy-makers will need to realize what their state's strengths are so their work forces can more effectively compete in the global economy.

5. New Economy

At the same time that globalization has occurred, the U.S. economy has evolved from a manufacturing-based economy centered on natural resources and standardized products to a service-based economy focused on knowledge and ideas. The skills needed to succeed in the New Economy are vastly different than those needed in the Old Economy. Today, people need to have critical thinking skills, be able to convert information into knowledge, and use and understand emerging technologies.

Because states' sales taxes are mostly levied on durable goods rather than services, the sales tax base is eroding over time. As evidence of this, sales taxes currently account for a smaller portion of state revenues than they did in the 1970s. Services account for more than half of personal consumption, so it is a substantial potential revenue source.

E-commerce has been growing rapidly in the last few years. States and local communities are losing \$16.4 billion a year in sales and use tax revenue because of online and catalog sales. According to some economists, this number could rise to \$45 billion in 2006 and \$66 billion in 2011. Because of a federal moratorium, however, states currently cannot collect taxes on electronic transactions.

Entrepreneurship is extremely important in the New Economy. Rapidly growing new firms are a major source of job creation, so entrepreneurs are one of the driving forces for the economy. Because of its economic importance, policy-makers need to do what they can to foster an entrepreneurial culture in their states. At the same time, the focus of many state officials' activities will be on modernizing the tax structure, to better reflect a new nature of economy.

6. Information Dissemination

Information now flows at a dizzying pace. You can have instant access to almost any type of information you need or want. Today, businesses rely on this instant information to compete in the global economy, but there are some less positive impacts of almost unlimited access to information as well.

With cell phones and Blackberries, people are rarely unreachable. Somewhat ironically, however, the technological advances that make us constantly available can also be very isolating. Some people are choosing this technological interaction over face-to-face communications, which can affect social skills. A constant pressure of being reachable and available can also be very

stressful. It may potentially disrupt daily routines and affect family life of technologically advanced workers.

Another interesting concept in information dissemination is the ability for people to only hear what they want to hear. Because there are some many sources of information available today, people do not have to rely on their local newspapers or the evening news. They can go to Web sites, participate in blogs and chat rooms, and only get information that they want to get. They do not have to listen to the other side of the story.

With all these changes in information dissemination, politicians and other state officials will have to change the way they communicate with their constituents if they want to get their messages across. In addition, this ability to filter information that you don't want to hear increases the importance of good education. The education system should emphasize critical thinking skills, so that students will have the ability to process information responsibly and intelligently.

7. Privacy and Security

As the amount of readily available information increases so do concerns about individual and governmental privacy and security. The more information that is available, the more potential there is for misuse of this information.

One growing concern is identity theft. Criminals can use a variety of methods, ranging from rummaging through your trash to find pre-approved credit offers to hacking into your company's computer system to find Social Security numbers, to obtain personal information to commit fraud or theft. Identity theft is on the rise and will continue to be a major issue because of the relatively easy access to information.

Nanotechnology is an emerging tool to change the molecular structure of products that are cleaner, stronger, lighter, and more precise. While this technology has many potential positive uses, it does bring up privacy issues as well. With the ability to make common devices such as cameras smaller and smaller, there is also the ability to invade people's privacy.

Security issues have come to the forefront since Sept. 11 and continue to be in the minds of citizens and state officials alike. State and federal officials will continue to look at ways to regulate access to certain places in order to protect public security. Biometrics is an emerging technology that can be used to increase security but raises privacy concerns as well. Biometrics refers to the automated methods of recognizing a person based on physiological or behavioral characteristics. Biometric technologies are becoming the foundation of an extensive array of highly secure identification and personal verification solutions. A person's face, fingerprints, hand geometry, handwriting, iris and voice can all be measured. The convergence of information technologies, scientific know-how, financial benefit and identified security need make the development and mainstream use of biometrics and biometric identifiers a potential reality.

State officials, while supporting the development of these very promising technologies and implementation of rules and regulations, will also have to carefully evaluate their impact on privacy and security, and therefore public perception and reaction.

8. Natural Resource Use and Protection

The growing population in this country and around the world will increase the demands on the environment. The responsible use of natural resources and the protection of environmental quality will continue to drive many social, political and economic decisions.

The growing trend of urban sprawl can put stress on our natural resources. Urban sprawl increases driving time and the use of petroleum fuels. In some cases, ecologically valuable wetlands are being developed, and prime farmland is being converted to residential and commercial use.

Experts project that the world could reach its peak oil production capacity within the next 10 to 40 years. After that, the supply of oil may not keep up with demand. With this in mind, some states are leading the way in promoting energy efficiency and conservation. California, for instance, has built a “green” government building, and New York renovated one of its government office buildings to be more environmentally friendly. And many states have incentive programs aimed at encouraging the purchase of alternative fuel vehicles, the conversion of vehicles to run on biofuels and the installation and operation of fueling facilities to serve these vehicles.

Policy-makers will have to focus on longer-term policies, programs and commitments in order to ensure balanced approaches to the use of natural resources and development of “greener” and “cleaner” technologies. Air quality as well as water quality and availability will remain on the agendas of many state officials.

9. Polarization of Society

The United States is starting to realize a growing polarization of society. Some experts argue that the driving forces behind this phenomenon are increasingly polarized elected officials. This political polarization is, according to some experts, the result of gerrymandering to create “safe” districts. Because these districts are safely Republican or safely Democratic, there is an opportunity for Democrats who are more liberal than the average American and Republicans more conservative than the average to win office. This leads to increased difficulty in finding political compromises among elected officials.

Some experts, however, argue that it’s not just politicians who are becoming polarized. It is the American public. These experts believe that issues such as gay marriage and abortion have created rifts among the general public that make compromise on these and other issues difficult if not impossible. This polarization is reinforced by trends in information dissemination that allow people to only hear the viewpoints they want to hear.

There is growing economic polarization as well. According to the U.S. Census Bureau, the country has experienced a long-term trend of a widening income gap. In other words, there is increasing income inequality between the “haves” and the “have nots.” This trend may create more pressures on government services on one hand, and impact taxation policies on the other.

The growing economic, cultural and political differences in this country are leading to a call for more civility among citizens and among their elected officials. There is an increased need for statesmanship and respect for differences in opinion, beliefs and economic status so that state leaders can do their jobs effectively.

10. Role of Government

The role of government in American society has shifted many times during our country’s history. The pendulum swings between strongly centralized and decentralized relationships between the federal government and states. Government’s assertiveness has ranged from reacting to certain events to implementing proactive policies to influence other events. The level of government involved in certain areas has changed over time. The social contract between government and citizens has shifted as well. Trust in government has declined over the years, and the public’s willingness to pay for government services has decreased as evidenced by a growing anti-tax sentiment.

The changing level of government involvement is illustrated by changes in state economic development policy over the years. A few decades ago, states were almost totally reliant on industrial recruitment as an economic strategy. Some states then developed services for entrepreneurs and small businesses. This evolved into states serving as a broker between entrepreneurs and the private and nonprofit sources of business assistance they need.

Several states have experienced the conflict between what the public wants and what they're willing to pay. Citizen ballot initiatives have, in certain instances, created costly programs without providing revenue sources for them. When combined with a growing anti-tax sentiment, states will be hard pressed to adequately fund programs, which may lead them to carefully examine what they want to focus on.

Federalism issues have been and will always be a major impact on state government. As state policy-makers and administrators know, state budgets are greatly affected by federal mandates, as well as state and federal court decisions. Because of the relative inflexibility of federal programs and policies, states have to reorganize their priorities to adhere to mandates. The same is true for court decisions. This reprioritization adds uncertainty to budget forecasting, making it more difficult to predict future expenditures.

The voice of state government must be heard in this dynamic political environment. State leaders should be active in state membership organizations. This is one avenue for leaders to express their concerns and to learn from other states that may have dealt with those same concerns. State leaders must also build good relationships with their congressional delegations to make sure that federal decision-makers understand the needs of the states and how federal policy can affect the performance of state government.

ONGOING FORCES OF CHANGE – 2007 AND BEYOND

Demographics

The United States population, now at 300 million, is experiencing profound demographic shifts due to increased longevity, smaller family size, and the influx of immigrants with higher fertility rates than native-born residents. These changes, along with dramatic variations in regional growth, will have major impacts on state economies, the demand for public services, the use and management of natural resources, and voting patterns.

Chasing the American Dream

The income gap between the rich and the poor in the United States is now greater than in any other advanced nation, with the middle class confronting increased financial pressures. Widening social and economic disparities will affect states' ability to finance and facilitate access to public services, employment opportunities, technology, health care and affordable housing. State officials also will be challenged to address the differing needs and perspectives of culturally diverse populations and demographic differences in levels of civic participation and awareness.

Environmental Gluttony

A growing population, increased pollution, and global climate change are threatening our natural environment, economy, and way of living. As water supplies dwindle, states will face tough management, stewardship, and water rights decisions. The Energy Information Administration expects an upward price trend for energy to continue indefinitely. Thus, states will have to find creative ways to promote renewable energy and conserve energy resources. The environmental consequences of energy choices also will need to be addressed.

Health Care: Paying More, Getting Less

U.S. health care costs are skyrocketing, with the cost of health insurance projected to rise 6.4% per year over the next decade. Although U.S. health spending is significantly higher than the average rate of other industrialized countries, we have higher rates of infant mortality, shorter "healthy life" expectancies, and more premature and preventable deaths. Growing numbers of elderly citizens and uninsured individuals will create tremendous pressures on public health insurance programs, fragmented health care delivery systems, and health workforces.

Tech Revolution

Technology is upgrading so rapidly that, for every computer put on the market, one existing computer will become obsolete. Although increasing numbers of states are providing fully executable services online, the digital divide continues to widen along economic, racial, and generational lines. With the volume of e-waste increasing by 3% - 5% each year, states will be challenged to find hazard-free recycling and disposal options.

Economic Transformation

Now that the shift from a manufacturing-based economy to a service-based, global economy is well underway, many economic transformation issues are emerging. At their current pace, India and China are set to economically surpass Japan and the United States in the next 30 years. The emergence of new economic powers, along with increasing economic, social and political interdependence among countries, will have significant impacts on state economies, labor migration patterns, knowledge and product development, and the ownership and distribution of natural resources. A fundamental challenge for state policymakers will be to balance public issues and private sector concerns with the need to remain globally competitive.

Educating for Outcomes

The need to maintain a competitive edge in a global economy has accentuated concerns about the lower academic performance of U.S. students relative to other industrialized nations and persisting racial/ethnic and income-based disparities in academic achievement. Issues of access, instructional quality, learning outcomes, and preparedness for the “new economy” workforce will have important implications for states’ economic and social wellbeing.

Critical Infrastructure: Cracks in the Foundation

Critical infrastructure is becoming increasingly outmoded, as evidenced by the nation’s crumbling water distribution systems, transportation systems, and an overextended power grid. The need to address these problems and to keep pace with rapid changes in telecommunications and other infrastructure technology will have significant financial and regulatory implications for states.

Balance of Power

New technologies and globalization are intensifying pressures to centralize rather than share federal power with state and local governments. Over the past three years, Congress has shifted an estimated \$75 billion in costs to the states. Unfunded mandates, along with federal preemption of state and local laws and restrictions on state taxation, will have a major impact on future federal-state-local relationships.

America the Safe and Secure?

The United States faces myriad threats to public safety, domestic security, and immigration enforcement. After a two-decade drop, violent crimes are on the rise. National Guard troops are increasingly being used as quasi-active duty units – both within and outside the United States. States also are expected to play an increasing role in arresting and detaining illegal immigrants – duties that they historically have not performed. A major challenge will be to find ways of addressing diverse domestic and international threats while protecting personal privacy.

Disposable Society

A 2006 report published by the Center for Environment and Population characterizes the United States as a “super-size” nation, with lifestyles reflected in super-sized appetites for food, houses, land and resource consumption. The marketing and consumption of fast foods and disposable products, coupled with a growing population, will strain states’ waste management capacity and place citizens at increased risk for poor physical and financial health.

Changing Global Climate

What was once scientific conjecture is now scientific certainty: human activity—especially the combustion of fossil fuels—directly contributes to global climate change. Major shifts in climate patterns are likely to have significant agricultural, economic, health and environmental impacts on states.

SSL PROCESS

The Committee on Suggested State Legislation guides the SSL Program. SSL Committee members represent all regions of the country and many areas of state government. Members include legislators, legislative staff and other state government officials.

SSL Committee members meet several times a year to consider legislation. The items chosen by the SSL Committee are published online at www.csg.org after every meeting and then compiled into annual Suggested State Legislation volumes. The volumes are usually published in December.

SSL Committee members, other state officials, and their staff, CSG Associates and CSG staff can submit legislation directly to the SSL Program. The committee also considers legislation from other sources, but only when that legislation is submitted through a state official. Other sources include public interest groups and members of the corporate community who are not CSG Associates.

It takes many bills or laws to fill the dockets of one year-long SSL cycle. Items should be submitted to CSG at least eight weeks in advance to be considered for placement on the docket of a scheduled SSL meeting. Items submitted after that are typically held for a later meeting.

Committee members prefer to consider legislation that has been enacted into law by at least one state. Legislation that addresses a single, specific topic is preferable to omnibus legislation that addresses a general topic or references many disparate parts of a state code. Occasionally, committee members will consider and adopt uniform or proposed “model” legislation from an organization, or an interstate compact. In this case, the committee strongly prefers to examine state legislation that enacts the uniform or model law, or compact.

In order to facilitate the selection and review process on any submitted legislation, it is particularly helpful to include information on the status of the legislation, an enumeration of other states with similar provisions, and any summaries or analyses of the legislation.

Legislation and accompanying materials should be submitted to the Suggested State Legislation Program, The Council of State Governments, 2760 Research Park Drive, P.O. Box 11910, Lexington, Kentucky 40578-1910, (859) 244-8000, fax (859) 244-8001, or ssl@csg.org.

SSL CRITERIA

- Does the issue have national or regional significance?
- Are fresh and innovative approaches available to address the issue?
- Is the issue of sufficient complexity that a bill drafter would benefit from having a comprehensive draft available?
- Does the bill or Act represent a practical approach to the problem?
- Does the bill or Act represent a comprehensive approach to the problem or is it tied to a narrow approach that may have limited relevance for many states?
- Is the structure of the bill or Act logically consistent?
- Is the language and style of the bill or Act clear and unambiguous?

The word “Act” as used herein refers to both proposed and enacted legislation. Attempts are made to ensure that items presented to committee members are the most recent versions. However, interested parties should contact the originating state for the ultimate disposition in the state of any docket entry in question, including substitute bills and amendments. Furthermore, the Committee on Suggested State Legislation does not guarantee that entries presented on its dockets or in a *Suggested State Legislation* volume represent the exact versions of those items as enacted into law, if applicable.

PRESENTATION OF DOCKET ENTRIES

Docket ID#

Title

State/source

Bill/Act

Summary: [These are typically excerpted from bill digests, committee summaries, and related materials which are contained in or accompany the legislation.]

Status: [Action taken on item in source state.]

Comment: [Contains references to other bills or information about the entry and issues the members should consider in referring the entry for publication in SSL. Space may also be used to note reaction to an item, instructions to staff, etc.]

Disposition of Entry: [Action taken on item by the SSL Committee.]

SSL Committee Meeting: (A)(B)(C)

() Include in Volume

() Defer consideration:

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

*Item was deferred from the previous SSL cycle

SSL DOCKET CATEGORIES - 2004A and later

(*) Indicates item is carried over from previous SSL cycle.

- (01) Conservation and the Environment
- (02) Hazardous Materials/Waste
- (03) Energy
- (04) Science and Technology
- (05) Public, Occupational and Consumer Health and Safety
- (06) Property, Land and Housing/Infrastructure, Development/Protection
- (07) Growth Management
- (08) Economic Development/Global Dynamics/Development
- (09) Business Regulation and Commercial Law
- (10) Public Finance and Taxation
- (11) Labor/Workforce Recruitment, Relations and Development
- (12) Public Utilities and Public Works
- (13) State and Local Government/Interstate Cooperation and Legal Development
- (14) Transportation
- (15) Communications/Telecommunications
- (16) Elections/Political Conditions
- (17) Criminal Justice, the Courts and Corrections/Public Safety and Justice
- (18) Public Assistance/Human Services
- (19) Domestic Relations/Demographic Shifts/Social and Cultural Shifts
- (20) Education
- (21) Health Care
- (22) Culture, the Arts and Recreation
- (23) Privacy
- (24) Agriculture
- (25) Consumer Protection
- (26) Miscellaneous

ITEM NO., TITLE OF ITEM UNDER CONSIDERATION (*) Indicates item is carried over from previous SSL cycle.	SOURCE	ACTION
(01) CONSERVATION AND THE ENVIRONMENT		
*01-33B-01 Electric Conservation in Leased Units	NC	
*01-33B-02 Wolf Management Compensation and Proactive Trust Fund	OR	
*01-33B-03 Wounded Warrior Special Hunt Areas	FL	
01-34A-01 Seagrass Protection	NY	
(02) HAZARDOUS MATERIALS/WASTE		
*02-33B-01 Used Cooking Oil Recycling	RI	
(03) ENERGY		
*03-33B-01 Horizontal Gas Wells	WV	
*03-33B-02 Renewable Energy Generation in State Parks	CO	
*03-33B-03 Distributed Generation Standard Contracts	RI	
*03-33B-04 Wind Easements and Wind Energy Rights	MT	
*03-33B-05 Renewable Energy Storage Capacity	KS	
03-34A-01 Participation in Low Carbon Fuel Standards Programs	NH	
03-34A-02 Wind Energy Property Rights	WY	
(04) SCIENCE AND TECHNOLOGY		
04-34A-01 Open Source Software Open Data	NH	
(05) PUBLIC, OCCUPATIONAL AND CONSUMER HEALTH AND SAFETY		
05-34A-01A Drug and Alcohol Overdose Immunity	NY	
05-34A-01B 911 Good Samaritan Immunity	CO	
05-34A-02 Home Inspections and Yellow Corrugated Stainless Steel Tubing (CSST) Flexible Gas Pipe	OK	
05-34A-03 Street Gangs Nuisance Abatement	NC	
(06) PROPERTY, LAND, HOUSING AND INFRASTRUCTURE, DEVELOPMENT/PROTECTION		
06-34A-01 Mortgage Payoff Statements	TX	
06-34A-02 Mortgages and Deeds of Trust: Foreclosure	CA	
06-34A-03 House of Worship Protection	MO	
06-34A-04 False Lien Statements	GA	
06-34A-05 Metal Theft Prevention	NC	
(07) GROWTH MANAGEMENT		
(08) ECONOMIC DEVELOPMENT/GLOBAL DYNAMICS/DEVELOPMENT		
(09) BUSINESS REGULATION AND COMMERCIAL LAW		

09-34A-01 Discount Membership Programs	VT
09-34A-02A Electronic Proof of Insurance	ID
09-34A-02B Displaying Proof of Insurance	AZ
09-34A-03 Using Stolen or Misappropriated Technology to Manufacture Products	WA
09-34A-04 Internet Gaming	DE
09-34A-05 Auto Right to Repair	MA
09-34A-06 Licensure by Endorsement/Military/Spouses	NC
(10) PUBLIC FINANCE AND TAXATION	
10-34A-01 Property Tax Notification by Electronic Means	TX
10-34A-02 Redepositing Public Moneys	OH
(11) LABOR/WORKFORCE RECRUITMENT, RELATIONS AND DEVELOPMENT	
11-34A-01 Retirement Options for Non-profit Organizations	MA
11-34A-02 Temporary Workers Right to Know	MA
11-34A-03 Secure Choice Retirement Savings Program	CA
(12) PUBLIC UTILITIES AND PUBLIC WORKS	
*12-33B-01 Utility Service Collections for Hunger Programs	WA
*12-33B-02 Community Choice Aggregation	CA
*12-33B-03 Electric Usage Data	OK
*12-33B-04 Gas Pipelines	VA
*12-33B-05 Remote Net Metering by Farm and Non-Residential Customer-Generators	NY
12-34A-01 Waiving Demand Ratchet Provisions for Certain Customers	TX
12-34A-02 Disruption of Public Utilities or Communications	WV
(13) STATE AND LOCAL GOVERNMENT/INTERSTATE COOPERATION AND LEGAL DEVELOPMENT	
*13-33B-01 Forward Energy Pricing	VA
13-34A-01 State Employee Retirement System Reform	RI
13-34A-02 Excellence, Accountability, and Management	TN
(14) TRANSPORTATION	
14-34A-01 Common Interest Developments: Electric Vehicle Charging Stations	CA
14-34A-02 Electric Vehicle Parking	HI
14-34A-03 Hands-free Texting	CA
(15) COMMUNICATIONS/TELECOMMUNICATIONS	
15-34A-01 Telecommunications Facilities and State-Owned Rail Trails	MI
15-34A-02 Unlawful Use of Social Networking Website	LA

(16) ELECTIONS/POLITICAL CONDITIONS

(17) CRIMINAL JUSTICE, THE COURTS AND
CORRECTIONS/PUBLIC SAFETY AND JUSTICE

17-34A-01 Warrant to Use GPS Tracking	VA
17-34A-02 Expunction/Nonviolent Offenses	NC
17-34A-03 Terrorism/State Offense	NC

(18) PUBLIC ASSISTANCE/HUMAN SERVICES

18-34A-01 Homeless Bill of Rights	RI
18-34A-02 Refugee Absorptive Capacity Act	TN
18-34A-03 Child Care/Child Abuse Investigations	MO

(19) DOMESTIC RELATIONS/DEMOGRAPHIC SHIFTS/SOCIAL
AND CULTURAL SHIFTS

(20) EDUCATION

20-34A-01 Higher Education Outcomes-Based Funding	TX
20-34A-02 Student Housing Assistance for Former Foster Children	TX
20-34A-03 Students and Foster Care	MO
20-34A-04 Online Clearinghouse	GA
20-34A-05 Internet and Cell Phone Safety Instruction	LA
20-34A-06 Medical Emergency Response Plans for Schools	MA
20-34A-07 Student Athlete Bill of Rights	CA
20-34A-08 Caring for Students with Diabetes in School	GA
20-34A-09 Access to Emergency Epinephrine	IL
20-34A-10 Longitudinal Data System	NC
20-34A-11 Municipal School Districts Statement	OH
20-34A-12 Sudden Cardiac Arrest Prevention	PA
20-34A-13 Common Course Numbering System	IN
20-34A-14 Early Literacy Statement	CO
20-34A-15 Eight in Six Program	ID

(21) HEALTH CARE

*21-33A-11 Health Insurance Rate Review	NM
*21-33A-12 Authorizing Electronic Prescriptions	ND
*21-33B-01 Infection Control Training	NC
*21-33B-02 Health Care Price Transparency	FL
*21-33B-03A Retainer Medical Practices	OR
*21-33B-03B Concierge Medicine	WA
*21-33B-04 Regulating Prescription Pill Mills	FL
*21-33B-05 Coordinated Care Organizations Statement	OR
*21-33B-06 Medicaid Accountable Care Organization Demonstration Project	NJ
*21-33B-07 Health Benefit Exchange	MD
*21-33B-08 Prescription Drug Authorization Form	CA
*21-33B-09 Requiring Mammogram Results Include Information	

About Density of Breast Tissue	CT
*21-33B-10 Pulse Oximetry Screening of Newborns	NJ
*21-33B-11 Health Care Sharing Ministries	IN
21-34A-01 Health Care Cost Containment Statement	MA
21-34A-02 Sale or Lease of a County, District, or Municipal Hospital	FL
(22) CULTURE, THE ARTS AND RECREATION	
22-34A-01 Entertainment Industry Investment	GA
22-34A-02 Safe Body Art	CA
(23) PRIVACY	
(24) AGRICULTURE	
24-34A-01 Humane Special Agents	OR
(25) CONSUMER PROTECTION	
25-34A-01 Security Freezes on Consumer Reports of Minors and Protected Persons	MD
25-34A-03 Used Vehicle Warranty: Buy-Here-Pay-Here Dealers	CA
25-34A-04 Used Vehicle Sales: Labeling	CA
(26) MISCELLANEOUS	

This Act authorizes the state utilities commission to adopt procedures to allow a lessor of a residential building or complex having individually metered units for electric service in the lessor's name to charge for the actual costs of providing electric service to each tenant when the lessor has a separate lease for each bedroom in the unit.

Submitted as:

North Carolina

[Session Law 2011-252](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act requires the state department of agriculture to establish a program to compensate people whose livestock are killed by wolves and to implement nonlethal techniques to keep wolves from killing livestock.

Submitted as:

Oregon

[HB 3560 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Press Release: June 24, 2011:

Governor Kitzhaber lauds historic wolf/livestock agreement

(SALEM, Ore.) — Governor Kitzhaber released the following statement after Senate passage of HB 3560, The Livestock Compensation and Wolf Co-Existence Act.

“The Livestock Compensation and Wolf Co-Existence Act represents an historic agreement between livestock growers, rural communities, and wildlife conservationists. I applaud the hard work and good will demonstrated by Oregon Cattlemen’s Association, Oregon Farm Bureau, Defenders of Wildlife, Hells Canyon Preservation Council, state and local agencies, and the Legislature in finding an equitable solution. Today, Oregonians have once more demonstrated the tremendous potential we have to solve tough issues if we do it together.”

The Livestock Compensation and Wolf Co-Existence Act is the first of its kind in the United States. It establishes precedents that go beyond what other states have done related to livestock compensation by authorizing local, county led programs to address compensation for and deterrence of livestock losses, guaranteeing funding for non-lethal techniques to deter wolves from killing livestock, and conditioning compensation in areas of known wolf activity on attempts to use wolf deterrence techniques. The Act also intentionally brings together the Oregon Department of Agriculture (ODA), which handles agricultural matters, such as livestock, together with the Oregon Department of Fish and Wildlife (ODFW), which has jurisdiction over wildlife management. ODA will manage the distribution of funds to counties while ODFW will determine whether a livestock kill was caused by wolves or other factors.

Media Contacts:

Christine Miles, 503-559-8795

Amy Wojcicki, 503-689-5324

Page updated: June 24, 2011

Disposition: 01-33B-02

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act designates “Wounded Warrior Special Hunt Areas” within state forests and limits guest admittance to such areas for eligible veterans and service members.

Submitted as:

Florida

[CS/HB 663 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: A press release from the Florida governor’s office says:

“7/5/2011 Largo, Fla. – Governor Rick Scott today visited the Armed Forces Military Museum in Largo to highlight several pieces of legislation that benefit Florida’s 1.6 million veterans and 58,000 active-duty military stationed in Florida. . . .

One of the bills signed by Governor Scott is House Bill 663 – State Forests. The bill honors the service of injured war veterans by providing special outdoor recreational opportunities for them. The Division of Forestry will designate one or more areas of state forests as “Wounded Warrior Special Hunt Areas.” With funding from the Friends of Florida State Forests Program, all active duty members and veterans of the U.S. Armed Forces with combat-related injuries will now have access to specialized hunting areas that are specially adapted to assist their needs.”

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act defines seagrass and directs the state department of environmental affairs to designate seagrass management areas. It requires the department to create seagrass management plans for designated seagrass management areas.

Submitted as:

New York

[Chapter 272](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act requires commercial facilities which cook with vegetable oil or animal fat maintain receptacles to collect used cooking oil for recycling and prohibits such facilities from disposing such oil in a manner other than by recycling.

Submitted as:

Rhode Island

[S 0185 Substitute A \(Chapter 335\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act establishes requirements for permits and regulatory rules governing drilling horizontal wells in the state. Specifically, it:

- requires permits for horizontal wells;
- establishes permit application requirements and contents for drilling horizontal wells;
- establishes well performance standards;
- establishes application requirements and payment of fees;
- requires emergency and legislative rules pertaining to drilling such wells in karst formations;
- authorizes rules governing large pits and impoundment;
- addresses providing notice to property owners enter their property to survey or to conduct seismic activity related to such wells;
- provides for public notice and comments about proposed wells;
- establishes well location restrictions;
- requires a report to the legislature about noise, light dust and volatile organic compounds related to such wells;
- addresses guidelines and procedures to control and mitigate noise, light, dust and volatile organic compounds in relation to horizontal drilling activities;
- requires rules for plugging and abandonment of horizontal wells;
- establishes reclamation requirements;
- requires performance bonds or other security;
- provides for compensation for certain damages to certain surface owners;
- provides for reimbursement of property taxes to surface owners;
- provides for civil action, rebuttable presumption and relief for water contamination or deprivation;
- addresses water rights and replacement procedures;
- creates an Oil and Gas Horizontal Well Production Damage Compensation Act;
- defines terms; conditions and parameters for compensating surface owners for drilling operations;
- preserves common law right of action and providing offset for compensation or damages paid, and
- modifies legal definitions of “shallow wells” and “deep wells”.

Submitted as:

West Virginia

[HB 401 \(Chapter 1, Acts, 4th Extraordinary Session, 2011\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: This Act is not in the packet because it is 62 pages.

A December 22, 2011 governor’s press release stated:

“CHARLESTON, W.Va. – Gov. Earl Ray Tomblin, today signed the Horizontal Well Act, relating to Marcellus Shale.

“This is a milestone piece of legislation and a significant achievement in our state’s history,” said Governor Tomblin. “It provides reasonable regulations to protect the environment and opens the door to new job opportunities for the citizens of our state. I again, extend my sincere appreciation to the members of the legislature for working long and hard to develop and pass this historic legislation for the future of West Virginia.”

The Horizontal Well Act provides distinct permitting and regulatory rules governing the drilling of horizontal wells in West Virginia. The regulatory certainty created by passage of this legislation will allow the natural gas industry to continue to invest in West Virginia and create additional jobs for our citizens. The Act also provides the West Virginia Department of Environmental Protection with sufficient funding and regulatory authority to protect the environment and our precious water resources. Going forward, this legislation requires operators drilling horizontal wells to provide additional advance notice to surface owners prior to commencing drilling activities. This historic legislation will position West Virginia for continued success and will require that the natural gas within our Marcellus Shale be developed in a responsible manner.”

Disposition:

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act creates a program to encourage using renewable energy in state parks buildings.

Submitted as:

Colorado

[House Bill 10-1349](#)

Status: Enacted into law in 2010.

[GO TO TABLE OF CONTENTS](#)

Comment:

April 25, 2010

Fischer Bringing Renewable Energy Projects to State Parks
(Denver)

Representative Randy Fischer (D-Larimer) is invigorating Colorado's economic and environmental needs with the creation of the Re-energize Colorado Program. House Bill 1349 passed an initial vote in the House today. The Re-energize Colorado Program encourages renewable energy projects in state parks to supply or offset their electrical energy needs.

"In bringing renewable energy projects into our state parks we will create new jobs and a more secure and sustainable energy system," Rep. Fischer said. Rep. Fischer's bill also creates a map of renewable energy generation locations so that the state is able to better identify what resource areas are available and appropriate for renewable energy. This will make it easier for the state to tap into its renewable energy resources.

The bill is cosponsored by Representative Sal Pace (D-Pueblo) in the House and supported by Senator Gail Schwartz (D-Snowmass) in the Senate.

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next task force mtg.

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act facilitates and promotes installation of grid-connected generation of renewable energy. The Act requires an electric distribution company to enter into standard contracts to buy certain amounts of energy generated from solar or wind projects over time.

Submitted as:

Rhode Island

[Chapter 143 of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act defines wind easements and wind energy agreements.

Submitted as:

Montana

[HB 0295 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act generally redefines “net renewable generation capacity” in state law to mean the gross generation or storage capacity of the renewable energy resource. This generally ensures that renewable energy placed into storage via batteries, compressed air, flywheels, etc., is still considered renewable energy when it is actually used.

Submitted as:

Kansas:

[HB 2708 \(Introduced version\)](#)

Status: Enacted into law in 2012 as part of Conference Committee report.

[GO TO TABLE OF CONTENTS](#)

Comment: This Act is reported to be the first to specifically designate energy stored from renewable sources as part of the total renewable energy capacity of a public utility.

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act prohibits the state from joining, implementing, or participating in any state, regional, or national low carbon fuel standards program or any similar program that requires quotas, caps, or mandates on any fuels used for transportation, industrial purposes, or home heating without seeking and receiving prior legislative approval. However, the Act permits the state department of environmental services to engage in regional and national discussions of such programs.

Submitted as:

New Hampshire

[Chapter 280](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

New Hampshire Law Limiting Participation in LCFS Goes Into Effect

New Hampshire House Votes Down Low-Carbon Fuel Standard

Pressure to waive or change ethanol mandate grows due to drought, high corn prices

Projected US Energy Future

Refining Woes Mount as Gasoline Prices Rise

Promoting Energy Efficiency Statement

By Brydon Ross | Thursday, June 21, 2012 at 1:04 pm

HB 1487 went into effect today, which prevents the state of New Hampshire from joining a national, regional, or state low carbon fuel standard (LCFS) without first receiving legislative approval. Although the legislation does not prevent agency staff from participating in discussions about LCFS related topics, it could have a significant impact on the development of a regional agreement that critics have often referred to as a “liquid cap and trade program.”

Supporters of creating an LCFS see it as a way to create market incentives for developing low-carbon transportation fuels, alternative fuel infrastructure, and as a strategy for mitigating impacts of climate change. Essentially, the LCFS is a mandate to reduce the “carbon intensity” of transportation fuels by examining the entire life-cycle of fuel production (often referred to as a “wells to wheels” comparison) and the amount of greenhouse gases contained in a particular type of fuel per unit of energy. If fuel providers like a refinery fail to reduce their carbon intensity of fuel by a certain percentage over time, they face fees or penalties and must pay into a fund to develop alternative fuels.

Although such mandates have been under consideration for nearly a decade, the first state to implement a LCFS was California under an executive order by Governor Arnold Schwarzenegger in 2007. Under California’s LCFS, fuel providers were required to reduce the carbon content of transportation fuels by 10 percent in 2020. Late in 2011, a federal judge blocked the implantation of the mandate because it discriminated against out of state ethanol and violated the Commerce Clause of the Constitution. That injunction was eventually lifted in April 2012 by the US Court of Appeals

in San Francisco and the California Air Resources Board continues to move forward with implementation.

The idea was further spurred by then Senator Barack Obama who made the implementation of a LCFS as part of his 2008 campaign platform. By 2009, New Hampshire state officials were working jointly with the Northeast States for Coordinated Air Use Management (NESCAUM) to develop a regional LCFS for New England and the mid-Atlantic along similar lines to the mandate established in California.

Opponents of setting LCFS fuel mandates have expressed skepticism over the availability of commercially alternative fuels like cellulosic ethanol to fill the void to meet fuel demand and the overall financial impact it would have on prices at the pump. For example, NESCAUM released an economic analysis stating that reducing the carbon intensity of fuels by 10 percent would create thousands of jobs and between \$7 and \$29 billion in gross economic impact. The American Petroleum Institute rebutted those claims, "To meet the NESCAUM volume of 3 billion gallons of cellulosic ethanol, land area equal to that of the entire state of New Jersey (low end estimate) or Massachusetts, Connecticut plus Rhode Island combined (high end estimate) would be needed." Further, a report produced by the Consumer Energy Alliance found that an LCFS would have significantly negative economic impacts - with a reduction of \$306 billion in economic activity and 147,000 job losses in the Northeast and Mid-Atlantic states - while still not achieving the stated goal of a 10 percent carbon intensity reduction. One of the reasons they believe emissions reductions do not go down is because the LCFS only addresses the fuel mix and not overall consumption. In essence, this causes "crude shuffling" because non-conventional fuels like Canadian oil sands are not allowed to meet the standard but conventional crude oil from the Middle East is allowed to meet consumer fuel demand.

House Speaker William O'Brien recently appeared on E&E TV's series OnPoint hailing the passage of New Hampshire's law, "An LCFS was clearly going to drive up the price of fuel, and that's not where we need to go right now." O'Brien suggested that reducing costs for consumers and businesses has been a key factor in bringing down the state's unemployment rate, "Reducing energy rates and putting jobs and people ahead of an environmental agenda is why we're able to realize the success of where we are today."

Disposition: 03-34A-01

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act creates a property right in the development of wind energy. The Act provides that the property right is an interest in real property. It is attached to the surface estate and cannot be severed from the surface estate. This Act allows wind energy property rights to be developed through wind energy agreements. A wind energy agreement (or a notice of an agreement) must be recorded with the county clerk. The Act clarifies that wind energy becomes personal property when it is converted into electricity.

The Act does not affect wind energy agreements entered into before April 1, 2011 if those are recorded on or before July 1, 2011.

Submitted as:

Wyoming

[SEA 003 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

[GO TO TABLE OF CONTENTS](#)

This Act requires state agencies consider open source software when acquiring software and promotes the use of open data formats by state agencies. It also directs the commissioner of information technology to develop a statewide information policy based on principles of open government data.

Submitted as:

New Hampshire

[Chapter 5 / HB 418](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment: The Open Source Software Institute defines open source software as “software whose license agreement permits the human-readable source code to be accessed, reviewed, studied, modified, enhanced and redistributed without fees by the users of that software. In other words, the software and its source code is open. The term ‘open source’ is also used to describe the terms of the software’s license agreement which allows and promotes a collaborative development environment, or community. The terms of an open source license are governed by the [Open Source Initiative](#).”

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

05-34A-01A Drug and Alcohol Overdose Immunity

NY

This Act limits charging or prosecuting people who seek health care for themselves or someone else who is experiencing a drug or alcohol overdose or other life threatening medical emergency.

Submitted as:

New York

[Chapter 154 of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: According to the Drug Policy Alliance, seven states have enacted laws on this subject, beginning with New Mexico in 2005. States enacting laws in 2011 and 2012 include Colorado, Connecticut, Florida, Illinois, New York, and Washington.

05-34A-01B 911 Good Samaritan Immunity

CO

This Act provides immunity, with certain exceptions, from arrest and criminal prosecution for a person who, in good faith, reports an emergency drug or alcohol overdose. The immunity applies to the person reporting the overdose and the person suffering the overdose. The person who reports must remain at the scene of the event until law enforcement or emergency medical personnel arrive. They must also identify themselves to, and cooperate with, the law enforcement officer or emergency medical responder.

Submitted as:

Colorado

[SB 20](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Disposition: 05-34A-01A

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

Disposition: 05-34A-01B

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

05-34A-02 Home Inspections and Yellow Corrugated
Stainless Steel Tubing (CSST) Flexible Gas Pipe

OK

This bill adds direct-bonding and grounding of yellow corrugated stainless steel tubing (CSST) flexible gas pipe to the list of things that must be inspected by a licensed home inspector conducting a home inspection.

Submitted as:

Oklahoma

[SENATE BILL 1513 \(Introduced version\)](#)

Status:

First Reading 02/06/2012 S

Authored by Senator Coates 02/06/2012 S

Second Reading referred to Business and Commerce 02/07/2012 S

[GO TO TABLE OF CONTENTS](#)

Comment:

Though SB 1513 did not pass the legislature, the Oklahoma Committee of Home Inspector Examiners and the state Construction Industries Board proposed an emergency rule in lieu of Senate Bill 1513. The Governor signed the emergency rule, and it became effective. The new emergency rule, OAC 158:70-1-3(f), adds a requirement to a home inspection if the home inspector observes yellow Corrugated Stainless Steel Tubing, known as yellow "CSST." CSST is a flexible gas piping used to convey natural gas or propane to household appliances, such as water heaters, furnaces, boilers, fireplaces, cook tops, and ranges. The new emergency rule directs all home inspectors to notify their client in writing that only a licensed electrical contractor can determine if the yellow CSST is properly bonded and grounded as required by the manufacturer's installation instructions. Bonding is provided primarily to prevent a possible electric shock to people who come in contact with the gas piping and other metal objects connected to the grounding system. Nearby lightning strikes can result in a power surge that can damage certain gas tubing systems and ultimately cause a fire. Proper bonding and grounding significantly reduces the risk of damage and fire from a lightning strike.

The National Association of State Fire Marshals' (NASFM) conducted a yellow CSST national safety campaign to raise home owner awareness of the issue and the United State Senate unanimously passed S.RES.483 commending that campaign.

State of Oklahoma Construction Industries Board

2401 NW 23rd Street, Suite 2F,

Oklahoma City, OK 73107

Phone 405-521-6550

Fax 405-521-6525

www.cib.ok.gov

Janis Hubbard Administrator

Mary Fallin Governor

April 11, 2012

RE: PROPER BONDING AND GROUNDING OF CSST REQUIRED

Dear Electrical Contractor:

The State of Oklahoma Construction Industries Board wishes to bring you additional information concerning a safety issue on which you may be receiving inquiries from homeowners, builders, and others regarding yellow Corrugated Stainless Steel Tubing (“CSST”). The Committee of Home Inspector Examiners and the Construction Industries Board proposed the emergency rule *in lieu* of Senate Bill 1513 continuing through the legislative process. The Governor has signed the emergency rule which is now effective.

This letter is to notify you that this new rule is effective immediately, and you may be called upon to perform electrical services as a result. You may be contacted regarding existing homes to determine if yellow CSST previously installed in the home was properly bonded per this technical bulletin; and, if not, to provide a quote for the service to do so.

The new emergency rule, at OAC 158:70-1-3(f), adds a requirement to a home inspection if the home inspector observes yellow Corrugated Stainless Steel Tubing, known as yellow “CSST.” The emergency rule directs all home inspectors to notify their client in writing that only a licensed electrical contractor can determine if the yellow CSST is properly bonded and grounded as required by the manufacturer’s installation instructions.

The manufacturers’ installation requirements of a flexible gas piping system known as yellow Corrugated Stainless Steel Tubing (“CSST”) have changed in recent years in order to provide additional safety to gas piping systems from lightning strikes to or near the structure. We are including the yellow CSST bonding installation instruction so that you are informed of the state’s requirement in this area, and so that you can perform the work correctly when requested to do so.

Three attachments are provided for your information:

- 2011 National Electric Code, NFPA 70 Sec 250.104. See Informational Note #2.
- 2009 National Fuel Gas Code, NFPA 54 Sec. 7.13.2 (This is identical to 2009 IFGC Sec. 310.1.1)
- Direct Bonding of Standard (Yellow) CSST Technical Bulletin

Additional information may also be found at www.CSSTSafety.com.

Please familiarize yourself with this procedure to assist with increasing safety, especially since you may be called upon to perform work as a result of the state enforcing the new emergency rule for home inspectors.

Sincerely,
Janis Hubbard
Administrator
JH/lm
Enclosures

TITLE 158. CONSTRUCTION INDUSTRIES BOARD
CHAPTER 70. HOME INSPECTORS ACT
Subchapter 1. General Provisions

158:70-1-2. Definitions

“Home inspection” or **“inspection”** means a visual examination of any or all of the readily accessible physical real property and improvements to real property consisting of four or fewer dwelling units, including structural, lot drainage, roof, electrical, plumbing, heating and air conditioning and such other areas of concern as are specified in writing to determine if performance is as intended. [59:858-622(5)]

112TH CONGRESS
2D SESSION S. RES. 483

Commending efforts to promote and enhance public safety on the need for yellow corrugated stainless steel tubing bonding.

IN THE SENATE OF THE UNITED STATES
JUNE 6, 2012

Mr. PRYOR (for himself and Ms. AYOTTE) submitted the following resolution; which was referred to the Committee on the Judiciary.

RESOLUTION

Commending efforts to promote and enhance public safety on the need for yellow corrugated stainless steel tubing bonding.

Whereas yellow corrugated stainless steel tubing (referred to in this preamble as “CSST”) is flexible gas piping used to convey natural gas or propane to household appliances in homes and businesses;

Whereas since 1990, yellow CSST has been installed in more than 6,000,000 homes and businesses in the United States;

Whereas field reports and research suggest that if direct or indirect lightning strikes a structure, the risk for electrical arcing between the metal components in a structure with yellow CSST may be reduced by means of equipotential bonding and grounding;

Whereas proper bonding of CSST is defined in section 7.13.2 of the 2009 edition of the NFPA 54: National Fuel Gas Code, and is referenced in info note 2 in section 250.104 of the 2011 edition of the NFPA 70: National Electric Code;

Whereas the National Association of State Fire Marshals supports the proper bonding of yellow CSST to current National Fire Protection Association Code to reduce the possibility of gas leaks and fires from lightning strikes;

Whereas the National Association of State Fire Marshals is working to educate relevant stakeholders, including fire, building, and housing officials, consumers, homeowners, and construction professionals about the need to properly bond yellow CSST in legacy installations and in all new installations in accordance with the most recent building codes and manufacturer installation instructions;

Whereas the bonding of yellow CSST in legacy installations is an important public safety matter that merits alerting homeowners, relevant State and local fire, building, and housing officials, and construction professionals such as electricians, contractors, plumbers, inspectors, and home improvement specialists:

Now, therefore, be it *Resolved*,

(1) that the Senate commends efforts to promote and enhance public safety and consumer awareness on proper bonding of yellow corrugated stainless steel tubing (referred to in this resolution as “CSST”) as defined in the National Fire Protection Association Code; and

(2) encourages further educational efforts for the public, relevant building and housing officials, consumers, homeowners, and construction professionals on the need to properly bond yellow CSST retroactively and moving forward in houses that contain the product.

Disposition: 05-34A-02

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This declares a street gang that engages in criminal street gang activity at least 5 times within a 12-month period is a public nuisance.

It permits a person who regularly associates with others to engage in criminal street gang activity may be made a defendant in a suit. If the court finds the existence of a public nuisance, a defendant may be enjoined from engaging in criminal street gang activity, and the court may impose other reasonable requirements to prevent the defendant, or the gang with whom the defendant is associated, from further criminal street gang activity. The injunction expires one year after entry, but may be vacated earlier by motion of any party if it appears to the court that the defendant is no longer engaged in criminal street gang activities.

The Act declares any real property used, owned, maintained, or leased by a criminal street gang for criminal street gang activity is declared a public nuisance and subject to abatement. This provision does not apply if the owner or person in legal possession of the property does not have actual knowledge of the use of the property for criminal street gang activity or is being coerced into allowing the property to be used for criminal street gang activity.

Submitted as:

North Carolina

[SESSION LAW 2012-28](#)

Status: Enacted into law in 2012

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act requires the state finance commission to adopt rules governing requests by title insurance companies for payoff information from mortgage servicers related to home loans and the provision of that information, including rules prescribing a standard payoff statement form that must be used by mortgage servicers to provide those payoff statements. The Act requires the finance commission to prescribe a standard payoff statement form and requires a mortgage servicer who receives a request for a payoff statement from a title insurance company to deliver the requested payoff statement within a time specified by the finance commission, which must allow the mortgage servicer at least seven business days after the date the request is received to deliver the payoff statement. It prohibits a mortgage servicer or mortgagee, with certain exceptions, from demanding that a mortgagor pay an amount in excess of the payoff amount specified in the payoff statement.

Submitted as:

Texas

[HB 558 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act declares its intent to ensure borrowers who may qualify for a foreclosure alternative are considered for, and have a meaningful opportunity to obtain, available loss mitigation options.

The Act generally requires mortgage servicers, a mortgagee, trustee, beneficiary, or authorized agent to contact the borrower prior to filing a notice of default to explore options for the borrower to avoid foreclosure. The Act directs that a notice of default or, in certain circumstances, a notice of sale, to include a declaration stating that the mortgage servicer has contacted the borrower, has tried with due diligence to contact the borrower, or that no contact was required for a specified reason.

The Act prohibits a mortgage servicer, mortgagee, trustee, beneficiary, or authorized agent from recording a notice of default or recording a notice of sale or conducting a trustee's sale while a complete first lien loan modification application is pending, under specified conditions. It establishes procedures to be followed regarding a first lien loan modification application, the denial of an application, and a borrower's right to appeal a denial.

This Act requires a written notice to the borrower after the postponement of a foreclosure sale in order to advise the borrower of any new sale date and time. It prohibits an entity from recording a notice of default or otherwise initiate the foreclosure process unless it is the holder of the beneficial interest under the deed of trust, the original or substituted trustee, or the designated agent of the holder of the beneficial interest. It prohibits recording a notice of default or a notice of sale or the conduct of a trustee's sale if a foreclosure prevention alternative has been approved and certain conditions exist and requires recording of a rescission of those notices upon execution of a permanent foreclosure prevention alternative.

The Act prohibits collecting application fees and late fees while a foreclosure prevention alternative is being considered, if certain criteria are met, and requires a subsequent mortgage servicer to honor any previously approved foreclosure prevention alternative.

The Act authorizes a borrower to seek an injunction and damages for violations of certain parts of it. It authorizes the greater of treble actual damages or \$50,000 in statutory damages if a violation of certain provisions is found to be intentional or reckless or resulted from willful misconduct, as specified. It authorizes awarding of attorneys' fees for prevailing borrowers.

The Act directs that violating certain provisions in it by licensees of the state department of corporations, the department of financial institutions, and the department of real estate would also be violations of those respective licensing laws.

It generally limits its requirements to mortgages or deeds of trust secured by residential real property not exceeding 4 dwelling units that is owner-occupied, and only to those entities who conduct more than 175 foreclosure sales per year or annual reporting period.

The Act requires a mortgage servicer to establish a single point of contact to communicate with and provide information to borrowers who request foreclosure prevention alternatives.

The Act requires that a specified declaration, notice of default, notice of sale, deed of trust, assignment of a deed of trust, substitution of trustee, or declaration or affidavit filed in any court relative to a foreclosure proceeding or recorded by or on behalf of a mortgage servicer be accurate and complete and supported by competent and reliable evidence. It requires mortgage servicers to ensure competent reviews and provide reliable evidence to substantiate the borrower's default and the right to foreclose, including the borrower's loan status and loan information.

The Act generally makes any mortgage servicer that engages in multiple and repeated violations of the Act liable for a civil penalty of up to \$7,500 per mortgage or deed of trust, in an action brought by state and local government entities. It also authorizes administrative enforcement

of the Act against licensees of the department of corporations, the department of financial institutions, and the department of real estate.

Submitted as:

California

[Chapter 87 of 2012](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

Under this Act, a person commits the crime of disturbing a house of worship if they:

- Intentionally and unreasonably disturb a building used for religious purposes by using profanity, rude or indecent behavior, or making noise;
- Engage in such behavior within the house of worship or so close to the building that the services are disturbed, or
- Intentionally injures, intimidates, or interferes with any person exercising the right to religious freedom or who is seeking access to a house of worship.

Missouri

[SENATE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 755 \(Truly Agreed to and Finally Passed\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act creates a crime for filing false lien or encumbrance in a public record or private record against the real or personal property of public officers or public employees because of how they perform their official duties.

Submitted as:

Georgia

[HB 997 \(AS PASSED HOUSE AND SENATE\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act is targeted at preventing the theft of nonferrous metals by requiring permitting of nonferrous metals sellers and purchasers and making it a crime to cut, mutilate, deface, or otherwise damage the property of others to obtain nonferrous metals. It defines nonferrous metal as metals not containing significant quantities of iron or steel, such as copper, aluminum other than aluminum cans, catalytic converters, or stainless steel beer kegs or containers. The Act requires secondary metal recyclers keep certain records about buying and selling such metals. It also provides criminal penalties for various offenses related to the sale, purchase, transport, and possession of nonferrous metals.

Submitted as:

North Carolina

[SESSION LAW 2012-46](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act regulates discount membership programs, expands the requirements of the laws governing security breaches to include notification to the attorney general, and expands the duties of the state department of information and innovation to include information security.

Submitted as:

Vermont

[H 254 \(As enacted Into Law\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act allows a person to produce proof of automobile insurance by electronic means in lieu of printed means under certain conditions. This includes displaying electronic images of that information on a cellular phone or other type of portable device.

Submitted as:

Idaho

[SB 1319](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment: Idaho is reportedly the first state to enact legislation on this issue.

This Act allows vehicle insurance and identification to be displayed on a wireless communication device as evidence of financial responsibility.

Submitted as:

Arizona

[Chapter 105 / House Bill 2677](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition: 09-34A-02A

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

Disposition: 09-34A-02B

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

09-34A-03 Using Stolen or Misappropriated Technology to
Manufacture Products

WA

This Act generally creates a new civil cause of action against businesses that use stolen or misappropriated information technology to manufacture products sold in the state in competition with products that do not use stolen or misappropriated information technology. It allows a court to order that a product made using stolen or misappropriated information technology not be sold in the state.

Submitted as:

Washington

[Chapter 98, Laws of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act is targeted at improving the ability of the state lottery and video lottery agents to offer services to lottery players in an increasingly competitive marketplace.

The Act authorizes internet gaming under the control and operation of the state lottery and the state lottery office to conduct traditional lottery games over the internet. It also permits video lottery agents to offer through their websites internet versions of the table games and video lottery offerings. All games shall remain operated by the state lottery. These offerings capitalize on a recent United States Department of Justice ruling clarifying that wagering within a state's boundaries does not violate federal law.

The Act requires the state lottery director to provide for the security and effective administration of internet gaming, including procedures for verifying the location and identify of players, mechanisms for maintaining account security, procedures to exclude minors or other excluded persons, limits on the amount which can be wagered, and advertisements for services for compulsive gamblers.

Internet lottery games can only offered to people within the state at the current time. A person's location will be determined from a their computer or mobile device. This territorial limitation applies to all gaming except gaming pursuant to an interstate compact or if otherwise legally authorized. Internet lottery participation is also limited to people who meet the age requirements for equivalent non-internet games.

Revenues from the internet lottery must be distributed in a manner similar to current lottery games. The internet versions of table games and video lottery games must be distributed generally pursuant to the formulae applicable to those games, with the exception that the first \$3.75 million would be retained by the lottery to ensure the proposal is at least revenue neutral to the state. As such, revenues from those games would support services for compulsive gambling and additional purse revenue for thoroughbred and standardbred racing.

This Act also restructures the fees currently paid by video lottery agents to incentivize those agents to reinvest up to \$7.75 million in their improved competitiveness through capital investments and marketing plans.

The Act also amends state law to provide that restaurants which participate as lottery agents do not have the receipts from lottery activities counted as part of the receipts not generated by food service.

The Act further authorizes the state lottery to operate the sports lottery at venues other than the video lottery agents, such as bars or convenience stores. The lottery would prioritize applications to operate the sports lottery for those proposals most likely to foster economic growth and job creation. It also authorizes the state lottery to operate keno, a numbers game in which players select numbers and winners are chosen at regular intervals.

Submitted as:

Delaware

[HB 333](#)

Status: Enacted into law in 2012.

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

[GO TO TABLE OF CONTENTS](#)

Comments/Note to staff:

This Act requires independent repair facilities in the state have access to information related to the proper and complete diagnosis, service and repair of motor vehicles. The Act requires for Model Year 2002 motor vehicles and thereafter, a manufacturer of motor vehicles sold in the commonwealth shall make available for purchase by owners of motor vehicles manufactured by such manufacturer and by independent repair facilities the same diagnostic and repair information, including repair technical updates, that such manufacturer makes available to its dealers through the manufacturer's internet-based diagnostic and repair information system or other electronically accessible manufacturer's repair information system. All content in any such manufacturer's repair information system shall be made available to owners and to independent repair facilities in the same form and manner and to the same extent as is made available to dealers utilizing such diagnostic and repair information system. Each manufacturer shall provide access to such manufacturer's diagnostic and repair information system for purchase by owners and independent repair facilities on a daily, monthly and yearly subscription basis and upon fair and reasonable terms.

Submitted as:

Massachusetts

[House Bill 4362](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act allows military-trained applicants who have been awarded a military occupational specialty and military-spouse applicants who are licensed in another jurisdiction to receive certain occupational licenses in this state. The applicants must meet requirements, either in the military or in another jurisdiction, that are substantially equivalent to or exceed this state's requirements for licensure. The Act generally requires state occupational licensing boards to issue occupational licenses to military-trained applicants and military-spouse applicants who meet this state's statutory requirements. The Act authorizes licensing boards in the state to issue temporary practice permits to such applicants until a license is granted or a notice to deny a license is issued.

Submitted as:

North Carolina

[SESSION LAW 2012-196](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act establishes a process to enable property tax assessors to send property tax bills electronically instead of using regular mail. It authorizes the comptroller of public accounts to prescribe acceptable media, formats, content, and methods for the delivery of tax bills by electronic means and to provide a model form people can submit to tax assessors asking the assessors to send their tax bills electronically.

Submitted as:

Texas

[HB843](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

According to an Ohio legislative staff analysis, this Act expands the investment authority that the state and political subdivisions may exercise over public money. It allows those entities to authorize a public depository, on or after receiving a deposit of public money, to redeposit that public money into deposit accounts at one or more federally insured banks, savings banks, or savings and loan associations located in the United States and to act as custodian of the money.

This authority applies with respect to the deposit of interim money, and the award of the active and inactive deposits, of the state or a political subdivision (other than a county) and the deposit of active and inactive money of a county.

If the amount of public money deposited with and held at the close of business by the public depository exceeds the amount insured by the Federal Deposit Insurance Corporation (FDIC) – which amount, currently, is \$250,000 – the excess amount is subject to the pledging requirements of ongoing law governing public deposits. Generally, under those requirements, a public depository must pledge eligible securities of a specified market value to ensure repayment of the amount of deposited money that exceeds the insured amount.

The Act requires, with regard to any redeposited money, that the full amount, plus any accrued interest, be insured by the FDIC. Consequently, money redeposited into any one financial institution cannot (currently) exceed \$250,000 and is not subject to pledging requirements.

It provides that on the same date the public money is redeposited by the public depository, the depository may, in its sole discretion, choose to receive deposits in any amount from other banks, savings banks, and savings and loan associations.

The Act requires the public depository to provide the state or political subdivision a monthly account statement and access to daily reporting that include the amount of the redeposited money held at each bank, savings bank, or savings and loan association for which the public depository acts as custodian.

The Act permits the state to invest interim money in certificates of deposit in the same manner that political subdivisions may make such an investment. It also modifies that authority by altering the ongoing swapping provisions, adding a requirement for account statements, changing the maturity date of certain certificates, and expanding the financial institutions from which certificates of deposit may be issued.

The Act provides that, on the same date the public moneys are redeposited by the public depository, the depository may, in its sole discretion, choose whether to receive deposits, in any amount, from other banks, savings banks, or savings and loan associations. This language replaces the prior law provision that required the swapping of an equal or greater amount from other federally insured financial institutions.

It requires the public depository to provide the state or political subdivision a monthly account statement that includes the amount of the state's or subdivision's funds deposited and held at each bank, savings bank, and savings and loan association for which the depository acts as a custodian.

The Act eliminates a one-year maturity limitation on certificates of deposits of interim deposits under prior law.

With respect to the investment of interim money of the state or a political subdivision (other than a county), and inactive money of a county, in certificates of deposits, the Act includes federally insured savings banks as eligible issuers of such instruments.

Submitted as:
Ohio

[Substitute House Bill Number 209 \(Enrolled version\)](#)

Status: Enacted into law in 2011

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act allows non-profit organizations with fewer than 20 employees to enter into a contributory retirement plan. There is no state money used to fund the retirement plan, which will be overseen by the state treasurer. To establish the plan, the treasurer may create a trust to receive qualified contributions from non-profit employers and employees, and must establish a non-profit defined contribution committee that will include the treasurer and four other members.

Submitted as:

Massachusetts

[HB 3754](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

For Immediate release - March 22, 2012

OFFICE OF THE GOVERNOR

GOVERNOR PATRICK SIGNS BILL CREATING RETIREMENT SUPPORT FOR SMALL NON-PROFITS

Providing support to small non-profits and their employees who often are without a long-term retirement account, Governor Deval Patrick signed into law today legislation The bill, “An Act to Provide Retirement Options for Non-profit Organizations,” will allow non-profit organizations with fewer than 20 employees to enter into a contributory retirement plan. Many small non-profits do not have the financial resources to create retirement plans for their employees. For career employees at these types of non-profits, they will now have access to the kind of contributory plans that many businesses offer employees.

There is no state money used to fund the retirement plan, which will be overseen by the Treasurer’s Office. Currently, the Treasurer’s Office oversees a contributory plan with \$5 billion in assets that includes approximately 300,000 members. Adding the plan for non-profit organizations will not have a significant impact on operations.

To establish the plan, the Treasurer’s Office may create a trust to receive qualified contributions from non-profit employers and employees, and will establish a non-profit defined contribution committee that will include the Treasurer and four other members. The legislation was supported by the Massachusetts Nonprofit Network and is considered one of the first of its kind in the nation.

According to the [Pension Rights Center](#), “On September 14th, the Pension Rights Center, SCEPA, and Dēmos, a New York-based advocacy nonprofit, hosted a forum with state officials to discuss proposals to expand pension coverage for private sector workers at the state level. Titled “Retirement Security for All: A Forum for State Action,” the event included officials from California, Connecticut, New York, North Carolina, Pennsylvania, and Rhode Island. With an emphasis on collaborative reform efforts, the forum was an acknowledgement of the increasingly urgent need to address a lack of retirement security. Earlier this year, Massachusetts became the first state in the nation to pass a state-administered retirement plan for the private sector. Its plan covers employees at nonprofit organizations, while California’s plan would cover any eligible private-sector worker. Other states and New York City are considering similar arrangements.”

Disposition: 11-34A-01

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act requires staffing agencies provide to employees a notice containing certain information about new assignments/placements. It requires that information be confirmed in writing and sent to the employees, in a form designated by the employees, before the end of the first pay period. However, any changes to the initial terms of employment must be immediately provided to the employees and the employees must acknowledge the change in terms.

The Act requires staffing agencies post in the agencies' business offices a notice of employee rights and the name and telephone number of the state labor department. It directs the department to provide a sample notice and to facilitate translating that notice to a language other than English when appropriate.

The Act does not apply to professional employees as defined in 34 USC section 152, or to employees who are secretaries or administrative assistants whose main or primary duties are described by the Bureau of Labor Statistics of the United States Department of Labor as involving one or more of the following: drafting or revising correspondence, scheduling appointments, creating, organizing, and maintaining paper and electronic files, and providing information to callers or visitors.

The Act prohibits staffing agencies or worksite employers from charging or accepting a fee from an employee for the cost of things such as registering with the staffing agency.

Submitted as:

Massachusetts

[HB 4304](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

For Immediate release - August 06, 2012

GOVERNOR PATRICK SIGNS BILL TO PROTECT TEMPORARY WORKERS

Helps Level the Playing Field for Businesses

BOSTON – Monday, August 6, 2012 – Governor Deval Patrick today signed H. 4304, “An Act Establishing a Temporary Workers Right to Know.” The legislation strengthens the Commonwealth’s ability to regulate staffing and temporary agencies to protect vulnerable workers and level the playing field for businesses.

“Thousands of Massachusetts workers are sent off to work by staffing agencies without any idea of where they are going, what work they will do, and what they will be paid,” said Governor Patrick. “This bill levels the playing field for all of our businesses while fulfilling our responsibility to make sure all of our workers are being treated fairly.”

Workers employed by temporary and staffing agencies that cut corners might not know what type of work they will be required to do, their rate of pay or even the name of their employer. Workers employed under such conditions often fail to receive their earned wages or can be injured at hazardous worksites without workers’ compensation coverage in place. This not only hurts workers, but also the law-abiding businesses that must bear the costs on behalf of these staffing agencies.

“The Temporary Workers Right to Know Bill promotes transparency and fairness,” said Secretary of Labor and Workforce Development, Joanne F. Goldstein. “This legislation requires staffing agencies to provide employees with notice about basic information before going to a job, such as the temporary agency’s contact information, workers’ compensation carrier, and the rate of pay.”

“This bill provides for a basic bill of rights for temporary workers,” said Senator Jack Hart. “Every employee should have the right to know the amount of their wages, who they are employed by and any deductions which may be taken from their wages. I applaud the support of my colleagues in the legislature and the efforts of the many advocates who have worked tirelessly for many years to pass this important piece of legislation.”

“After more than a year of meetings with a diverse coalition of stakeholders, including workers’ advocates, representatives of the staffing industry and relevant state agencies and task forces, we have a comprehensive piece of legislation that strengthens a temporary workers right to critical information about their employment, while also minimizing the burden on employers. A temporary worker will now know what wages they can expect, what safety equipment they might need and who to call if they become injured on the job,” said a sponsor of the bill, House Chair of the Joint Committee on Community Development and Small Business Linda Dorcena Forry (D-Dorchester). “As Chair, I really focused on the impact of this bill on small businesses and worked to shape it in a way that is consistent with the staffing industry’s current business practices. Staffing agencies will be able to continue quickly dispatching workers and also provide them with information in a variety of forms. I am happy we were able to get this bill to the finish line and I want to thank Governor Patrick, Speaker DeLeo, Chairman Dempsey, and Chair Coakley-Rivera for their leadership, recognizing the importance of this issue.”

The bill also prohibits agencies from charging certain fees, like the cost of registering with the staffing agency or for performing a criminal record check. Staffing agencies are also prohibited from charging any fee that would reduce a worker’s pay below the minimum wage, and are required to reimburse a worker if it sends him/her to a worksite for the purposes of working and no work is available.

The job order notification requirement, the central provision of the law, excludes professional workers under the broad definition of “professional” in the Fair Labor Standards Act, and secretarial and administrative assistants as described by the Bureau of Labor Statistics. The new requirements under this law conform to industry standards practiced by the Commonwealth’s staffing agencies. These provisions reflect the fact that this bill balances both workers’ rights and the business needs of staffing agencies.

The Executive Office of Labor and Workforce Development’s Department of Labor Standards is currently responsible for registering staffing agencies, and will issue regulations and carry out inspections and investigations under this new law. The Office of the Attorney General will enforce the law.

Supportive Statements:

“Too often workers in the low wage sector of the temp industry suffer exploitation and abuse. This bill will go a long way towards stopping that inhumane treatment. Just as often good temp and staffing agencies that play by the rules and respect their workers are undercut by the unscrupulous practices of the worst actors in the industry,” said Massachusetts AFL-CIO President Steven A. Tolman. “This basic information and these basic protections will improve the safety and increase the dignity of these most vulnerable, most exploited workers. This law will both enable temp workers to seek redress when they are wronged, and serve as a deterrent to the bad behavior of the worst

agencies, making it easier to compete for those who do right by their workers. We are grateful to the legislature and Governor Patrick for the progress this law represents for workers who do not have the protections of a union.”

“With the Governor’s signature, this law will bring essential sunlight to the shadows where these abuses have taken place, and help ensure fairness for workers and employers who follow the state’s labor laws. We are grateful for the leadership the Governor and legislature has taken to ensure that workers receive basic and essential information about their jobs,” said Marcy Goldstein-Gelb, executive director of the Massachusetts Coalition for Occupational Safety and Health (MassCOSH) and coordinator of the REAL (Reform Employment Agency Law) Coalition, which advocated for the bill’s passage.

“This bill is a positive step forward for workers that are too often exploited as they simply try to make a living for their families. With the Governor’s signature, we will now be able to ensure that basic protections are put in place for workers living on the margins,” said Richard M. Rogers, Executive Secretary-Treasurer, Greater Boston Labor Council.

Disposition: 11-34A-02

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

Existing federal law provides for tax-qualified retirement plans and individual retirement accounts or individual retirement annuities by which private citizens may save money for retirement.

This legislation enacts the Secure Choice Retirement Savings Trust Act, which creates a Secure Choice Retirement Savings Trust to be administered by a Secure Choice Retirement Savings Investment Board, which is also established by the Act. This Act requires eligible employers to offer a payroll deposit retirement savings arrangement so that eligible employees could contribute a portion of their salary or wages to a retirement savings program account in the Secure Choice Retirement Savings Program. It requires eligible employees to participate in the program unless the employee opts out of the program.

The Act specifies risk management and investment policies that the board is subject to regarding administration of the program. It requires a specified percentage of the annual salary or wages of an eligible employee participating in the program to be deposited in the Secure Choice Retirement Savings Trust, which is segregated into a program fund and an administrative fund, both of which are continuously appropriated to the board for purposes of the Act. The Act limit expenditures from the administrative fund. It authorizes the board to establish a Gain and Loss Reserve Account within the program fund.

The Act would, contingent upon sufficient interest and funding by vendors, require the board to establish a Retirement Investments Clearinghouse on its Internet Web site and a vendor registration process through which information about employer-sponsored retirement plans, and payroll deduction individual retirement accounts and annuities offered by private sector providers is made available for consideration by eligible employers.

The Act requires an opt-out form disseminated by the state employment development department to be used to create an option for employees to elect to opt out of the program. Commencing 6 months after the program is ready to proceed, the Act requires the employment development department to assess a penalty on any eligible employer that fails to make the program available to eligible employees, as specified.

This Act requires, upon sufficient funds being made available through a nonprofit or private entity or federal funding, the board to conduct a market analysis to determine whether the necessary conditions for implementation can be met. It requires moneys made available to conduct the market analysis to be deposited in a Choice Retirement Savings Program Fund which would be created in the state treasury. It provides that the operational provisions of the California Secure Choice Retirement Savings Trust Act shall be operative only if the board determines that, based on the market analysis, the provisions will be self-sustaining, and sufficient funds are made available through a nonprofit or private entity, federal funding, or the annual Budget Act, as specified, to allow the board to implement the program until the trust has sufficient funds to be self-sustaining.

The Act requires the board to ensure that an insurance, annuity, or other funding mechanism is in place at all times that protects the value of individuals' accounts and protects, indemnifies, and holds the state harmless at all times against any and all liability in connection with funding retirement benefits pursuant to these provisions.

The Act prohibits the board from implementing the program if the IRA arrangements offered fail to qualify for the favorable federal income tax treatment ordinarily accorded to IRAs under the Internal Revenue Code, or if it is determined that the program is an employee benefit plan under the federal Employee Retirement Income Security Act of 1974.

Submitted as:
California

[Chapter 734](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act enables public utility districts and municipal utilities to request voluntary donations from their customers to support hunger programs. Donations received by a public utility district or a municipal utility for this purpose are not considered gross income for the purposes of calculating public utility taxes.

Submitted as:

Washington

[Chapter 226, Laws of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

The federal Public Utility Regulatory Policies Act of 1978 (PURPA) requires every state regulatory authority with respect to each electric utility, as defined, for which it has ratemaking authority, to determine whether to adopt certain federal standards if consistent with otherwise applicable state law. The federal standards include that no electric utility may recover from any person other than the shareholders or other owners of the utility, any direct or indirect expenditure by the electric utility for promotional or political advertising, as defined.

This Act requires the state public utilities commission to institute a rulemaking proceeding for the purpose of considering and adopting a code of conduct, associated rules, and enforcement procedures, to govern the conduct of an electrical corporation relative to the consideration, formation, and implementation of community choice aggregation programs and to implement the code of conduct, associated rules, and enforcement procedures. The Act requires the code of conduct, associated rules, and enforcement procedures do the following:

- ensure that an electrical corporation does not market against a community choice aggregation program, except through an independent marketing division that is funded exclusively by the electrical corporation's shareholders,
- limit the electrical corporation's independent marketing division's use of support services from the electrical corporation's ratepayer funded divisions,
- ensure that the electrical corporation's independent marketing division does not have access to competitively sensitive information,
- incorporate rules that the commission finds to be necessary or convenient in order to facilitate the development of community choice aggregation programs, to foster fair competition, and to protect against cross-subsidization paid by ratepayers, and
- provide for other matters that the commission determines to be necessary or advisable to protect a ratepayer's right to be free from forced speech or to implement that portion of PURPA that establishes the federal standard that no electric utility may recover from any person other than the shareholders or other owners of the utility, any direct or indirect expenditure by the electric utility for promotional or political advertising.

Existing law authorized a community choice aggregator to aggregate the electrical load of interested electricity consumers within its boundaries and requires a community choice aggregator to file an implementation plan with the commission. Existing law required an electrical corporation to cooperate fully with any community choice aggregator that investigates, pursues, or implements community choice aggregation programs, including providing appropriate billing and electrical load data. This Act expanded the entities that are permitted to undertake community choice aggregation. It requires that the electrical load data to be supplied by an electrical corporation as part of its duty to cooperate fully with any community choice aggregator, include electrical consumption data, as defined.

The Act revises certain resource adequacy requirements as they relate to community choice aggregators. It requires any program funded through a nonbypassable charge be administered on a nondiscriminatory basis so that the electric service customers of a community choice aggregator may participate in the program on an equal basis with the customers of an electrical corporation. It requires the commission to authorize a community choice aggregator to elect to become a 3rd-party administrator of funds collected from the aggregator's electric service customer and collected through a nonbypassable charge authorized by the commission for cost-effective energy efficiency and conservation programs, except those funds collected for broader statewide and regional programs authorized by the commission.

The Act requires the governing body of a community choice aggregator to adopt a policy that expressly prohibits the dissemination by the community choice aggregator of any statement relating to the community choice aggregator's rates or terms and conditions of service that is untrue or misleading, and that is known, or that, by the exercise of reasonable care, should be known, to be untrue or misleading.

Submitted as:

California

[Chapter 599](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act establishes procedures governing how utilities can disclose information about customer-identifiable usage data to customers, utility affiliates, and other parties.

Submitted as:

Oklahoma

[HB 1079](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

In 2011, U.S. Secretary of Transportation Ray LaHood called on gas utilities to accelerate repairs on or replace old gas pipelines across the country in order to prevent potentially catastrophic incidents. Doing this will be expensive and that cost will exceed the amounts currently budgeted by many gas utilities to maintain and upgrade such pipelines. For example, according to the Pennsylvania Public Utility Commission, replacing the state's most at-risk pipe segments is estimated to cost 12 billion dollars or more.

In addition, those utilities' ability to quickly raise the additional money to meet these goals is limited by the rate setting mechanisms in many states. Virginia and Texas enacted laws that could help gas utilities adjust rates to raise the additional money needed to meet the Secretary's goal of improving public safety by replacing old gas pipes.

[Texas SB 1271](#) authorizes a gas utility that has filed a rate case in the last two years to file with its regulatory authority a tariff or rate schedule that provides for an interim adjustment in its monthly customer charge or initial block rate to recover the cost of investment changes. The law requires notice to affected customers within 45 days of filing and that the adjustment must be allocated among customer classes in the same manner as the utility's cost of service. Filing must occur at least 60 days before the proposed implementation date, and during that interval the regulatory authority may suspend implementation.

All amounts collected under the tariff or rate schedule before the next filing of a rate case are subject to potential refund, but once a final order or decision is issued in a subsequent rate case, the investment change included in an interim adjustment is no longer subject to review for reasonableness or prudence. The bill establishes methods for calculating the interim adjustment and requires that it be recalculated on an annual basis.

The gas utility must file with the regulatory authority an annual report describing investment projects completed and placed in service and investments retired or abandoned and addressing issues of cost, need, and customer benefit. The utility must also file with the regulatory authority an annual earnings monitoring report and, if the return on invested capital is above a certain threshold, a statement must accompany the report giving reasons why the utility's rates are not unreasonable or in violation of law.

Other provisions specify when the utility must next file a rate case and provide for reimbursement by a utility of its share of railroad commission costs in administering the interim rate adjustment mechanism.

Virginia Chapter 142 of 2010 authorizes investor-owned natural gas utilities to petition the State Corporation Commission to implement a separate rider that will allow for recovery of certain costs associated with eligible infrastructure replacement projects. Eligible infrastructure replacement projects are projects that:

- enhance safety or reliability by reducing system integrity risks associated with customer outages, corrosion, equipment failures, material failures, natural forces, or other outside force damage;
- do not increase revenues by directly connecting the infrastructure replacement to new customers;
- reduce greenhouse gas emissions;
- are not included in the natural gas utility's rate base in its most recent rate case; and
- are commenced on or after January 1, 2010. The costs recoverable from an eligible infrastructure replacement project include a return on the investment, a revenue conversion factor, depreciation, property taxes, and carrying costs on the over- or under-recovery of the eligible infrastructure replacement costs.

Submitted as:
Virginia
[Chapter 142 of 2010](#)
Status: Enacted into law in 2010.

[GO TO TABLE OF CONTENTS](#)

Comment:

DOT 41-11

Monday, April 4, 2011

U.S Transportation Secretary Ray LaHood Announces Pipeline Safety Action Plan U.S. DOT
Initiates National Effort to Prevent Hazardous Pipeline Incidents

ALLENTOWN, Pa. - U.S. Transportation Secretary Ray LaHood today launched a national pipeline safety initiative to repair and replace aging pipelines to prevent potentially catastrophic incidents.

Following several fatal pipeline accidents, including one that killed five people in Allentown, PA, Secretary LaHood called upon U.S. pipeline owners and operators to conduct a comprehensive review of their oil and gas pipelines to identify areas of high risk and accelerate critical repair and replacement work. Secretary LaHood also announced federal legislation aimed at strengthening oversight on pipeline safety, as well as plans to convene a Pipeline Safety Forum on April 18th in Washington, DC, to gather state officials, industry leaders, and other pipeline safety stakeholders in order to discuss steps for improving the safety and efficiency of the nation's pipeline infrastructure.

"People deserve to know that they can turn on the lights, the heat, or the stove without endangering their families and neighbors," said Secretary LaHood. "The safety of the American public is my top priority and I am taking on this critical issue to avoid future tragedies we have seen in Allentown and around the country."

Secretary LaHood was joined by the U.S. Department of Transportation's Pipeline and Hazardous Materials Safety Administrator Cynthia Quartermann, Pennsylvania Senator Bob Casey, Congressman Charlie Dent and other federal, state and local officials to unveil the Department's new pipeline safety action plan in Allentown, where a devastating natural gas pipeline failure killed five people and leveled homes and businesses on February 9.

Several other cities have also recently experienced pipeline incidents, including the environmentally devastating rupture in Marshall, MI, and the deadly San Bruno, CA, explosion which highlighted the need for pipeline operators to accelerate the repair, rehabilitation, and replacement of their highest risk lines.

"We must work together to develop a comprehensive solution to prevent these tragedies from happening," said Administrator Quartermann.

In a meeting in March, Secretary LaHood asked the CEOs of major pipeline companies around the country to conduct a comprehensive review of their pipeline systems to identify the highest risk pipelines and prioritize critical repair needs. Secretary LaHood committed that the Department would provide technical assistance in helping to identify high risk pipelines.

Secretary LaHood also called on Congress to increase the maximum civil penalties for pipeline violations from \$100,000 per day to \$250,000 per day, and from \$1 million for a series of violations to \$2.5 million for a series of violations. He urged Congress to authorize the Department

to close regulatory loopholes, strengthen risk management requirements, add more inspectors, and improve data reporting to help identify potential pipeline safety risks early.

The Department's pipeline safety action plan will address immediate concerns in pipeline safety, such as ensuring pipeline operators know the age and condition of their pipelines; proposing new regulations to strengthen reporting and inspection requirements; and making information about pipelines and the safety record of pipeline operators easily accessible to the public.

The Pipeline and Hazardous Materials Safety Administration will also create a new web page to provide the public – as well as community planners, builders and utility companies – with clear and easy to understand information about their local pipeline networks. Ensuring the public has access to information about local pipelines will help keep people safe and reduce the potential for serious accidents.

“To the American public, it doesn't matter who has jurisdiction over these essential utility lines. We have a responsibility to work together to prevent the loss of life and environmental damage that can result from poor pipeline conditions,” Secretary LaHood added.

Pipeline incidents resulting in serious injury or death are down nearly 50 percent over the last 20 years. In 1991, there were 67 such incidents compared to 36 in 2010, and an average of 42 per year over the last 10 years. However, a series of recent incidents have highlighted the need to address the nation's aging pipeline infrastructure.

Click here to see the [pipeline safety action plan](http://bit.ly/GKOYVz) at: <http://bit.ly/GKOYVz>

Pipeline Safety Fact Sheet and Background

Today, more than 2.5 million miles of pipelines are responsible for delivering oil and gas to communities and businesses across the United States. That's enough pipeline to circle the earth approximately 100 times.

Currently, these pipelines are operated by approximately 3,000 companies and fall under the safety regulations of the U.S. Department of Transportation's Pipeline and Hazardous Materials Safety Administration (PHMSA). PHMSA has engineers and inspectors around the country to oversee the safety of these lines and ensure that companies comply with critical safety rules that protect people and the environment from potential dangers. While PHMSA directly regulates most hazardous liquid pipelines in the nation, states take over when it comes to intrastate natural gas pipelines. Every state except Hawaii and Alaska are responsible for the inspection and enforcement of their own state pipeline safety laws for the natural gas pipeline systems within the state. Some states – about 20 percent - also regulate the hazardous liquid lines within state borders.

Over the last three years, annual fatalities have risen from nine in 2008, to 13 in 2009 to 22 in 2010. The ten year average number of fatalities is 15.

Causes of Pipeline Accidents

Pipeline incidents resulting in serious injury or death are down nearly 50 percent over the last 20 years. In 1991, there were 67 such incidents compared to 36 in 2010, and an average of 42 per year over the last 10 years. However, a series of recent incidents have highlighted the need to address the nation's aging pipeline infrastructure.

There are three major causes of significant pipeline failures resulting in oil spills or gas explosion: damage from digging; corrosion; and failure of the pipe material, welds, or equipment. This type of failure is caused by problems with valves, pumps, or the poor construction on any of these.

Safety Requires Coordination

Communities and pipeline operators must work together during planning and construction to prevent potentially fatal mistakes. Incidents like the September 2010, San Bruno, California explosion are lessons to developers and local governments to work together to ensure homes and businesses are not built too close to, and in many cases on top of existing pipelines.

Pipeline Maintenance & Monitoring

Maintaining healthy pipeline systems requires regular inspections and repairs. Many cast-iron pipelines were installed more than 50 years ago. While some states have replacement plans, most of those plans do not require pipeline replacement for decades into the future. For example: Pennsylvania's cast iron pipeline systems are required to be replaced by 2111, which means pipes that are already 80 years old may not be replaced for another 100 years; New York's oldest, cast iron pipes will be replaced by 2090, in 79 years; and Connecticut's pipelines won't be completely replaced until 2080, or another 69 years.

811 "Call Before You Dig" Hotline

PHMSA helped set up a toll-free 811 "Call Before You Dig" hotline that connects excavators and do-it-yourselfers anywhere in the country to One Call centers that alert utility owners of planned digging. One of the primary tools for avoiding damage to pipelines and other underground utilities is timely communication between excavators and those who operate or own buried utilities. More information is available at www.call811.com.

Contact: Olivia Alair • Tel: 202-366-4570

Disposition: 12-33B-04

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

*12-33B-05 Remote Net Metering by Farm and
Non-Residential Customer-Generators

NY

This Act generally permits farmers and certain other customers who use solar electric generating equipment, farm waste electric generating equipment, or wind electric generating equipment, to designate all or a portion of the net metering credits generated by such equipment to meters at any property their own or lease within the service territory of the same electric corporation to which their net energy meters are interconnected.

Submitted as:

New York

[Chapter 35 of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

Electric customers are charged a contracted price for electricity from retail electric providers as well as a charge from transmission and distribution service providers for the costs associated with electric delivery. Transmission and distribution utilities use demand rates, or demand charges, which are applied to certain rate schedules, mostly for large general-service or industrial-class customers. These rates are based on the peak demand or highest amount of power the customer used during the billing period. Some customers require large amounts of power for short periods of time. This high but short-term power use requires larger transformers and power lines to meet the infrequent peak needs. Once installed, these facilities remain in place, and the utility is allowed to recover the costs.

Demand rates are designed to recover the costs of building and maintaining the electrical system for the peak periods to serve the customers who required that capacity. Some demand charges are based on the highest demand for power measured over the current month and the previous 11 months. This is called a ratchet demand charge.

A ratchet demand charge establishes the minimum amount that a customer will pay and is based on the highest demand in the last 12 months. If a customer uses more than the minimum determined by the ratchet, the customer will pay the higher amount. The ratchet will reset after 11 months if the customer acts to reduce the maximum amount of electricity demanded.

This Act requires the Public Utilities Commission (PUC) to establish rules for a transmission and distribution utility to waive ratchet demand charges for nonresidential customers whose maximum load factor equaled or fell below the threshold set by PUC.

The Act requires the transmission and distribution utility to verify annually whether each nonresidential customer qualified for such a waiver and to specify whether the qualifying customers would be charged based on kilowatts, kilowatt-hours, or kilovolt-amperes. The tariff in the utility's next base rate case would be modified to implement the waiver.

Submitted as:

Texas

[HB 1064 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next task force mtg.

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act creates a criminal offense for disrupting communications and public utility services. Communications and public utility equipment includes but is not limited to public safety communications towers and equipment, telephone lines, communications towers and tower equipment, radio towers and tower equipment, railroad and other industrial safety communication devices or systems, electric towers and equipment and electric transmission and distribution lines.

Those who cause a disruption of communications services or public utility services by theft or by intentional damage that disrupts public services to 10 or more households or causes a loss in the value of the property in an amount of \$1,000 or more will be guilty of a misdemeanor. Upon conviction of a first offense, a person will be sentenced to at least 1,000 hours of court-approved community service and fined up to \$10,000, or both. For a second offense, the person is guilty of a felony and is to be imprisoned in a state correctional facility for one to five years and fined up to \$10,000 or both. For a third offense, the person is guilty of a felony and shall be imprisoned in a correctional facility for one to 10 years or fined up to \$10,000, or both.

Submitted as:

West Virginia

[Committee Substitute for SB 212 \(Enrolled version\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next task force mtg.

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act defines forward pricing mechanisms as contracts or financial instruments that obligate a public body to buy or sell a specified quantity of energy at a future date at a set price or provide the option to buy or sell the contract or financial instrument. The Act generally authorizes any public body to use forward pricing mechanisms for budget risk reduction. Forward pricing mechanism transactions may be made only if the quantity of energy affected by the mechanism does not exceed the estimated energy use for the public body for the same period; the period of the mechanism does not exceed 48 months; a separate account is established for operational energy for the public body; the public body develops written policies and procedures, and the public body establishes an oversight process.

Submitted as:

Virginia

[Chapter 204 of 2012](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

13-34A-01 State Employee Retirement System Reform Statement RI

This Act comprehensively reforms the state pension system by establishing a hybrid retirement structure providing retirement security from both a defined contribution account and a traditional defined benefit plan. The retirement structure is designed to provide retirement security to employees at sustainable costs to the tax payers.

The Act:

- Preserves all accrued benefits that are earned by members through the effective date of the legislation.
- Amends the traditional defined benefit plan so that employee contributions are lowered to 3.75% of salary.
- Amends the traditional defined benefit plan so that accrual rates are lowered to an annual accrual of 1% of final average salary.
- Implements a hybrid retirement system by creating a mandatory defined contribution account for all state employees, teachers and general municipal workers. Employee contributions equal 5% of salary and employer contributions equal 1%. An employee vests in employee contributions immediately and vests in employer contributions after three years of contributory service.
- Helps fill the void of retirement allowance for members who do not participate in social security. For employees who do not participate in social security, an additional 2% is contributed by the employee and an additional 2% is contributed by the employer.
- Establishes a reduced vesting period for employees so they become eligible for a defined benefit after 5 years of contributory service.
- Amends the method of calculating cost-of-living adjustments (COLAs) so that the same formula is used to calculate COLAs for all present and former employees, active and retired members, and beneficiaries receiving any retirement or disability benefits.
- Ties COLAs to actual investment returns of the retirement system fund. The COLA is calculated annually by subtracting 5.5% from the actual five year average investment return with a floor of 0% and a ceiling of 4%.
- Applies COLAs to the first \$25,000 of retirement allowance. The \$25,000 is indexed annually.
- Suspends cost-of-living adjustments (COLAs) for all state employees, teachers, judges and state police when their systems' funding level as calculated in the aggregate is below an eighty percent funding level.
- Suspends cost-of-living adjustments (COLAs) for all municipal workers who are part of the state administered retirement system when their specific system's funding level is below an eighty percent funding level.
- Provides an intermittent COLA every five years for eligible retirees during the initial suspension period.
- Creates a "Pension Protection Act" that implements a fair and transparent process to be used to facilitate needed changes in times of fiscal distress.
- Raises the retirement age for each member who is not eligible to retire by the effective date of the legislation to match the employee's normal Social Security Retirement Age.
- Provides a downward adjustment of retirement age for members who have at least five years of service by the effective date of the legislation. The downward adjustment is proportionate to the amount of service credit earned at the time of the legislation.

- Gives members who have at least ten years of service by the effective date of the legislation an option to retire at their previous retirement age with the benefit they earned as of the effective date of the legislation.
- Instructs locally administered pension plans that are not administered by the state to review and analyze their own plans and facilitates necessary changes to such plans.

Submitted as:

Rhode Island

[S 1111 SUBSTITUTE A AS AMENDED](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

In November of 2011, the Rhode Island General Assembly found that “[t]he current condition of Rhode Island’s critically underfunded pension system, combined with the state’s continuing financial instability and existing onerous tax burden, threatens the base pensions of current and future public workers, hampers the ability of the state to provide its citizens with vital services necessary for the public’s health, safety and welfare, and places an unsustainable financial burden on all Rhode Island citizens and taxpayers.” It was clear that action was needed to address the state’s pension problems.

In May of 2011, the Rhode Island General Treasurer Gina M. Raimondo released a report entitled “Truth in Numbers which diagnosed the key drivers of the structural pension deficit and provided a framework for solutions. Following the release of “Truth in Numbers”, Treasurer Raimondo partnered with Governor Lincoln D. Chafee in order to craft a comprehensive solution for the state pension system. Stressing the importance of a transparent process, Treasurer Raimondo led by establishing a twelve member Pension Advisory Group formed to discuss possible solutions. The group consisted of public officials, local pension experts, business leaders and labor leaders who volunteered their time and expertise. The group met throughout the summer of 2011. These meetings were open to the public. In the fall of 2011, legislation was drafted by the Treasurer Raimondo with the support of the governor to ensure the sustainability of the state’s public retirement systems. The legislation was referred to as the Rhode Island Retirement Security Act (RIRSA).

Aware of the importance of the situation, the Rhode Island General Assembly reconvened for an extremely rare special session to introduce the bill. In November of 2011, the Rhode Island Senate Finance Committee and the Rhode Island House Finance Committee jointly held hearings to allow the public to provide testimony regarding RIRSA. Following the testimony, the general assembly made minor amendments to the original bill and it was passed in both the senate and the house on November 17, 2011. On November 18, 2011, RIRSA was signed into law by the governor.

The Rhode Island Treasurer’s Office reports that on November 17, 2011, the Rhode Island Retirement Security Act of 2011 (RIRSA) passed in the Rhode Island House of Representatives 57 - 15 and in the Rhode Island Senate 35 - 2. On November 18, 2011, RIRSA was signed into law by the governor.

RIRSA provides a secure retirement for all 66,000 members of the state’s retirement system. This comprehensive law modernizes and ensures that the pension system is well-funded, while providing a similar level of retirement benefits for active employees as the old system, within a structure that shares the market risk more evenly between the taxpayer and employee.

The new design encompasses safeguards to prevent annual pension costs from spiking to unaffordable levels in the future. It also balances the current cost burdens, across all stakeholders – employees, retirees and taxpayers. In addition to stabilizing the state-administered pension system, it has self-correcting mechanisms in place which are designed to avoid the need for subsequent reforms.

RIRSA's design components include cost-of-living adjustments tied to the funding level of the pension system, tying cost-of-living adjustments to actual investment returns, raising the retirement age to match the Social Security retirement age, with transition rules for those closer to retirement and creating a combined defined benefit pension and mandatory defined contribution program.

The passage of RIRSA represents what can happen when a thoughtful process and leaders come together for the people of Rhode Island. This bill is a great step forward as the state continues to work toward a secure path of growth and prosperity. RIRSA represents the culmination of eleven months of thoughtful, fact-based analysis and input from retirees, employees and taxpayers. It is affordable, sustainable and secure. The law provides retirement security to hard working public employees, saves Rhode Islanders approximately \$4 billion over the next two decades, keeps costs steady and predictable for taxpayers for decades to come, while sharing the risk fairly among all groups. RIRSA immediately reduces the unfunded liability by about \$3 billion and brings the funding status of the state system from 48 percent funded to over 60 percent funded. In addition, RIRSA's design was rigorously stress-tested through actuarial and legal analyses, and discussed with a wide range of stakeholders across the state.

RIRSA is considered the most aggressive and comprehensive state pension reform and provides a template for other states to follow. Fitch Ratings stated in the November 18, 2011 edition of the Providence Journal, "[a]pproval of broad pension reform by the Rhode Island legislature increases financial stability for the state and may set a precedent for other states." Several other states — including Kansas, New York and Virginia — have already enacted sweeping structural pension reforms in 2012 and California, Michigan, New Hampshire and Ohio have reforms under consideration.

In June of 2012, various labor unions and retirees brought actions in Providence Superior Court alleging that RIRSA violates the Contract Clause of the Rhode Island Constitution. The lawsuits are currently in the process of being decided.

Interested readers can get more information about this Act at: <http://www.treasury.ri.gov/secure-path-ri/index.php> or contact:

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Rhode Island S 1111 is not in the docket bill packet because it is 114 pages.

This Act generally revises the state's civil service law by:

- Renaming career service as the preferred service and revising the members of the executive service;
- Revising the powers and duties of the commissioner of human resources with regard to the state service;
- Rewriting laws about promotion and entrance tests; revising the manner in which state positions are filled and the manner in which layoffs and dismissals are made;
- Renames the state civil service commission as the state employee's appeals board, and revising the duties of the commission/board, and
- Replacing the present grievance procedure with a complaint and appeal procedure.

Executive Service and Preferred Service

Prior state law divided the state service into the executive and the career service. This Act renames the career service as the preferred service and revises the employees who would be a part of the executive service. It specifies that an executive service employee would be an employee at will and serve at the pleasure of the appointing authority.

Under prior law, the executive service included:

- Members, and the chief executive officer, of each board, commission, agency and authority and the commissioner of each department;
- Any deputy commissioner, assistant commissioner, or equivalent, in each department and agency;
- Any division director, or equivalent, in each department and agency;
- Any position serving in a confidential administrative or program management capacity to a commissioner, deputy commissioner, assistant commissioner or equivalent;
- All positions in the governor's office (executive department); and
- Wardens and directors of correctional institutions and superintendents of mental health institutes or developmental centers.

This Act revises the executive service to include:

- Members, and the chief executive officer, of each board, commission, agency and authority and the commissioner of each department;
- Wardens and directors of correctional institutions and superintendents of mental health institutes or developmental centers.
- Any officer or employee appointed by the governor and all positions in the governor's office;
- Any position serving in a confidential capacity to a commissioner, deputy commissioner, assistant commissioner or equivalent authority.
- The head of a division or major unit within a state agency or a regional director or manager for a state agency, who, as a substantial part of the position's duties, provides meaningful input on the development of policy goals or the implementation of policy;
- The highest ranking employee of a state agency who has primary responsibility for public information; fiscal, budget and audit matters; security or internal affairs; information technology systems; and human resources;
- A clinical director, medical director, or other licensed physician; and

- A licensed attorney engaged in the practice of law and representing the state in such capacity.

Prior state law required an appointing authority, before establishing a new position in the career service or making any change in the duties, authority or responsibilities of a position in such service, to notify the commissioner of human services in writing of the appointing authority's intention to do so. This Act requires the appointing authority to get approval from the commissioner instead of simply notifying the commissioner before performing such actions.

Prior state law authorized a career service employee who became an executive service employee to be reassigned to a career service position after termination from the executive service position in certain situations. This Act specifies that if an executive service position is reassigned to the preferred service, the incumbent employee may, within one year, be given a noncompetitive assessment in a manner prescribed by the commissioner. The Act requires the commissioner of human services certify whether the employee meets the minimum qualifications to retain or be classified as a preferred service employee.

Powers and Duties of Commissioner of Human Resources

This Act expands the powers of commissioner of human resources to:

- Survey the administrative organization and procedures, including personnel procedures, of all state agencies, and submit to the governor measures to secure greater efficiency and economy, minimize the duplication of activities, and effect better organization and procedures;
- Develop personnel policies and procedures for all state agencies;
- Implement a job performance evaluation system for employees in state service;
- Make available employee relations specialists to help employees resolve employment related problems and understand the appeal procedures;
- Approve or disapprove and record the appointments, transfers, demotions, promotions, suspensions, dismissals, layoffs, reclassifications, reappointments, resignations, sick, annual, compensatory and special leave, and hours of service of employees; and
- Investigate personnel, salary rate and ranges, and employment conditions in state service as may be requested by the governor and require the attendance of witnesses and production of documentary evidence pertinent to any such investigation.

The Act removes from state law provisions requiring the commissioner, with respect to the executive service, to prescribe, with approval of the governor, rules and regulations; recommend to the governor a compensation plan for such employees; and make an annual survey of rates of pay for persons performing graduate civil engineering functions in other southeastern states and federal agencies and transmit the results to the transportation committees of each house by December 1 of each year.

The Act changes state law to authorize the commissioner to make available education development specialists who will administer training programs for state employees instead of requiring the commissioner to develop training and educational programs for state employees.

This Act authorizes the commissioner to establish, execute and administer a classification plan for all state employees and to approve payment at a rate above the rate assigned in the compensation plan when the commissioner determines it to be in the interest of the state.

The Act requires the commissioner, in cooperation with appointing authorities, to establish a system of job performance evaluations. Each appointing authority must report at least annually to the commissioner evaluations for the appointing authority's employees. Upon request of the commissioner, the appointing authority must provide the information relied on in the evaluation. These evaluations will not be considered public records under state law.

Tests/Assessment

Prior state law required the commissioner to conduct such promotion and entrance tests as the commissioner considers necessary. Generally, the rating of each test had to be completed within four months. This Act rewrote these provisions to instead require the commissioner, from time to time, to conduct assessments that the commissioner considers necessary to establish lists of eligible employees. The assessment would not be rated as the tests are under present law and veteran preference points would not apply. However, any honorably discharged veteran on the list of eligible employees must receive an invitation to interview for the position. The commissioner must notify each applicant of the results of the assessment as soon as reasonably practicable.

Filling Positions

This Act requires appointing authorities fill open positions within 30 days after receiving a list of eligible employees and it requires the authorities to invite at least three applicants on the list to interview for the position, or to invite each person on the list to interview if fewer than three people are listed.

The Act specifies that when an appointing authority desires to fill a position in the preferred service, and the commissioner cannot timely evaluate the list of eligibles for such vacancy, the commissioner may authorize the appointing authority to fill the position by temporary appointment for up to six months.

Under prior law, every career service employee was subject to probation. The probationary period commenced immediately upon appointment and continues for such time, not less than six months, as established by the commissioner. At any time during the period, after the first month thereof, the appointing authority may remove the employee, if the employee is unable or unwilling to perform duties satisfactorily or the employee's habits and dependability do not merit continuance in the service. This Act requires that the probationary period continue for at least one year. It specifies that an employee may be removed, as described above, at any time during the probationary period, and not just after the first month of such period.

The Act removes provisions that required appointing authorities report to the commissioner and the employee the reason for removing the employee during the probationary period.

Layoff and Dismissal of Employees

This Act enables an appointing authority, with the approval of the commissioner, to layoff or furlough employees or reduce hours of employment due to a lack of funds, a reduction in spending authorization, lack of work, efficiency, or any other material change in duties or organization. In determining a layoff, the appointing authority must first consider job performance evaluations and thereafter may consider disciplinary records; skills, abilities, competencies and knowledge; or seniority. Any preferred service employee whose position is abolished because of a reduction-in-force must be provided written notice of the reason for the layoff at least 30 days in advance. Subject to certification by the commissioner of finance and administration that the rainy day fund is likely to fall below \$200 million, any layoff notice required may be reduced to a different period of time, but not less than 10 days. However, any employee who is laid off due to the reduction of a governmental grant of which the state had less than 120 days notice or due to the need of an agency to close the fiscal year with a balanced budget would instead be provided the maximum notice possible. An employee laid off as a result of a reduction in force must be invited to interview when an agency

offers invitations to interview applicants for the same job classification that the employee served immediately prior to the layoff, if the employee responds to the public notice of the job opening and has not been laid off more than one year prior to the posting of the job opening.

The Act authorizes a preferred service employee to be dismissed, demoted, or suspended for cause. The dismissal of a preferred service employee will take effect immediately after the appointing authority gives notice to such employee and files a written statement with the commissioner. The employee will continue to receive compensation for 10 days following the dismissal.

Civil Service Commission/Board of Appeals

This Act replaces a state civil service commission with a state employees' appeals board (board of appeals), which would be in the department of human resources. The board will consist of seven members. The members may be removed by the governor at any time and for any reason and without the need for a hearing in front of the governor; the pay of the members would be established by the commissioner; the board must meet at least once every three months; notice of each meeting must be given to each member; the commissioner is not required to attend all meetings of the board, and would not act as its secretary.

Appeals

This Act establishes the following complaint procedure:

(1) The complainant must present the written complaint to the appointing authority. The appointing authority would conduct any investigation and issue a written decision within 15 days after receipt of the complaint;

(2) If the appointing authority does not find in favor of the complainant, the employee may file the complaint with the commissioner within 14 days after the appointing authority's finding. The commissioner would review the complaint and issue a written judgment within 30 days after the appeal was filed; and

(3) The employee or state agency may file a written appeal to the board of appeals within 14 days after receipt of the written notice of the action of the commissioner. The board would determine whether all previous procedural requirements were completed properly and in a timely manner. If a procedural requirement has not been met, the board would dismiss the appeal. If such requirements have been met, the board would conduct proceedings, in accordance with the state administrative procedures Act, to determine if the law, rule, or policy specified in the complaint was violated. The board would issue a written judgment within 30 days after the appeal was filed. Decisions of the board of appeals are subject to judicial review in accordance with those procedures.

A preferred service employee may file a complaint concerning the application of a law, rule, or policy to the employee. The employee must file the complaint as soon as possible and within 14 days after the employee became aware, or by the exercise of reasonable diligence should have been aware, of the occurrence giving rise to the complaint. If the 14-day period is not met, the right to appeal lapses and is waived. A remedy granted under this bill may not extend back more than 30 days before the complaint was filed. The commissioner may award reasonable attorney's fees and costs to a successfully appealing employee. In any case in which a successful complainant has been awarded reinstatement, back pay or attorney's fees, the agency involved would have 30 days from the final order to provide such reinstatement, back pay or attorney's fees.

The Act establishes an employee mediation program, to be administered by the department of human resources, through which an employee or supervisor may request mediation services in order

to resolve workplace issues. Participation in the mediation sessions would be voluntary and conducted upon agreement of both parties. Participation in mediation does not preclude an agency from taking disciplinary action as needed and would not affect the time periods for filing an appeal under this Act.

Other Provisions

This Act specifies that upon written application of the employee, any written warning or written follow-up to an oral warning, which has been issued to an employee, would be expunged from the employee's personnel file after a period of two years if the employee has had no further disciplinary actions with respect to the same area of performance, conduct, and discipline.

The Act specifies that the merit pay guidelines for members of the preferred service may not permit, facilitate or promote discrimination on account of disability, religion, creed, veteran's status, race, color, gender or national origin.

Submitted as:

Tennessee

[Chapter 800](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition: 13-34A-02

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

The Act generally declares as void and unenforceable any covenant, restriction, or condition contained in any deed, contract, security instrument, or other instrument affecting the transfer or sale of any interest in a common interest development, and any provision of a governing document, that either effectively prohibits or unreasonably restricts the installation or use of an electric vehicle charging station in an owner's designated parking space, including, but not limited to, a deeded parking space, a parking space in an owner's exclusive use common area, or a parking space that is specifically designated for use by a particular owner.

The Act does not apply to provisions that impose reasonable restrictions on electric vehicle charging stations, which it defines as restrictions that do not significantly increase the cost of the station or significantly decrease its efficiency or specified performance.

The Act authorizes an association or owners to install a charging station in a common area for the use of all members, and requires the association to develop appropriate terms of use for the charging station.

Submitted as:

California

[Chapter 6 of 2012](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act declares that places of public accommodation with at least 100 parking spaces for use by the general public must have at least one parking space exclusively for electric vehicles and be equipped with an electric vehicle charging system located anywhere in the parking structure, provided that no parking space designated for electric vehicles shall displace or reduce accessible stalls required by the Americans with Disabilities Accessibility Guidelines. It also requires warning anyone who parks a non-electric vehicle in a space marked reserved for electric vehicles.

Submitted as:

Hawaii

[S.B. NO. 2747 S.D. 1 H.D. 2](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act states a person shall not drive a motor vehicle while using an electronic wireless communications device to write, send, or read a text-based communication, unless the electronic wireless communications device is specifically designed and configured to allow voice-operated and hands-free operation to dictate, send, or listen to a text-based communication, and it is used in that manner while driving. It generally exempts emergency services professional using an electronic wireless communications device while operating an authorized emergency vehicle in the course and scope of their duties.

Submitted as:

California

[Chapter 92](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act establishes procedures and fees to enable telecommunications providers to install telecommunications facilities on rail-trail land under state ownership or control. It requires some of the money from such fees be used to develop and maintain rail-trails.

Submitted as:

Michigan

[Act No. 138, Public Acts of 2012](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Tuesday, May 22, 2012

LANSING, Mich. - Gov. Rick Snyder recently signed legislation to provide better wireless Internet access in rural areas.

Senate Bill 499, sponsored by state Sen. Tom Casperson, will allow easier access for telecommunications companies to install facilities along state-controlled rail-trails - former railway lines converted to walking and bicycling paths. Companies will pay not more than \$500 in application fees to the Department of Natural Resources, plus a one-time fee of 5 cents per linear foot used. Revenues will go into the Michigan Trailways Fund or the Natural Resources Trust Fund.

“Keeping costs low will encourage more companies to expand wireless Internet access to Michigan’s rural areas, essential to continuing our economic reinvention,” Snyder said.

The bill now is Public Act 138 of 2012.

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act defines a social networking website and generally prohibits registered sex offenders from creating a profile on a social networking website or contacting or attempting to contact other users on a social networking website.

Submitted as:

Louisiana

[Act No. 205](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act provides the authority and protocol for law-enforcement officers to use GPS devices to track people.

Submitted as:

Virginia

[Chapter 636 of 2012](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act creates a process to allow expunction of nonviolent felonies or nonviolent misdemeanors, regardless of the offender's age at the time of conviction, if after 15 years the person has had no other convictions for felonies or misdemeanors, other than traffic violations. The 15-year period is calculated from the conviction date or the completion of any sentence, period of post-release supervision, or period of probation. Multiple convictions occurring in the same session of court, where none of the offenses are alleged to have occurred after service of process for another offense, may all be expunged.

This Act does not allow the expunction of Class A through G felonies; Class A1 misdemeanors; assaults; sex offenses requiring registration; specific sex-related and stalking offenses; certain drug offenses involving methamphetamines, heroin, or cocaine; ethnic intimidation; contamination of food or drink to incapacitate a victim; or use of a commercial vehicle to commit a felony.

The petition process includes payment of a \$175 fee, notice to the district attorney who has a right to file an objection to the petition, and judicial authority to call upon a probation officer for investigation or verification of petitioner's conduct. Before granting the petition to expunge, the court must find:

- The petitioner has not had a previous conviction expunged under any of the expunction provisions. Expunction of a dismissed charge or not guilty finding will not prevent expunction under this act.
- The petitioner has remained of good moral character and has no outstanding or pending criminal cases.
- The petitioner has no other felony or misdemeanor convictions, other than a traffic violation.
- The petitioner has no outstanding restitution orders or civil judgments representing amounts ordered for restitution.

No person who has had an offense expunged pursuant to this Act will be guilty of perjury or giving a false statement for failure to acknowledge the offense. However, any person seeking certification as a law enforcement officer by certain state commissions must disclose any and all convictions to the certifying commission, even if those convictions have been expunged pursuant to this Act.

Submitted as:

North Carolina

[SESSION LAW 2012-191](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act creates a state offense of terrorism. The offense occurs when a person commits an “act of violence” with the intent to intimidate either the civilian population at large or an identifiable group of the civilian population or influence, through intimidation, the conduct or activities of the government of the United States, a state, or any unit of local government.

“Act of violence” means first or second degree murder; manslaughter; any felony that includes an assault or use of violence or force against a person; any felony that includes the threat or use of any explosive or incendiary device; or any offense including the threat or use of a nuclear, biological, or chemical weapon of mass destruction.

Violation of the Act is punishable at one offense level higher than the underlying act of violence. If the underlying offense is a Class A or B1 felony, the terrorism offense is a Class B1 felony. Real or personal property used in connection with a violation is subject to seizure and forfeiture. Forfeiture is subject to prior security interests taken by a lender in good faith, and bona fide purchasers are protected from forfeiture.

This Act also amends the continuing criminal enterprise statute to provide that violation of that statute while in violation of the terrorism statute is punishable as a Class D felony, rather than the Class H punishment for all other continuing criminal enterprise offenses.

Submitted as:

North Carolina

[SESSION LAW 2012-38](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act guarantees that no person's rights, privileges, or access to public services will be denied or abridged solely because they are homeless.

Submitted as:

Rhode Island

[S 2052 SUBSTITUTE B](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act requires the state office of refugee services provide at least a written quarterly report to representatives of local governments to plan and coordinate the appropriate placement of refugees and to appear before the local government to provide additional information at the request of the local government. It directs the state office or refugee services to ensure that residents of host communities and representatives of local governments are aware that any and all concerns regarding local refugee resettlement activities in any host community must be filed with the office and that the office will respond timely in writing to all such communications. It enables local governments to ask the U.S. Dept. of State for a moratorium on new refugee resettlements in the locality under certain circumstances.

Submitted as:

Tennessee

[Chapter 316](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act requires the children's division of the state department of social services and the department of revenue to implement a child care subsidy pilot program in at least one rural county and at least one urban child care center that serves at least 300 families to be known as the Hand-up Program.

The program will allow willing recipients to continue to receive child care subsidy benefits while sharing in the cost of the benefits through a premium payment. The program must be voluntary and must be designed to make sure that a participating recipient will not be faced with a sudden loss of child care benefits should the recipient's income rise above the maximum allowable monthly income for a person to receive full child care benefits as of certain date. If this occurs, the recipient must be permitted to continue to receive benefits if the recipient pays a premium to be applied only to that portion of the recipient's income above the maximum allowable monthly income for the receipt of full child care benefits.

The premium must be 44% of the recipient's excess adjusted gross income over the maximum allowable monthly income for the applicable family size for the receipt of child care benefits.

The premium must be paid on a monthly basis or through a payroll deduction by the participating recipient. The division must develop a payroll deduction program in conjunction with the department of revenue and must promulgate rules for the payment of premiums owed under the program. A participating recipient who fails to pay the premium owed must be removed permanently from the program after 60 days of nonpayment.

Subject to the receipt of federal waivers if necessary, a participating recipient must be eligible to receive child care service benefits at income levels all the way up to the level at which a person's premium equals the value of the child care services received. Only a recipient who currently receives full child care benefits as of joining the program and who had been receiving full benefits continuously since on or before a certain date, and agrees to the terms of the program during a 90-day sign-up period will be eligible to participate in the program. A participant must be allowed to opt out of the program at any time, but the person cannot be allowed to participate in the program a second time.

The division must track the number of participants and information on premiums and taxes paid and issue an annual report to the legislature by January 1, 2014, and on every January 1 thereafter detailing the effectiveness of the pilot program in encouraging recipients to increase their income levels above the income maximum applicable to each recipient and other specified information. The division must pursue all necessary waivers from the federal government to implement the program.

The Hand-up Program Premium Fund is created consisting of the premiums collected under the act to pay the costs of administering the program as well as the necessary payments to the federal government and the state General Fund. Child care benefits under the program must continue to be paid for as under the existing state child care assistance program.

The Act also establishes procedures to handle evaluating and investigating reports of child abuse, and specifically when the reported family has a history of domestic violence or fleeing the community. It prohibits a person responding to or investigating a child abuse and neglect report from calling prior to a home visit or leaving a business card, pamphlet, or other similar identifying information at a residence if the worker has a reasonable basis to believe that no person is present at the time of the home visit and the alleged perpetrator resides in the home or the child's safety may be compromised if the alleged perpetrator becomes aware of the attempted visit, the alleged

perpetrator will be alerted regarding the attempted visit, or the family has a history of domestic violence or fleeing the community.

If the alleged perpetrator is present during the visit, a person responding to or investigating a child abuse and neglect report must provide written material to the alleged perpetrator informing the person of his or her rights regarding the visit, including the right to contact an attorney. The alleged perpetrator must be given a reasonable amount of time, not to exceed five minutes, to read the material or have the material read to him or her by the caseworker before the visit commences. This requirement does not apply in a case where the child faces an immediate threat or danger or if the person responding to investigate the report feels threatened or in danger of physical harm.

The Act requires any child care facility that is not exempt from licensure to disclose to any parent or guardian of children in its care the facility's licensure status. A child care facility that is exempt from licensure cannot represent to any parent or guardian of children in its care that the facility is licensed when it is not. Any person who violates the provisions regarding child care licensure a second or subsequent time must be assessed a fine of up to \$200 per day, not to exceed \$10,000.

The Act allows any court with competent jurisdiction in a case involving the abuse, neglect, or death of a child to impose as a condition of release of the defendant that he or she be prohibited from providing child care services for compensation pending final disposition of the case. The court must notify the department of health and senior services and the department of social services when it makes this determination and when it makes its final disposition of the case.

Submitted as:

Missouri

[HB1323 \(Truly Agreed to and Finally Passed\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act requires the state higher education coordinating board consider certain performance indicators when devising base formula funding recommendations for funding public institutions of higher education. These include degree completion rates and the number of degrees awarded in critical fields. The Act defines critical fields as the fields of engineering, computer science, mathematics, physical science, allied health, nursing, and teaching certification in the field of science or mathematics.

Submitted as:

Texas

[HB 9](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

During winter, spring, or Thanksgiving breaks, most college students live at home while their dorm rooms are closed. Former foster care children do not have that luxury. Lacking a permanent home while their dorms are closed during break, many former foster care children are left homeless. Foreseeing this inevitability, many even choose not to go to college. This Act requires colleges to help certain students find temporary housing between academic terms. In most cases, this could be as simple as keeping one or two dorm rooms open or coordinating off campus housing with other students not living at home during these breaks.

The Act requires higher education institutions help eligible students locate temporary housing between academic terms upon the students' request. Students are eligible if they were under the conservatorship of the state department of family and protective services immediately before turning 18 or becoming a legal adult, lacked housing between academic terms, and were enrolled full-time before or registered full-time after the period when housing assistance was needed. It also allows an institution to provide temporary housing or a stipend for temporary housing to eligible students.

The Act permits an institution to use gifts, grants, donations, or legislative appropriations to help provide such housing to former foster care children and it requiring using grants and donations to fund such housing before using appropriated funds.

Submitted as:

Texas

[HB 452 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This bill requires the state department of elementary and secondary education to ensure specific criteria are implemented in every school district about the enrollment and educational success of foster care children.

If a foster care student transfers before or during the school year, the Act requires the receiving school to initially honor placement of the student in educational courses and programs based on the student's previous enrollment or educational assessments from the sending school, provide comparable services to a foster care student with disabilities based on their current Individualized Education Program, and make reasonable accommodations and modifications to address the needs of incoming foster care students with disabilities, subject to an existing 504 or Title II Plan, to provide equal access to education. The receiving district may conduct subsequent evaluations to ensure appropriate placements.

A school may waive the prerequisites or other preconditions for placement in a course or program and must waive specific courses required for graduation if similar course work has been satisfactorily completed at another school or provide reasonable justification for denying such a waiver. If a waiver is not granted, the receiving school must provide an alternative means of acquiring the required course work so that graduation may occur on time.

If a foster care student who transfers at the beginning of or during their senior year is ineligible to graduate from the receiving school after all alternatives specified in the Act have been considered, the sending and receiving schools must ensure the student receives a diploma from the sending school if the student meets the graduation requirements of the sending school.

Submitted as:

Missouri

[HB1577 \(Truly Agreed to and Finally Passed\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act creates a clearinghouse and procedures local school systems and charter schools can use to offer computer-based courses to students of other local school systems or charter schools. It also addresses fees and credits for courses offered through the clearinghouse.

Submitted as:

Georgia

[HB 175 \(AS PASSED HOUSE AND SENATE\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act requires public schools provide age and grade appropriate classroom instruction about Internet and cell phone safety. Such instruction shall include information about:

- safe and responsible use of social networking websites, chat rooms, electronic mail, bulletin boards, instant messaging, and other means of electronic communication;
- risks of transmitting personal information;
- recognizing, avoiding, and reporting electronic solicitations by sexual predators;
- recognizing and reporting illegal activities and communications;
- recognizing and reporting harassment and cyberbullying;
- recognizing and avoiding unsolicited or deceptive communications, and
- copyright laws about written materials, photographs, music, and video.

The Act requires public school governing authorities to provide teaching materials about Internet and cell phone safety to parents and legal guardians.

It is applicable to all public elementary and secondary schools, including charter schools.

The Act directs that no person shall have a cause of action against any school district, school, or school employee based on any statement made or action taken, or by the omission of any statement or action, regarding the instruction required by new law. But, this immunity from liability does not apply to any statement or action by a school employee that is maliciously, willfully, and deliberately intended to cause bodily harm to a student or to harass or intimidate a student.

Submitted as:

Louisiana

[Act 384 of 2012](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

- () Include in Volume
- () Defer consideration
 - () next SSL mtg.
 - () next SSL cycle
- () Reject

Comments/Note to staff:

This Act requires schools and charter schools have a written medical emergency response plan to reduce the incidence of life-threatening emergencies and promote efficient responses to such emergencies. Each plan shall include:

- a method for establishing a rapid communication system linking all parts of the school campus, including outdoor facilities and practice fields, to the emergency medical services system and protocols to clarify when the emergency medical services system and other emergency contact people shall be called;
- a determination of emergency medical service response time to any location on campus;
- a list of relevant contacts and telephone numbers with a protocol indicating when each 19 person shall be called, including names of experts to help with post-event support;
- a method to efficiently direct emergency medical services personnel to any location on campus, including to the location of available rescue equipment;
- safety precautions to prevent injuries in classrooms and on the facilities;
- a method of providing access to training in cardiopulmonary resuscitation and first aid for teachers, athletic coaches and trainers and other school staff, which may include training high school students in cardiopulmonary resuscitation; and
- in the event the school possesses an automated external defibrillator, the location of said device, whether or not its location is either fixed or portable, and those personnel who are trained in its use.

Submitted as:

Massachusetts

[SB 2132](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

BOSTON – Thursday, May 17, 2012 – Governor Deval Patrick today joined legislators and family members to sign Senate Bill 2132, “An Act Relative to Medical Emergency Response Plans for Schools.” Local school districts will now be required to develop efficient written medical response plans to be better prepared to respond to life-threatening emergencies.

The legislation, also known as “Michael’s Law“ was filed in response to a tragic incident involving Sutton High School sophomore Michael Ellsesser, who died after suffering cardiac arrest while playing high school football in 2010. Michael was 16.

“I am proud that we are honoring Michael Ellsesser’s legacy and implementing important steps to stop tragedies like this from happening again,” said Governor Patrick.

“This new law will provide local school districts with the tools and resources to respond effectively and efficiently in the event of medical emergencies which will help prevent future tragedies like the loss of Michael Ellsesser,” said Lieutenant Governor Timothy Murray.

Schools will now be required to implement the following steps in addition to the required multihazard evacuation plan: (1) a method for establishing a rapid communication system and protocols, (2) a list of relevant contacts, (3) a method to efficiently direct emergency medical

services, (4) safety precautions for injury prevention, (5) a method of providing access to CPR and first aid training, and (6) the location of defibrillators and personnel who are trained in their use.

“Life-threatening emergencies can happen in any school at any time,” said Senator Mark Montigny. “A medical crisis can strike students, staff or visitors and occur during class, after school or at athletic events. This bill encourages every school to develop a program which provides the tools to react to any acute medical incident. Such a program will have the potential to save the greatest number of lives. We must ensure the safety of all the members of the public, young and old alike that utilize our public schools and this legislation will accomplish that goal.”

Local districts will be required to submit their plans to the Department of Elementary and Secondary Education (DESE) every three years and DESE will be required to develop and biennially update a model medical emergency response plan to assist school districts in the formulation of their plans. Schools are required to conduct plan simulations at least annually and to evaluate and modify their plans as necessary. DESE will be required to submit a report to the legislature on the implementation of this initiative by July 1, 2013.

“This bill will save young lives in the future, and it’s a fitting memorial tribute to a great young man, Mike Ellsesser of Sutton” said Senator Richard Moore.

Disposition: 20-34A-06

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act requires intercollegiate athletic programs at 4-year institutions of higher education in the state that receive, as an average, \$10,000,000 or more in annual revenue derived from media rights, for intercollegiate athletics, to provide an equivalent scholarship, to a student athlete, if an athletic program does not renew the athletic scholarship of a student athlete who suffers an incapacitating injury or illness resulting from their participation in the athletic program, and the institution's medical staff determines that the student athlete is medically ineligible to participate in intercollegiate athletics, or if a student athlete on an athletic scholarship and in good standing exhausts their athletic eligibility.

The Act also requires athletic programs that receive, as an average, \$10,000,000 or more in annual revenue derived from media rights for intercollegiate athletics be responsible for paying the premiums of each of its student athletes whose household has an income and asset level that does not exceed a certain level, insurance covering claims resulting from their participation in the athletic program, unless the student athlete declines the payment of premiums. The Act requires an athletic program be responsible for paying the insurance deductible amount applicable to the claim of any student athlete who suffers an injury resulting from their participation in the athletic program and makes a claim relating to that injury. It requires an athletic program to provide to a student athlete who suffers an injury resulting from participation in the athletic program and requires ongoing medical treatment, either the necessary medical treatment or health insurance that covers the injury and the resulting deductible amounts.

The Act's provisions do not apply to preexisting medical conditions that predated the student athlete's participation in the athletic program.

Submitted as:

California

[Chapter 635](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act directs the state department of education and the state association of school nurses to develop guidelines to train school nurses and other employees in the care needed for students with diabetes. The training guidelines shall include instruction in:

- Recognition and treatment of hypoglycemia and hyperglycemia;
 - Understanding the appropriate actions to take when blood glucose levels are outside of the target ranges indicated by a student's diabetes medical management plan;
 - Understanding physician instructions concerning diabetes medication dosage, frequency, and the manner of administration;
 - Performance of finger-stick blood glucose checking, ketone checking, and recording the results;
 - Administration of insulin and glucagon, an injectable used to raise blood glucose levels immediately for severe hypoglycemia, and the recording of results;
 - Performance of basic insulin pump functions;
 - Recognizing complications that require emergency assistance; and
 - Recommended schedules and food intake for meals and snacks, the effect of physical activity upon blood glucose levels, and actions to be implemented in the case of schedule disruption.
- The Act requires local boards of education and state chartered special schools ensure at least two employees at schools attended by students with diabetes get such training.

This Act requires parents or guardians who seek diabetes care for their children at school to submit diabetes medical management plans to the schools their children attend. It generally permits students who have diabetes to possess supplies and equipment to monitor their glucose levels and administer insulin at school. It generally directs a school nurse or other trained personnel to help students manage their diabetes at school and to respond to diabetic emergencies such as when a student's blood glucose levels are outside their target range.

The Act limits the liability of school nurses and school employees who perform activities authorized by the Act.

Submitted as:

Georgia

[HB 879 \(AS PASSED HOUSE AND SENATE\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

HB 879, the Georgia Safe at School legislation, was passed during the 2012 legislative session. The legislation was championed and sponsored by Representative Matt Ramsey. Ramsey took an interest in this legislation because his 8-year old daughter was diagnosed with diabetes in the summer of 2011. While his daughter received excellent care in her school from the school nurse, Ramsey recognized there were many schools that did not have a school nurse and were in need of a plan to better care for the students with diabetes.

While the school nurse is the most appropriate person in a school setting to provide for students with diabetes, many schools in Georgia do not have a full-time school nurse that is available throughout the school day and for extracurricular activities.

HB 879 addresses barriers faced by children with diabetes in the school setting and provides a plan for students with diabetes to have the same educational experiences as those without diabetes. This legislation allows for the training of unlicensed personnel to complement and collaborate with school nurses to provide insulin and glucagon, in an emergency, to students with diabetes. It also allows students, who are able, to manage their own diabetes in the classroom or other school setting. As well, it prohibits schools from “transferring” students with diabetes to a different school by requiring trained personnel in every school with a child with diabetes.

The legislation was signed into law by Governor Nathan Deal on Monday, April 16 and the legislation was effective for the 2012-2013 school year.

This Act requires schools to permit students to self-administer asthma medication or an epinephrine auto-injector under certain circumstances. It also allows schools nurses to provide or administer an epinephrine auto-injector to a student that meets the prescription on file for such student.

Submitted as:

Illinois

[Public Act 097-0361](#)

Status: Enacted into law in

[GO TO TABLE OF CONTENTS](#)

Comment: According to Forbes magazine, California, Georgia, Kansas, Missouri, Nebraska, New York, and Virginia have similar laws.

Disposition: 20-34A-08A

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

Disposition: 20-34A-08B

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act establishes a Longitudinal Data System (System) containing student and workforce data and a governing board for that System. The purpose of the System is to facilitate and enable exchange of student data among agencies, generate timely and accurate information to improve the education system and guide decision making, and facilitate and enable linkage of student data and workforce data. The linkage of data is limited to the later of five years after the student completes secondary education or five years after last enrollment in post-secondary education.

The Act creates a governing board composed of 18 members. The board will review research requirements, set policies for approval of data requests, and establish an advisory committee on data quality. It will also report annually on the progress of the system to the legislature.

The system will be administered by the state department of public instruction and will be used to examine student progress and outcomes over time. The system will serve as a data or broker for the various agencies, ensure compliance with state and federal privacy laws, fulfill approved data requests, and develop a process to fulfill data requests from the legislature and the governor. Limits are placed on access and use of data to ensure compliance with privacy laws. System funding can be received through appropriations, grants, or other contributions.

Local school administrative units, charter schools, community colleges, constituent institutions of the state's public university, and state agencies are required to comply with data requirements and timelines established for the system, and to transfer student and workforce data in accordance with the board's data security and safeguarding plan. Nonpublic schools, and private colleges and universities also may transfer data in accordance with the data security and safeguarding plan. No state agency is required to submit data prior to January 1, 2015, unless it has received sufficient grant funding or appropriations to support participation in the system.

A nonpublic K-12 school, private college or university, or the NCICU will not be liable for a breach of confidentiality, disclosure, use, retention, or destruction (breach) of student data or records if the data or record was disclosed according to the terms of a written agreement with a state agency, local administrative agency, community college or constituent institution of the state public university or the breach resulted from the actions of the state agency, local administrative unit, community college, constituent institution of the state public university, or a person provided access to the data or records by those entities.

Submitted as:

North Carolina

[SESSION LAW 2012-133](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition: 20-34A-14

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

According to an analysis by the [Ohio Legislative Service Commission](#), Ohio Sub. HB 525 makes numerous changes to the Cleveland Municipal School District. These changes address teacher and principal employment procedures, collective bargaining, the length of the school year, corrective action plans to improve student achievement, district relationships with community (charter) schools and their sponsors, the sharing of current expense tax proceeds with partnering community schools and the creation of a Municipal School District Transformation Alliance.

Teacher contracts

This Act:

- Requires a teacher who is employed by a municipal school district and who meets the requirements for tenure to provide notice of the teacher's eligibility by September 15 of the year the teacher becomes eligible.
- Lowers from five years to two years the maximum length of an initial limited contract for employment entered into between a municipal school district and a teacher on or after the act's effective date.
- Revises the procedures for a municipal school district to grant an extended limited contract to a teacher who is eligible for tenure.
- Exempts municipal school districts from the requirement to enter into supplemental contracts with teachers who teach courses for high school credit outside the normal school day.

Assigning teachers to school buildings.

This Act prescribes procedures for assigning teachers to school buildings of a municipal school district, whereby the decisions of the district CEO or designee are guided by the recommendations of building-level interview teams and prescribes credential factors that a building-level interview team must consider in making its recommendations to the CEO or designee.

Teacher evaluations

This Act:

- Requires a municipal school district to include review of a teacher's work samples as part of the teacher evaluations mandated by continuing law and specifies that (1) the required observations may be announced or unannounced and (2) "multiple measures" must be used in determining student academic growth.
- Requires a municipal school district to conduct one annual evaluation (instead of two, as formerly required) for a teacher whom the district is considering not reemploying.
- Changes the deadline for a municipal school district to complete teacher evaluations from April 1 to June 1.
- Requires evaluators in a municipal school district to be trained in accordance with criteria developed by the district CEO and teachers' union.
- Requires a municipal school district to use evaluations in decisions about compensation and layoffs (in addition to promotion and retention decisions, as in continuing law).
- Specifies that teachers in a municipal school district may use the collective bargaining agreement's grievance procedure to challenge violations of the evaluation procedures, but limits the violations that may be corrected to those that cause "substantive harm" to the teacher.

Teacher salaries

This Act:

- Requires a municipal school district to adopt a performance-based salary schedule for teachers, in the same manner required by continuing law for school districts that receive federal Race to the Top funds.
- Requires a municipal school district to place newly hired teachers on the salary schedule based on years of experience, area of licensure, and other factors determined by the district.
- Requires a municipal school district to initially place veteran teachers on the salary schedule so that their salary is comparable to their pay under the previous salary schedule.
- Requires a municipal school district to consider specialized training and experience in the assigned position (in addition to the performance metrics in continuing law) when measuring a teacher's performance.
- Adds teaching in a school with an extended school day or school year to the duties for which a municipal school district may provide additional compensation.
- Allows a municipal school district to decrease a teacher's salary during the term of the employment contract if the teacher will perform fewer or different duties.

Nonrenewal of teacher contracts

The Act:

- Extends from April 30 to June 1 the deadline for a municipal school district to notify teachers that their contracts will not be renewed for the following school year.
- Revises the procedures for holding a hearing on the nonrenewal of a teacher's contract in a municipal school district.
- Exempts a municipal school district from most provisions requiring the automatic reemployment of a teacher when the district fails to comply with nonrenewal procedures.
- Specifies that the decision of a municipal school district to not renew a teacher's contract is not subject to appeal.
- Exempts a municipal school district from the requirement to notify employees by April 30 that their contracts will not be renewed in order for the employees to qualify for unemployment benefits.

Teacher terminations and disciplinary suspensions

This Act:

- Permits a municipal school district to place a teacher on an unpaid disciplinary suspension for a definite period of time for "good and just cause."
- Specifies that "good and just cause" for a municipal school district to terminate a teacher's contract includes receiving an evaluation rating of "ineffective" for two consecutive years.
- Establishes new due process procedures, including a fact-finding hearing, for teacher terminations and disciplinary suspensions in municipal school districts.
- Prohibits an arbitrator from overturning the termination or disciplinary suspension of a teacher by a municipal school district for failure of the district to comply with the act's procedures or a collective bargaining agreement, unless the failure results in "substantive harm" to the teacher.

Teacher layoffs

The Act:

- Modifies the reasons for which a municipal school district may lay off teachers by omitting suspension of schools as a reason and allowing layoffs for academic reasons resulting in the consolidation of teaching positions, duties, or functions or in changes in educational programs.
- Requires a municipal school district to lay off teachers in order of their evaluation ratings, starting with teachers with the lowest rating, and to lay off nontenured teachers before tenured teachers within each group of teachers with the same rating.
- Requires a municipal school district to recall laid-off teachers in the reverse order of the tenure and evaluation rating categories used in the layoffs.
- Requires a municipal school district to give teachers preference in layoffs or rehiring based on seniority, when deciding between teachers with the same evaluation rating and tenure status.
- Specifies that the municipal school district and the teachers' union "shall negotiate" how specialized training and experience will be factored into layoff and recall decisions.
- Specifies that laid-off tenured and nontenured teachers of a municipal school district have the right of restoration only to positions for which they qualify within three years after the date their contracts were suspended.

Collective bargaining

The Act specifies that teacher employment in municipal school districts, including requirements related to contracts, building assignments, evaluations, salaries, contract nonrenewals, terminations and disciplinary suspensions, and layoffs, generally prevail over collective bargaining agreements entered into on or after the Act's effective date.

Employment of principals

This Act:

- Requires a municipal school district to pay principals based on performance, generally in the same manner required by the act for the district's teachers.
- Changes the procedures for a municipal school district to notify a principal before taking action to renew or not renew the principal's contract.
- Exempts a municipal school district from the requirement to automatically reemploy a principal for a specified period of time when the district fails to comply with nonrenewal procedures.
- Specifies that, in a municipal school district, the failure of a principal's building to meet academic performance standards established by the district CEO is grounds for termination.
- Requires the CEO of a municipal school district to give a principal a copy of the principal's evaluation at least five days before the CEO recommends the principal's termination to the school board.

Academic performance

The Act:

- Requires that the district CEO's academic performance plan include provisions requiring parents or guardians of students in the district's schools to attend, prior to December 15 each year, at least one parent-teacher conference or similar event.

- Adds adjustment of the length of the school year or school day to the items that may be included in the corrective actions specified in the plan.
- Prescribes procedures for development of the CEO's "corrective plan" for a particular school, whereby the CEO and labor union presiding officer must appoint corrective action teams to make recommendations regarding implementation of the plan.
- Specifies that the content and implementation of a corrective plan and any actions taken to implement the plan prevail over collective bargaining agreements entered into on or after the act's effective date.

Additional accountability measures

The Act:

- Requires the board of education of an existing municipal school district to develop, subject to approval by the Superintendent of Public Instruction, an array of measures to evaluate the academic performance of the district, and to use those measures to report annually to the General Assembly, Governor, and state Superintendent.
- Requires the state Superintendent, by November 15, 2017, to evaluate the district's performance based on the district board's approved array of measures and to issue a report to the General Assembly and Governor.

Student advisory committees

This Act requires a municipal school district and each of its partnering community schools to establish a student advisory committee at each of their schools offering grades 9 to 12 to make regular (at least semiannual) recommendations for improving the academic performance of the school.

School calendars

The Act declares that the board of a municipal school district "has final authority" to establish a school calendar for the district's school buildings that provides for additional student days or hours beyond the state minimum. Specifies that the school calendar adopted by the board prevails over collective bargaining agreements entered into on or after the act's effective date, but requires the board and the teachers' union to negotiate regarding any additional compensation for working an extended school day or school year.

Municipal School District Transformation Alliance

This Act allows the mayor of the city containing the greatest portion of a municipal school district to initiate the establishment of and appoint the board of directors of a Municipal School District Transformation Alliance as a nonprofit corporation under R.C. Chapter 1702. It requires the Alliance, if created, to confirm and monitor a "transformation alliance education plan" prepared by the mayor, suggest national education models for and provide input in the development of new district schools and partnering community schools, report annually on the performance of all municipal school district schools and all community schools located in the district, and make recommendations to the Department on the approval of sponsors of new community schools located in the district. The Act sunsets the authority to create an Alliance on January 1, 2018, and terminates any Alliance created under the act on that date. Exempts the Alliance and its directors, officers, and

employees, from the state Public Ethics Law, Open Meetings Act, Public Records Law, Civil Service Law, Public Employees Retirement System Law, and Public Employee Collective Bargaining Law, but stipulates that board meetings must be open to the public, that records must be maintained as though they were public records, and that the board must establish a conflicts of interest policy. The Act specifies that membership on the Alliance board does not constitute an incompatible holding of public office. Expands the offense of bribery, a third degree felony, to include promising, offering, or giving any valuable thing or valuable benefit, with purpose to corrupt or improperly influence, to a director, officer, or employee of the Alliance, or knowingly soliciting or accepting for self or another, by a director, officer, or employee of the Alliance, any valuable thing or valuable benefit to corrupt or improperly influence the discharge of duties.

Framework to assess district and community schools

This Act requires the Department of Education, the Transformation Alliance, if created, and a statewide nonprofit community school sponsor organization, by April 30, 2013, jointly to establish a framework to assess the efficacy of district schools and community schools located in the municipal school district.

Criteria for community school sponsorship in a municipal school district

The Act requires the Department of Education, the Transformation Alliance, if created, and a statewide nonprofit community school sponsor organization, by December 31, 2012, jointly to establish criteria for both sponsors to use to determine if they will sponsor new community schools in the municipal school district, and the Department and the Alliance to use in assessing the ability of a sponsor to successfully sponsor schools in the district.

Use of standards by community school sponsors

Beginning with any community school that opens after July 1, 2013, the Act requires each sponsor to use the criteria developed jointly by the Alliance, Department, and statewide sponsor organization to determine whether it will sponsor a new community school in the municipal school district.

Combining community school and district report card data

This Act:

- Authorizes a municipal school district, with the approval of the community school governing authority, to elect to have the student performance data of a community school located in the district combined with the district's data on the district's annual state report card, if the district either sponsors the community school or has entered into an agreement with the school to endorse each other's programs.
- Authorizes a municipal school district, at its own discretion, to elect to have the number of students enrolled in a community school located in the district noted separately on the district's report card, if the district either sponsors the community school or has entered into an agreement with the school to endorse each other's programs.
- Requires the district, by October 1 each year, to submit documentation to the Department of Education indicating eligibility for the election to include a community school's data on its report card.

Deposit of proceeds from the sale of real property

The Act permits a municipal school district that sells any parcel of real property to deposit the proceeds into the district's general fund, as long as the district has owned property for at least ten years, any securities or other obligations issued to pay for the real property or improvements to it are no longer outstanding at the time of the sale, and the deposit is not prohibited by any agreements the district has with the School Facilities Commission.

Tax levy

This Act authorizes the school board of a municipal school district to propose a levy for current operating expenses, a portion of which would be allocated to "partnering" community schools and distributed among those schools on a per-pupil basis.

It also authorizes the board of education of a municipal school district to request exemptions from education-related statutes and administrative rules through a continuing law that permits any district to request such exemptions for an innovative education pilot program.

Submitted as:

Ohio

[Sub. HB 525 \(Enrolled version\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This bill is not in the docket bill packet because it is 116 pages.

This Act requires the state departments of health and education to post on their websites guidelines and materials to inform and educate student athletes, their coaches, and others concerning the warning signs of sudden cardiac arrest. The departments must include information provided by organizations such as Parent Heart Watch and Sudden Arrhythmia Death Syndromes. A student participating in interscholastic athletics and the student's parent or guardian must sign a form acknowledging they have received and reviewed an informational sheet based on these guidelines. School districts may hold an informational meeting on the topic prior to each athletic season. A student athlete who exhibits signs or symptoms of sudden cardiac arrest must be removed from play. The athlete may not return to play until he or she is cleared to do so, in writing, by a licensed physician, certified registered nurse practitioner, or cardiologist. The amendment also requires coaches to annually complete the sudden cardiac arrest training course offered by a provider approved by the department of health.

Submitted as:

Pennsylvania

[Act 59](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act requires the commission for higher education to create a common course numbering system, into which each state educational institution shall map its own course numbers, for courses in a state core transfer library. It requires state educational institutions to create a statewide transfer general education core to be implemented by May 15, 2013.

Submitted as:

Indiana

[Senate Enrolled Act No. 182](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act repeals, reenacts, and renames the Colorado Basic Literacy Act as the Colorado Reading to Ensure Academic Development (READ) Act. The bill replaces the Read-to-Achieve Grant Program with the Early Literacy Grant Program. No later than March 31, 2013, the State Board of Education (SBE) must adopt rules to implement the new act and grant program.

Each local education provider (LEP, i.e., school districts, Boards of Cooperative Educational Services or BOCES, charter schools) must provide to students in kindergarten through third grade the instruction and evidence based interventions necessary to ensure to the greatest extent possible that early-grade students develop the reading skills necessary to enable them to succeed in later grades.

Beginning in FY 2012-13, LEPs must report to the CDE the number of early-grade students with significant reading deficiencies. The SBE will define by rule what constitutes a significant reading deficiency. Beginning in the 2013-14 academic year, each LEP must measure reading competency for early-grade students using a combination of assessments approved by the Colorado Department of Education (CDE). CDE is required to create a list of approved instructional programs and professional development tools for LEPs to use to improve reading instruction. The department will also provide regional training, technical assistance, and coaching as necessary.

When a student with significant reading deficiencies is identified, the bill creates a process for teachers, parents, and other personnel to create a Reading to Ensure Academic Development (READ) plan. The READ plan is part of the student's academic record until the student achieves reading competency, and must follow the student if he or she enrolls in another school or district.

The SBE must adopt additional rules to integrate READ plans with other individualized education plans and special education programs required by federal law.

The Act also creates a process for parents and educators to determine if the student should advance to the next grade level in the next academic year. If the student is completing third grade, the joint decision is subject to approval of the school district superintendent, or his or her designee. If the student does not advance, the LEP must provide more rigorous instructional services to the student. This new process only applies to children who enroll in kindergarten beginning in 2013-14, and not to children with disabilities, with limited English proficiency, or who have already been retained at grade level.

This Act creates the Early Literacy Grant Program in the CDE to provide funding to LEPs for literacy assessment, instructional support, and appropriate interventions for early-grade learners. The CDE will evaluate grant applications, and the SBE will award the grants. It creates the Early Literacy Fund to support the implementation of the Act and to provide a source of funds for the grant program. Beginning in FY 2012-13, any remaining money in the Read-to-Achieve Fund, and five percent of tobacco settlement moneys (up to \$8.0 million), are transferred into the fund. Beginning in FY 2013-14, the bill also diverts a portion of the interest earned on money in the Public School Fund (permanent fund) to the Early Literacy Fund. The CDE may use one percent of moneys appropriated from the fund for administrative costs. Beginning in FY 2013-14, the bill requires that the CDE use \$1.0 million to provide literacy support on a regional basis to LEPs; \$4.0 million for the Early Literacy Grant programs; and the remaining money to fund LEPs using per-pupil intervention moneys (PPIM).

The PPIM is calculated by dividing the total amount of remaining funds available by the total number of early-grade students in public schools who have been identified as having a significant reading deficiency, and received services under a READ plan in the previous budget year. That per-pupil amount is then paid to an LEP based on the actual number of reading deficient early-grade students at that public school or district multiplied by the PPIM amount. An LEP that receives PPIM

may use the funding to provide full-day kindergarten, operate a summer school literacy program, purchase tutoring, or to provide other targeted interventions.

Each LEP must report specified information concerning reading deficiencies in early-grade students, instructional interventions, and student progress toward reading competency. LEPs that receive grants have additional reporting requirements. The CDE will analyze the reported data from the LEPs and prepare an annual summary report for the SBE, the Governor, and the education committees of the General Assembly.

Submitted as:

Colorado

[HB 12-1238](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition: 20-34A-14

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act sets up a program in the state department of education to identify students who are taking courses in grades 7 through 12 at an accelerated rate and provide them with an incentive to graduate from high school with one or two years of college credit or with a professional-technical degree or certification. The program will provide funding so that a portion of the overload courses and summer courses taken by such students will be paid for by the state department of education.

Submitted as:

Idaho

[HB 426](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act provides greater transparency and improves the health insurance rate review process by mandating specific factors the Superintendent of Insurance must consider when reviewing proposed rate increases from a health insurance company. It also clarifies the process for review and appeal of the Superintendent's decision with respect to particular rate decisions.

The Act creates a non-discretionary deadline for the Superintendent of Insurance and a right of interlocutory appeal. No postponement may last more than 90 days, and if the Superintendent refuses to grant a hearing suspension or postponement, a party has 20 days to appeal that decision to the district court. This section also grants authority to the Superintendent to appoint a hearing examiner to preside over hearings on reconsideration. In such a hearing the hearing examiner shall provide recommended findings of fact and conclusions of law.

The Act clarifies state law so that "health care plan" is specifically made part of the state law. A "beneficiary or, in the public interest of the state, the attorney general" are added to "an insured" as persons who may request the insurer to review the manner in which its filing has been applied as to insurance or health care plan afforded to the insured the beneficiary or the Attorney General.

This Act removes the word "premium" as modifier of rates. It requires the Superintendent to approve any new rate filing on various grounds, viz., (1) compliance with federal law, (2) no deceptive or misleading language in the filing, (3) actuarial soundness, (4) the proposed rates or classification of risks is reasonable, not excessive or inadequate, and not discriminatory, and (5) administrative expenses comport with all applicable law.

The Act authorizes the Superintendent to require insurers to pool the experience of a closed block of business with all appropriate blocks of business that are not closed and prohibits the imposition of surcharges or penalties on members of the closed block. It defines "closed block of business" as a policy or group of policies that an insurer no longer markets or sells, or that has less than 500 contracts in force in the state, or for which enrollment has decreased by more than 12 percent since the last rate filing relating to that block of business. The Act defines "block of business" as a particular policy or pool that provides health insurance that an insurer issues to one or more individuals and that includes distinct benefits, services and terms.

Submitted as:

New Mexico

[SB 208 \(Enrolled version\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: This item was deferred to the policy task force meeting in LaQuinta, California.

State of New Mexico

Office of the Governor

Susana Martinez

Governor

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For Immediate Release

April 7, 2011

GOVERNOR SUSANA MARTINEZ SIGNS HEALTH INSURANCE RATE REVIEW LEGISLATION

Governor Also Signs Underage Driver's License Bill to Make Streets Safer

SANTA FE

Governor Susana Martinez today signed Senate Bill 208, legislation that requires more transparency and a stricter review process for health insurance companies seeking to increase rates on New Mexico consumers.

"This bill will help ensure that consumers are getting a fair deal when insurance companies seek to increase their rates," said Governor Martinez. "It is important that the rate review process is as thorough and transparent as possible, especially during these difficult times when many families are cutting costs to make ends meet."

The Governor also signed Senate Bill 9, placing restrictions on the ability of minors to obtain a driver's license if they have committed certain violations, including traffic violations and buying or possessing alcohol.

"Young New Mexicans should demonstrate the responsibility required to get behind the wheel of a car," said Governor Martinez. "These provisions will make our streets safer and communicate to minors that driving is a privilege, not a right."

Governor Martinez also signed the following legislation into law:

- HB 199, Uniform Assignment of Rents Act
- HB 426, Inspection of Jails
- SB 283, Reconstructive Surgery Option Notification
- SB 290, Defining "Habitual Truant"
- SB 302, Registration Plate for Disabled Veterans
- SB 326, TRD Secretary Approve Certain Evidence
- SB 331, Amend Definitions in Ed. Tech Equipment Act
- SB 454, Economic Development Fund Project Reporting

Disposition:

SSL Committee Meeting: 2014A

- () Include in Volume
- () Defer consideration
 - () next SSL mtg.
 - () next SSL cycle
- () Reject

Comments/Note to staff:

This Act directs that effective August 1, 2013, a drug prior authorization request must be accessible to a health care provider with the provider's electronic prescribing software system and must be accepted electronically, through a secure electronic transmission, by the payer, by the insurance company, or by the pharmacy benefit manager responsible for implementing or adjudicating or for implementing and adjudicating the authorization or denial of the prior authorization request.

Submitted as:

North Dakota

[HB 1422](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: This item was deferred to the SSL Committee meeting in LaQuinta, California.

Health IT Standards and Certification Criteria for Medicare and Medicaid EHR Incentives

What standards have the feds set out for electronic health record technology?

On July 28, 2010, the Department of Health and Human Services (HHS) published a final rule setting forth the criteria electronic health record (EHR) technologies must have to qualify for the Medicare and Medicaid EHR Incentive Programs. The incentive programs make available grants to physicians and providers to adopt, implement and use EHRs.

What does it mean for a system to be “certified“ for meaningful use?

Being “certified“ means it counts as a system that a doctor or hospital can buy and then get access to the incentive payments being made available. Certification requirements include standards for Formulary and Benefit information, Medical History Transactions, and Fill Status of a prescription. Prior authorization standards are not included as part of the certification requirements.

Does the EHR Incentive rule set out all standards for EHR systems?

The July 2010 regulation sets forth the MINIMUM an EHR system must have to be certified. The rule says specifically:

“Minimum Code Set Standards. As previously discussed in the Interim Final Rule, we adopted several minimum code set standards. It is important to note that these code set standards set the floor, not the ceiling, for testing and certification.”

The rule continues and repeats several times:

“Nothing we adopt in this final rule precludes such a capability from being included in a Complete EHR or EHR Module.”

Would state requirements interfere with the federal rule?

- Nothing the bill does is in violation of federal standards
- The reg. explicitly says it is a floor, not a ceiling. HHS expects these standards are the MINIMUM.
- HHS expects users in the field will move ahead with making electronic functionality of these systems better and easier for both physicians and patients.

Summary of federal rule:

“The Department of Health and Human Services (HHS) is issuing this final rule to complete the adoption of an initial set of standards, implementation specifications, and certification criteria, and to more closely align such standards, implementation specifications, and certification criteria with final meaningful use Stage 1 objectives and measures. Adopted certification criteria establish the required capabilities and specify the related standards and implementation specifications that certified electronic health record (EHR) technology will need to include to, at a minimum, support the achievement of meaningful use Stage 1 by eligible professionals, eligible hospitals, and/or critical access hospitals (hereafter, references to “eligible hospitals” in this final rule shall mean “eligible hospitals and/or critical access hospitals”) under the Medicare and Medicaid EHR Incentive Programs.”

Source: July 28, 2010 regulation as published in the Federal Register. Department of Health and Human Services 45 CFR Part 170 Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Final Rule <http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf>.

Disposition: 21-33A-12

SSL Committee Meeting: 2014A

- () Include in Volume
- () Defer consideration
 - () next SSL mtg.
 - () next SSL cycle
- () Reject

Comments/Note to staff:

This Act is intended to protect adult care home residents by increasing minimum continuing education, training, and competency evaluation requirements for adult care home medication aides, strengthening adult care home infection control requirements, and requiring the department of health and human services, division of health service regulation, to annually inspect adult care homes for compliance with safe infection control standards.

Submitted as:

North Carolina

[Session Law 2011-99](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act authorizes primary care providers to publish and post a schedule of certain charges for medical services offered to patients in a conspicuous place in their offices. It provides a minimum size for the posting. It requires these schedules to include certain information about medical services offered. It provides that the schedule may group the providers' services by price levels and list the services in each price level. The Act provides an exemption from license fee and continuing education requirements for providers who publish and maintain a schedule of charges.

Submitted as:

Florida

[CS/CS/HB 935 \(Enrolled\) – Chapter 2011-122](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: A governor's press release states, in part:

7/1/11 – MIAMI – Keeping his promise to reform Medicaid and limit frivolous lawsuits, Governor Rick Scott visited Jackson Memorial Hospital in Miami to highlight legislation that increases health care options and patient choice, improves quality of care, and protects taxpayers from skyrocketing Medicaid costs.

Governor Scott discussed the importance of legislation that will be especially helpful to uninsured patients who pay for health care costs out-of-pocket. House Bill 935, Health Care Price Transparency, requires urgent care centers to make information about the cost of medical services more accessible to patients.

Urgent care centers are now required to prominently display the costs of their 50 most frequently provided medical services. Equipped with information about the costs of medical care, uninsured patients who pay for health care costs out-of-pocket will be able to choose the most affordable provider. Primary care providers are encouraged to display the same information, and those who choose to do so receive an exemption from the professional license renewal fee and continuing education requirements.

Joining Governor Scott for the bill signing ceremony were Rep. Carlos Lopez Cantera, Rep. Frank Artiles, Rep. Daphne Campbell, Jackson Memorial Hospital CEO Carlos Migoya, and Donna Shalala, president of the University of Miami.

Disposition: 21-33B-02

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act defines a medical retainer practice and sets criteria for becoming a certified medical retainer practice.

Submitted as:

Oregon

[SB 86 \(Enrolled\)](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

This Act finds the public policy of the state is to promote access to medical care for all citizens and encourage innovative arrangements between patients and providers that will help provide all citizens with a medical home.

It declares that the state needs a multipronged approach to provide adequate health care to many citizens who lack adequate access to it. It states that direct patient-provider practices, in which patients enter into a direct relationship with medical practitioners and pay a fixed amount directly to the health care provider for primary care services, represent an innovative, affordable option which could improve access to medical care, reduce the number of people who now lack such access, and cut down on emergency room use for primary care purposes, thereby freeing up emergency room facilities to treat true emergencies.

The Act provides that a “health care service contractor” does not include direct patient-provider primary care practices. It provides that direct practices must submit annual statements to the office of insurance commissioner specifying the number of providers in each practice, total number of patients being served, providers’ names, and the business address for each direct practice. The form for the annual statement will be developed in a manner prescribed by the commissioner.

It directs the state insurance commissioner to submit a study of direct care practices to the appropriate committees of the senate and house of representatives. The study shall include an analysis of the extent to which direct care practices:

- Improve or reduce access to primary health care services by recipients of Medicare and Medicaid, individuals with private health insurance, and the uninsured;
- Provide adequate protection for consumers from practice bankruptcy, practice decisions to drop participants, or health conditions not covered by direct care practices;
- Increase premium costs for individuals who have health coverage through traditional health insurance;
- Have an impact on a health carrier’s ability to meet network adequacy standards set by the commissioner or state health purchasing agencies; and
- Cover a population that is different from individuals covered through traditional health insurance.

The bill requires the study to also examine the extent to which individuals and families participating in a direct care practice maintain health coverage for health conditions not covered by the direct care practice. It directs the commissioner to recommend to the legislature whether the statutory authority for direct care practices to operate should be continued, modified, or repealed.

Submitted as:
Washington
[Chapter 267, Laws of 2007](#)
Status: Enacted into law in 2007.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition: 21-33B-03A

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

Disposition: 21-33B-03B

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

According to a summary by the Florida Senate Committee on Health Regulation:

“This bill provides a more comprehensive approach to address the epidemic of prescription drug abuse and the untimely deaths that result from such abuse in this state. The approach includes the regulation of activities by physicians, pain management clinics, pharmacies, and wholesale drug distributors. The bill also provides minor revisions to the prescription drug monitoring program.

Physicians Generally

On July 1, 2011, practitioners will no longer be authorized to dispense controlled substances. However, there are exceptions. These include dispensing:

- Complimentary or sample controlled substances.
- In the health care system of the Department of Corrections.
- In connection with certain surgical procedures within certain timeframes.
- Pursuant to participation in an approved clinical trial.
- Methadone in a licensed treatment program.
- For hospice patients.

On July 1, 2011, when this law goes into effect, the State Health Officer will declare a public health emergency concerning the possession of controlled substances for dispensing by practitioners who are no longer authorized to dispense controlled substances. Any controlled substance inventory that was acquired for dispensing that is still in the possession of a practitioner who will no longer be authorized to dispense controlled substances once this act goes into effect, must be disposed of by July 11, 2011. The drugs can be disposed of by returning them to the wholesale distributor or turning the inventory in to a local law enforcement agency and abandoning them. If this does not happen by August 2, the controlled substances are deemed contraband and are subject to seizure by law enforcement agencies.

Wholesale distributors are required to buy back the inventory of controlled substances listed in Schedule II or Schedule III which are in the manufacturer’s original packaging, unopened, and in date, in accordance with the established policies of the wholesale distributor or the contractual terms between the wholesale distributor and the physician concerning returns.

In addition, using actual purchasing records from wholesalers and other information, the Department of Health (department) will identify those practitioners who pose the greatest threat to the public health and risk that the controlled substances may not be disposed of in accordance with this act. Beginning on the 3rd day after this act goes into effect, law enforcement agencies will enter the business premises of the identified dispensing practitioners and quarantine the inventory on site. A \$3 million appropriation is available for law enforcement for this effort, to maintain the security of the quarantined inventory until final disposition, and to investigate and prosecute crimes related to prescribed controlled substances.

Effective January 1, 2012, each medical physician, osteopathic physician, podiatrist, or dentist who prescribes controlled substances for the treatment of chronic nonmalignant pain must designate on his or her practitioner profile that he or she is a controlled substance prescribing practitioner.

The standards of practice for a controlled substance prescribing practitioner are spelled out in the law. These standards of practice do not supersede the level of care, skill, and treatment recognized in general law. The standards of practice in this bill include, among other things:

- A complete medical history and physical examination, the exact components of the exam are left to the judgment of the clinician;
- Development of a written individualized treatment plan for each patient, with objectives for treatment success and other treatment modalities;
- Discussion with the patient concerning the risks and benefits of the use of controlled substances;
- A written controlled substance agreement between the physician and the patient that includes reasons for which drug therapy may be discontinued and that controlled substances shall be prescribed by a single treating physician, unless otherwise authorized and documented in the medical record;
- Regular follow-up appointments at least every 3 months to assess the efficacy and appropriateness of treatment;
- Referrals to specialists when indicated; and
- Maintenance of accurate and complete records on each patient.

Certain specialists and surgeons are exempted from these standards of practice.

Additional disciplinary or criminal sanctions are established for physicians who violate the controlled substances laws, including:

- Failing to comply with the controlled substance prescribing and dispensing requirements.
- If a physician violates the standard of practice for prescribing or dispensing a controlled substance as set forth in the bill, then the physician will be suspended for at least 6 months and pay a fine of at least \$10,000. Repeat offenses result in increased penalties.

The department will approve vendors of counterfeit-proof prescription pads. The approved vendors will report monthly to the department on the number of pads sold and the purchasers of the pads. The counterfeit-resistant prescription blanks must be used by practitioners for the purpose of prescribing any controlled substance.

Pain Management Clinics

The bill revises the criteria for required registration as a pain management clinic. Registration is required if the clinic advertises in any medium for any type of pain management services or where, in any month, a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain (pain unrelated to cancer or rheumatoid arthritis which persists beyond the usual period or more than 90 days after surgery). The bill includes additional exemptions from registration.

Physicians practicing in pain management clinics must:

- Notify the applicable board within 10 days after beginning or ending practice at a pain management clinic.
- Ensure compliance with facility and physical operations of the clinic, infection control requirements, and health and safety requirements.

The designated physician is also responsible for certain additional functions, including quality assurance requirements to evaluate the quality and appropriateness of patient care and reporting aggregated patient statistics.

Provisions and requirements under the regulation of pain management clinics do not supersede the level of care, skill, and treatment recognized in general law related to healthcare licensure.

The amendment authorizes a physician assistant or advanced registered nurse practitioner under both the medical practice act and the osteopathic practice act to perform the physician examination of a patient in a pain management clinic.

The amendment strikes the requirement that passed last year requiring physicians practicing in pain management clinics after July 1, 2012 to meet certain training and education requirements.

The laws pertaining to the regulation of pain management clinics are set to expire on January 1, 2016.

A pain management clinic which has been used on more than two occasions within a 6-month period as a site in which certain criminal violations occur may be declared a public nuisance.

Pharmacies/Pharmacists

Community pharmacies must be re-licensed under the provisions of this act and rules adopted thereunder by July 1, 2012. Additional licensure requirements are intended to prevent felons and other nefarious persons from owning or operating pharmacies. In addition, pharmacies will be required to develop policies and procedures to minimize dispensing based on fraudulent representations or invalid practitioner-patient relationships.

A pharmacist must report to a local law enforcement officer any person who obtains or attempts to obtain a controlled substance through fraudulent methods or representations. The failure to report is a misdemeanor of the first degree.

Principals associated with a pharmacy must undergo annual criminal background screening. The department must forward the results to wholesale distributors permitted under Ch. 499, F.S., for purposes of complying with the requirements related to due diligence of purchasers.

The amendment includes additional requirements and disciplinary action related to activities in pharmacies and by pharmacists.

Drug Wholesalers

Licensed drug wholesalers are required to:

- Credential and understand the normal business transactions of their customers who purchase certain controlled substances.
- Report to the department on wholesale distributions of unusual quantities of controlled substances. Unusual purchasing levels for the purchasing entity's clinical needs will be investigated by law enforcement.
- Abstain from distributing controlled substances to an entity if any person associated with that entity meets certain disqualifying conditions in the criminal history record check.

The department is required to identify the national average of distributions per pharmacy of certain controlled substances and report to the Governor and Legislature by November 1, 2012.

The amendment provides for stiffer criminal penalties and administrative sanctions for unlawfully distributing controlled substances or submitting false reports pertaining to controlled substance distributions.

Prescription Drug Monitoring Program

The bill reduces the timeframe for dispensers to report to the prescription drug monitoring program database from 15 days to 7 days. The bill also requires persons who have access to the database to submit fingerprints for background screening. Department staff are prohibited from having direct access to information in the database.

Funds provided by prescription drug manufacturers may not be used to implement the prescription drug monitoring program. References to the department and State Surgeon General are substituted for the Office of Drug Control and the director of the Office of Drug Control.

Other Provisions

The bill specifies that law enforcement officers may obtain access to or copy records that are required to be maintained under Ch. 893, F.S., without a subpoena, court order, or search warrant.

Upon the discovery of the theft or significant loss of controlled substances, a manufacturer, importer, distributor, or dispenser must report the theft or significant loss to a law enforcement officer. The failure to report is a misdemeanor.

Fraudulently obtaining, attempting to obtain, or providing a prescription for a controlled substance by concealment of a material fact (the existence of another prescription for a controlled substance for the same time period) when the controlled substance is not medically necessary for the patient is a third degree felony.

The bill enhances criminal offenses relating to theft and burglary involving controlled substances.”

Submitted as:

Florida

[Chapter 2011-141](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: This bill is not in the packet because it is 57 pages.

A governor’s press release states:

6/3/2011 Tallahassee, Fla – Governor Rick Scott signed HB 7095 into law, striking another major blow in the fight against the illegal distribution of prescription drugs.

“I am proud to sign this bill which cracks down on the criminal abuse of prescription drugs,” said Scott. “This legislation will save lives in our state and it marks the beginning of the end of Florida’s infamous role as the nation’s Pill Mill Capital.”

The new law is as tough on illegal distributors and unscrupulous doctors, as it is fair to law-abiding patients and industry professionals. It is a critical component in Governor Scott’s effort to combat Florida’s scourge of prescription drug abuse.

In March, with the help of Attorney General Pam Bondi, Florida Department of Law Enforcement Commissioner Gerald Bailey and state and local law enforcement, Governor Scott launched the Statewide Drug Strike Force to begin turning the tide against criminal drug trafficking in our state.

HB 7095 tackles illegal prescription drug distribution at the source in several ways. It increases penalties for overprescribing Oxycodone, requires tracking of the wholesale distribution of certain controlled substances, and provides \$3 million to support the continued efforts of state and local law enforcement and state prosecutors.

The bill also bans doctors from dispensing these controlled drugs except under specific circumstances, and provides for the declaration of a public health emergency which triggers a mandatory buyback program for doctors to return controlled substances back to distributors.

Ninety-eight of the nation's top 100 Oxycodone purchasing physicians are in the state of Florida. Drug overdoses are responsible for an alarming seven deaths a day in this state.

Disposition: 21-33B-04

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

Oregon enacted two bills to establish Coordinated Care Organizations (CCOs) to provide services to Medicaid recipients. These CCOs replace existing managed care organizations (MCOs), mental health organizations, and dental care organizations that previously provided such services.

HB 3650 creates the Oregon Integrated and Coordinated Health Care Delivery System (System) to be administered by the Oregon Health Authority (OHA). It:

- requires Coordinated Care Organizations (CCOs) be accountable for care management and provision of integrated and coordinated health care, managed within global budgets;
- requires the OHA to regularly report to the Oregon Health Policy Board, Governor and Legislative Assembly on progress of payment reform and delivery system change;
- describes qualification criteria for CCOs to be adopted by rule by OHA, including governance structure;
- requires the OHA to establish alternative payment methodologies;
- requires the OHA to develop standards for the utilization of patient centered primary care homes;
- stipulates the inclusion of individuals who are dually eligible for Medicaid and Medicare;
- requires the OHA to adopt by rule consumer and provider protections, and monitor and enforce protections;
- requires the OHA to identify outcome and quality measures, and benchmarks to be evaluated and reported;
- requires the OHA to develop CCO qualification criteria, global budgeting process and contract dispute process to be presented to the Legislative Assembly no later than February 1, 2012.
- describes provisions for transition to the System;
- requires the OHA, in consultation with the Department of Consumer and Business Services (DCBS), to propose recommendations regarding financial reporting requirements to the Legislative Assembly;
- requires the OHA to develop recommendations for remedies to contain health care costs that address defensive medicine, overutilization and medical malpractice;
- requires the OHA to apply for waivers necessary to obtain federal participation in System;
- requires the Home Care Commission to recruit, train, certify and refer community health workers and personal health navigators to be used by CCOs;
- describes the relationship between OHA, CCOs and county governments;
- describes contract requirements between OHA and CCOs, and
- specifies who is required to enroll in CCOs.

SB 1580 provides legislative approval of Oregon Health Authority (OHA) proposals for Coordinated Care Organizations (CCOs). It requires the authority to report quarterly to legislative committees on implementation of CCO model of health care delivery. It authorizes sharing and use of information between the Department of Consumer and Business Services and the authority for specified purposes. It prohibits discrimination against certain types of providers by CCOs and specified managed care organizations.

Submitted as:
Oregon

[HB 3650 \(Enrolled version\)](#)
Status: Enacted into law in 2011.

Submitted as:
Oregon

SB 1580 (Enrolled version)
Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

254 State Capitol, Salem, OR 97301-4047 T: 503-378-3111 F: 503-378-4863
www.governor.oregon.gov

SB 1580/Coordinated Care Organizations

A more coordinated and affordable, patient-centered health care delivery system for Oregon

Coordinated Care Organizations: Oregon Health Plan's Next Step Forward

CCOs are local health entities that will deliver health care and coverage for people eligible for Oregon Health Plan/Medicaid, including those also covered by Medicare. CCOs must be accountable for health outcomes of the population they serve. They will have one budget that grows at a fixed rate for mental, physical and ultimately dental care. CCOs will bring forward new models of care that are patient-centered and team-focused. They will have flexibility within the budget to deliver defined outcomes. And they will be governed by a partnership between health care providers, community members, and stakeholders in the health systems that have financial responsibility and risk.

Legislative Action Created Coordinated Care Organizations

In 2011, the Oregon Legislature created Coordinated Care Organizations through HB 3650, which passed with broad bipartisan support. The change was in response to escalating costs, due in large part to an inefficient health care system. Research shows that about 80 percent of health care costs come from 20 percent of patients, many of whom have chronic illnesses. Without coordinated care, many of these patients end up in hospitals or receiving acute care that could have been prevented. Coordinated Care Organizations replace today's system of Managed Care Organizations, Mental Health Organizations, and Dental Care Organizations for Medicaid/OHP patients. Through CCOs, we can improve how care is delivered, with a focus on improved wellness, prevention, and integration of behavioral and physical health care.

Implementation Proposal

Section 13 of HB 3650 requires Oregon Health Authority to develop an implementation proposal for Coordinated Care Organizations that includes criteria for becoming a CCO, how the global budget would work, expectations for outcomes, quality, and efficiency, and how to best integrate people who are eligible for both Medicaid and Medicare into CCOs. To help create the proposal, over the past six months, more than 1,200 Oregonians provided input through eight community meetings that were held around the state, and another 133 people met in four targeted work groups to make recommendations on how to implement CCOs in local communities.

Reducing Costs While Improving Care

A third-party analysis found that by implementing CCOs, Oregon could save a significant portion of projected Medicaid costs in the short and long term. Savings would be more than \$1 billion total fund dollars within three years and more than \$3.1 billion total fund expenditures (\$1.2 billion general fund) over the next five years.

Federal Partnership

Approximately 60 percent of Oregon Medicaid dollars are paid by the federal government, which governs many of the rules and policies in the state Medicaid program. Governor Kitzhaber and state officials are working with the U.S. Centers for Medicare and Medicaid Services on federal waivers that will allow CCOs the flexibility to manage care for the best health outcomes. The Governor is also discussing the possibility of financial investments through Coordinated Care Organizations from the federal government in anticipation of future cost reductions.

Key Elements of CCO Model for Reducing Costs and Improving Health

Currently, approximately 85 percent of OHP clients are served through one of 16 managed care organizations, 10 mental health organizations, and eight dental care organizations. The remaining OHP clients receive care through “fee-for-service” arrangements between the state and local providers. The CCO model would instead offer:

- One point of accountability
- Expected health outcomes
- Focus on prevention
- Integrating physical and behavioral health
- Reduced administrative overhead
- Community health workers
- Patient-centered primary care homes
- Electronic health records

Next Steps in 2012

The Oregon Legislature will vote on the following: the proposal for CCO implementation, to allow OHA and Department of Consumer and Business Services to share information so CCOs will not have to submit financial reports to both agencies; to continue current protections that prohibit discrimination of providers based solely on their license type in the CCO environment; and to require OHA to report quarterly on implementation of CCOs through 2017.

The Time is Now

Oregon is ready and moving forward to make changes that result in a healthier populace. CCOs give communities and health systems tools they need to come together in innovative and unprecedented ways. Extensive public comment has shaped an improved model of care for better health and lower costs, and financial analyses show that the savings are substantial. With approval by the Oregon legislature, we will work closely with federal partners for flexibility and upfront investments that save money for both the state and the federal government, freeing up money for other important issues like education, children’s and senior services, and public safety.

If we don't take action now, health care costs will continue to spiral out of control. That's why lawmakers approved HB 3650 with overwhelming bipartisan support, and why implementing that bill through these next steps is so important for establishing a model that reins in waste and inefficiency, and promotes more efficient and effective care.

For more information, please visit

http://governor.oregon.gov/Gov/priorities/healthy_oregon.shtml.

Disposition: 21-33B-05

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act establishes a three-year Medicaid Accountable Care Organization (ACO) Demonstration Project (demonstration project) in the Department of Human Services (DHS).

Under the Act, participants in the demonstration project are to be nonprofit corporations organized and operated for the primary purpose of improving health outcomes and the quality and efficiency of care provided to Medicaid fee-for-service recipients residing in a “designated area” (defined as a municipality or defined geographic area in which no fewer than 5,000 Medicaid recipients reside). The bill also permits voluntary participation in the demonstration project by Medicaid managed care organizations for the membership they serve.

DHS, in consultation with the Department of Health and Senior Services (DHSS), is to certify applicants for participation in the demonstration project, and begin accepting applications for certification 60 days following the effective date of the bill.

A certified Medicaid ACO is eligible to receive and distribute gainsharing or cost savings payments in accordance with a gainsharing plan approved by DHS. DHS, with input from DHSS and the Rutgers Center for State Health Policy (CSHP), is to approve only those gainsharing plans that promote: improvements in health outcomes and quality of care, as measured by objective benchmarks as well as patient experience of care; expanded access to primary and behavioral health care services; and the reduction of unnecessary and inefficient costs associated with care rendered to Medicaid recipients residing in the designated area of the ACO. (An ACO may request approval of its gainsharing plan at the time of certification or at any time within one year of certification, and may seek to amend its gainsharing plan by submitting amendments to DHS for approval.)

The demonstration project is to allow nonprofit corporations, organized with the voluntary support and participation of local general hospitals, clinics, health centers, qualified primary care and behavioral health care providers, and public health and social services agencies, to apply for certification and participation in the project. DHS is to consult with DHSS with respect to establishment and oversight of the demonstration project.

DHS, in consultation with DHSS, may certify as many Medicaid ACOs for participation in the demonstration project as it determines appropriate, but is to certify no more than one Medicaid ACO for each designated area.

Prior to certification, an applicant is required to demonstrate that it meets the following minimum standards:

The applicant has been formed as a nonprofit corporation pursuant to the “New Jersey Nonprofit Corporation Act”, P.L.1983, c.127 (C.15A:1-1 et seq.), for the purposes described in the Act.

Its governing board includes: (1) individuals representing the interests of: health care providers, patients, and other social service agencies or organizations located in the designated area; and (2) voting representation from at least two consumer organizations capable of advocating on behalf of patients residing within the designated area of the ACO;

The applicant’s application is supported by all of the general hospitals, at least 75% of the qualified primary care providers, and at least four qualified behavioral health care providers, located in the designated area served by the ACO;

The applicant has a process for receipt of gainsharing payments from DHS and any voluntarily participating Medicaid managed care organizations; and the subsequent distribution of these gainsharing payments is to be in accordance with a quality improvement and gainsharing plan approved by DHS, in consultation with DHSS, as described above;

The applicant has a process for engaging members of the community and receiving public comments with respect to its gainsharing plan;

The applicant has a commitment to become accountable for the health outcomes, quality, cost, and access to care of Medicaid recipients residing in the designated area for a period of at least three years following certification; and

The applicant has a commitment to ensure the use of electronic prescribing and electronic medical records by health care providers located in the designated area.

The specific criteria to be considered by DHS in approving the gainsharing plan of a Medicaid ACO include whether:

- the plan promotes: care coordination; expansion of the medical home and chronic care models; use of health information technology and sharing of health information; and use of open access scheduling in clinical and behavioral health care settings;
- the plan encourages services such as patient or family health education and health promotion, home-based services, telephonic communication, group care, and culturally and linguistically appropriate care;
- the gainsharing payment system is structured to reward quality and improved patient outcomes and experience of care;
- the plan funds interdisciplinary collaboration between behavioral health and primary care providers for patients with complex care needs likely to inappropriately access an emergency department and general hospital for preventable conditions;
- the plan funds improved access to dental services for high-risk patients likely to inappropriately access an emergency department and general hospital for untreated dental conditions; and
- the plan has been developed with community input and will be made available for inspection by members of the community served by the ACO.

The gainsharing plan is to include an appropriate proposed time period that ends before the demonstration project begins, which is to serve as the benchmark period against which cost savings can be measured on an annual basis going forward. The savings are to be calculated in accordance with a methodology that: (1) identifies expenditures, per recipient, by the Medicaid fee-for-service program during the benchmark period, which are to serve as the benchmark payment calculation; (2) compares the benchmark payment calculation to amounts paid by the Medicaid fee-for-service program for all such resident recipients during subsequent periods; and (3) provides that the benchmark payment calculation is to remain fixed for a period of three years following approval of the gainsharing plan.

The percentage of identified cost savings to be distributed to the Medicaid ACO, retained by any voluntarily participating Medicaid managed care organization, and retained by the State, is to be identified in the gainsharing plan and remain in effect for a period of three years following approval of the plan. The percentages are to be designed to ensure that: (1) Medicaid can achieve meaningful savings and support the ongoing operation of the demonstration project; and (2) the ACO receives a sufficient portion of the shared savings necessary to achieve its mission and expand its scope of activities.

DHS is prohibited from approving a gainsharing plan that provides direct or indirect financial incentives for the reduction or limitation of medically necessary and appropriate items or services provided to patients under a health care provider's clinical care in violation of federal law.

Notwithstanding the provisions of the bill to the contrary, a gainsharing plan that provides for shared savings between general hospitals and physicians related to acute care admissions, utilizing the methodological component of the Physician Hospital Collaboration Demonstration awarded by

the federal Centers for Medicare and Medicaid Services to the New Jersey Care Consortium, does not require DHS approval;

DHS is to consider using a portion of any savings generated to expand the nursing, primary care, behavioral health care, and dental workforces in the area served by the ACO;

DHS is to remit payment of cost savings to a participating Medicaid ACO following its approval of the ACO's gainsharing plan and identification of cost savings.

A managed care organization that has contracted with DHS may voluntarily seek participation in the demonstration project by notifying the Medicaid ACO of its desire to participate. The ACO is to submit a separate Medicaid managed care organization gainsharing plan for review and approval. The managed care organization gainsharing plan may be identical to the gainsharing plan approved for use in connection with the Medicaid fee-for-service program, or may differ, but the managed care organization gainsharing plan is not to affect the calculation or distribution of shared savings pursuant to the approved gainsharing plan applicable to the Medicaid fee-for-service program or the calculation or distribution of shared savings pursuant to any other approved gainsharing plan used by the ACO.

A Medicaid managed care organization may withdraw from participation in the demonstration project after one year by notifying DHS in writing of its desire to withdraw.

Nothing in the bill is to: (1) alter or limit the obligations of a Medicaid managed care organization participating in the demonstration project pursuant to an approved gainsharing plan to comply with State and federal law applicable to the organization; or (2) preclude a certified Medicaid ACO from expanding its operations to include participation with new providers located within the designated area of the ACO.

DHS, in consultation with DHSS, is to design and implement the application process for approval of participating ACOs in the demonstration project; collect data from participants in the demonstration project; and approve a methodology proposed by the Medicaid ACO applicant for calculation of cost savings and for monitoring of health outcomes and quality of care under the demonstration project.

DHS and DHSS are authorized to jointly seek public and private grants to implement and operate the demonstration project.

DHS, in consultation with DHSS, is to evaluate the demonstration project annually to assess whether cost savings, including, but not limited to, savings in administrative costs and savings from improved health outcomes, are achieved through implementation of the demonstration project. DHS, in consultation with DHSS and with the assistance of CSHP, is to evaluate the demonstration project to assess whether there is improvement in: the rates of health screening; the outcomes and hospitalization rates for persons with chronic illnesses; and the hospitalization and readmission rates for patients residing in the designated areas served by the ACOs.

The Commissioner of DHS is to apply for State plan amendments or waivers necessary to implement the provisions of the bill and to secure federal financial participation for State Medicaid expenditures; and take such additional steps as may be necessary to secure on behalf of participating ACOs such waivers, exemptions, or advisory opinions to ensure that the ACOs are in compliance with applicable provisions of State and federal laws related to fraud and abuse, including, but not limited to, anti-kickback, self-referral, false claims, and civil monetary penalties.

The Commissioners of DHSS and DHS may apply for participation in federal ACO demonstration projects that align with the goals of the bill.

Nothing in the bill is to be construed to limit the choice of a Medicaid recipient to access care for family planning services or any other type of health care services from a qualified health care provider who is not participating in the demonstration project.

Under the demonstration project, payment will continue to be made to providers of services and suppliers participating in the Medicaid ACO under the original Medicaid reimbursement methodology in the same manner as they would otherwise be made, except that the ACO is eligible to receive gainsharing payments. DHS, in consultation with DHSS, is to promulgate by regulation a methodology whereby a disproportionate share hospital participating in a Medicaid ACO receives a credit from available federal funds for its disproportionate share payments in an amount equal to the reduction in disproportionate share payments to the hospital resulting from its participation in the ACO, calculated on the basis of the reduction in inpatient hospitalizations during any year in which the hospital participates in the ACO, compared with the benchmark period.

Nothing in the bill is to be construed to authorize DHS or DHSS to waive or limit any provisions of federal or State law or reimbursement methodologies governing Medicaid reimbursement to federally qualified health centers providing services to Medicaid managed care recipients.

A certified Medicaid ACO is not required to obtain licensure or certification from the Department of Banking and Insurance as an organized delivery system when providing services to Medicaid recipients.

The Commissioners of DHS and DHSS are to report to the Governor and the Legislature on the demonstration project, upon its completion, and to include such recommendations as the commissioners deems appropriate. If, after three years following enactment of the bill, the commissioners find that the demonstration project was successful in reducing costs and improving the quality of care for Medicaid recipients, they are to recommend that the demonstration project be expanded to include additional communities in which Medicaid recipients reside and become a permanent program.

The Commissioner of DHS is to adopt within 180 days of the effective date of the bill, rules and regulations establishing the standards for gainsharing plans; and with input from the Commissioner of DHSS, rules and regulations governing the ongoing oversight and monitoring of the quality of care delivered to Medicaid recipients in the designated areas served by the ACOs, and such other requirements as the Commissioner of DHS deems necessary to carry out the provisions of the bill.

Submitted as:

New Jersey

[Chapter 114 of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition: 21-33B-06

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

According to a Maryland Legislature Fiscal Policy Note:

“The National Association of Insurance Commissioners created an American Health Benefit Exchange Model Act to establish standards for health benefit exchanges. This bill largely adopts the model act.

This Act establishes the governance, structure, and funding of the Maryland Health Benefit Exchange, a public corporation and independent unit of government created to (1) reduce the number of uninsured; (2) facilitate the purchase and sale of qualified health plans (QHPs) in the individual market; (3) assist qualified employers facilitating the enrollment of their employees in QHPs in the small group market and in accessing small business tax credits; (4) assist individuals in accessing public programs, premium tax credits, and cost-sharing reductions; and (5) supplement the individual and small group insurance markets outside of the exchange. The exchange will be governed by a Board of Trustees and funded through specified fees or assessments. The bill also establishes a Maryland Health Benefit Exchange Fund.

The exchange must study and report on specified functions and is prohibited from implementing those functions until the Governor and General Assembly enact additional legislation.

The primary function of the exchange will be to certify and make available QHPs to individuals and small businesses and to serve as a gateway to an expanded Medicaid program.

By January 1, 2014, the exchange must:

- make QHPs available to qualified individuals and employers;
- allow carriers to offer a qualified dental plan (QDP) that provides limited dental benefits with or separate from QHPs;
- implement QHP certification procedures;
- operate a toll-free telephone hotline;
- provide for enrollment periods;
- maintain a website with standardized, comparative information on QHPs and QDPs;
- assign ratings for and determine each QHP’s level of coverage;
- present QHPs in a standardized format;
- provide information and make eligibility determinations for Medicaid and the Maryland Children’s Health Program (MCHP);
- facilitate enrollment in Medicaid or MCHP;
- establish an electronic calculator to determine QHP and QDP costs after the application of any premium tax credit;
- establish a Small Business Health Options Program (SHOP) exchange through which qualified employers may access coverage for their employees and meet standards for the federal qualified employer tax credit;
- implement a certification process for individuals exempt from the individual responsibility requirement and penalty;
- implement a process to notify the federal government of individuals who are exempt from the individual responsibility requirement;
- provide notice to employers of employees who cease coverage under a QHP during a plan year;
- determine eligibility for premium tax credits, reduced cost-sharing, and individual responsibility exemptions;
- establish a Navigator Program for the individual and SHOP exchanges;

- establish a process for crediting the amount of free choice vouchers to premiums of QHPs and QDPs and collect the amount credited from employers;
- carry out a plan to provide assistance for consumers seeking to purchase products through the exchange; and
- carry out a public relations and advertising campaign to promote the exchange.

The exchange may not carry out any function that is not authorized by the federal Patient Protection and Affordable Care Act (ACA).

To offer a QHP, a carrier must be licensed and in good standing to offer health insurance; offer at least one QHP at both silver and gold levels outside the exchange if participating in the individual exchange; offer at least one QHP at both silver and gold levels in the small group market outside the exchange if participating in the SHOP exchange; and charge the same premiums for plans offered inside and outside the exchange. The exchange must certify health benefit plans as QHPs. To be certified, a plan must provide the essential benefits package required under ACA; obtain prior approval of premium rates and contract language from the Insurance Commissioner; provide at least a bronze level of coverage; and ensure that cost-sharing requirements do not exceed the limits established under ACA. A QHP is required to provide at least a bronze level of coverage if the QHP is certified as a qualified catastrophic plan.

A QDP must meet all QHP requirements except that dental plan carriers need not be licensed to offer other health benefits. Plans must be limited to dental/oral health benefits and include essential pediatric dental benefits and other dental benefits required by the Secretary of Health and Human Services or the exchange. Carriers may offer health and dental plans jointly under certain circumstances.

The exchange will be governed by a nine-member Board of Trustees of the Exchange (the board) consisting of the Secretary of Health and Mental Hygiene, the Insurance Commissioner, the Executive Director of the Maryland Health Care Commission, and six members appointed by the Governor with the advice and consent of the Senate. Appointed members serve four-year terms and may not serve more than two consecutive terms. Board members are entitled to reimbursement for expenses. Members of the board must disclose certain relationships and adhere strictly to conflict of interest provisions

Among other powers and duties, the board may sue and be sued; adopt bylaws, rules, and policies; adopt regulations; maintain an office; enter into agreements, contracts, or memoranda of understanding; apply for and receive grants, contracts, or other funding; and enter into information-sharing agreements with federal and State agencies and other state health insurance exchanges. While not subject to most State procurement laws, the board must establish an open and transparent procurement process. The board must create and consult with advisory committees and appoint to the advisory committees representatives of specified organizations.

The board must appoint an executive director of the exchange. The executive director serves at the pleasure of the board and is authorized to hire staff who are not subject to State actions governing compensation, including furloughs, pay cuts, or any other general fund cost savings measure.

The exchange is subject to numerous State laws including adoption of regulations under the Administrative Procedure Act, access to public records, open meetings, immunity and liability of State personnel, public ethics, procurement laws for minority business participation and policies for exempt units, and whistleblower and other provisions of State personnel law. The exchange is exempt from State or local taxation and specified provisions of procurement and State personnel law.

Beginning January 1, 2014, the exchange may impose user fees, licensing, or other regulatory fees or assessments that do not exceed reasonable projections regarding the amount

necessary to support the operations of the exchange or otherwise generate funding to support its operations. Any funding mechanisms must be transparent and broad based. Before imposing or altering any fee or assessment, the exchange must adopt regulations specifying who is subject to the fee or assessment, the amount of the fee or assessment, and the manner in which the fee or assessment will be collected. Funds collected must be deposited in the Maryland Health Benefit Exchange Fund. This special, nonlapsing fund will consist of any user fees or assessments, income from investments, interest income, and other specified sources. The exchange is prohibited from imposing fees or assessments that would provide a competitive disadvantage to health benefit plans outside of the exchange. The exchange must publish on its website the average amounts of any fees or assessments, the administrative costs of the exchange, and the amount of funds known to be lost through waste, fraud, and abuse.

The exchange must study and make recommendations regarding the feasibility and desirability of the exchange engaging in selective contracting and multistate or regional contracting; the rules under which health benefit plans should be offered inside and outside of the exchange; the design and operation of the exchange's Navigator Program; the design and function of the Exchange; how the exchange can be self-sustaining by 2015; and how the exchange should conduct its public relations and advertising campaign. The exchange must submit its findings and recommendations to the Governor and the General Assembly by December 23, 2011.

By December 1, 2015, the exchange must conduct a study and report its findings and recommendations to the Governor and the General Assembly on whether the exchange should remain an independent public body or should become a nongovernmental, nonprofit entity. Uncodified language states that it is the intent of the General Assembly that the exchange should not take any action that would inhibit the potential transformation of the exchange into a nongovernmental, nonprofit or quasi-governmental entity.

By December 1 of each year, the exchange must submit an annual report to the Secretary of Health and Human Services, the Governor, and the General Assembly.

The Act prohibits the exchange from exercising the following powers, duties, and functions until it has submitted specified recommendations and the Governor and the General Assembly authorize the exercise of those powers, duties, and functions through legislation during the 2012 session:

- make QHPs available to qualified individuals and employers;
- assign ratings for and determine each QHP's level of coverage;
- establish a SHOP exchange;
- establish a Navigator Program;
- carry out a plan to provide assistance for consumers seeking to purchase products through the exchange;
- carry out a public relations and advertising campaign to promote the exchange;
- certify health benefit plans as QHPs; and
- impose fees or other assessments to support the operations of the exchange.

It also prohibits the exchange from implementing any functions that require further guidance from the Secretary of Health and Human Services, until the guidance is received."

Submitted as:

Maryland

[Chapter 2 of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: This bill is not in the packet because it is 40 pages.

Governor signs groundbreaking health benefit exchange bill
ANNAPOLIS, MD (April 12, 2011)

Governor Martin O'Malley today joined Senate President Thomas V. Mike Miller, Jr., House Speaker Michael E. Busch, and Lieutenant Governor Anthony G. Brown to sign important legislation aimed at advancing innovation and creating jobs in Maryland. Today, the Governor signed into law legislation creating a governance structure of a Health Benefit Exchange, becoming one of the first states to establish this framework establishing a new online marketplace to allow Marylanders a choice of plans, and information on rates, benefits and quality

"As a global hub of innovation – a leader in science, security, health, discovery and information technology – Maryland is well-positioned to transform the challenges we face into jobs and opportunity," said Governor O'Malley. "This legislative session, we found ways to work together to lead the way for other states by being a winner in this new economy and taking a significant step forward in generating capital for our businesses, expanding healthcare to more Marylanders, and creating jobs for our families as we fight for our economic future."

The Health Benefit Exchange legislation was a recommendation of the Health Reform Coordinating Council, of which Lt. Governor Brown served as co-chair. "Maryland has a long tradition of health care innovation and leadership, and we are continuing our record of success by becoming one of first states in the nation to establish the framework for a health benefit exchange," said Lt. Governor Brown. "When up and running, Maryland's health benefit exchange will provide seamless, one-stop shopping for individuals and small businesses to find high quality health coverage at an affordable price. By bringing all stakeholders together, we have developed a national model for implementing federal health care reform in order to reduce costs, expand access, and improve the quality of care for all Marylanders."

Implementation of the federal Affordable Care Act will extend health insurance to 350,000 Marylanders and save the state approximately \$800 million over ten years. The O'Malley-Brown Administration proposed a package of legislation to move this effort forward in Maryland this year, and Lieutenant Governor Brown successfully shepherded this legislation through the General Assembly.

Disposition: 21-33B-07

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act requires the department of managed health care and the department of insurance to develop a standard form health care service plans and health insurers can use to authorize filling drug prescriptions. The Act requires health service plans and health insurers use such forms to authorize filling drug prescriptions for patients.

Submitted as:

California

[Chapter 648 of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment: California is reported to be the first state to enact legislation addressing this issue. At least three states considered similar legislation in 2012, Vermont, Hawaii, and Arizona. Language from VT H 603 was incorporated into H 559, a comprehensive health reform bill that became law in 2012. Hawaii had not passed HB 1741 or SB 2436 as of October 2012. Arizona had not passed SB 1385 as of October 2012.

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

*21-33B-09 Requiring Mammogram Results Include Information
About Density of Breast Tissue

CT

This Act declares that a mammography report provided to a patient shall include information about breast density, based on the Breast Imaging Reporting and Data System established by the American College of Radiology. Where applicable, such report shall include the following notice: “If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician’s office and you should contact your physician if you have any questions or concerns about this report.”

Submitted as:

Connecticut

[Public Act No. 09-41](#)

Status: Enacted into law in 2009.

[GO TO TABLE OF CONTENTS](#)

Comment: The [Density Education National Survivors Effort](#) reports similar legislation has been considered in California, Florida, Missouri, and Texas. The Illinois Department of Insurance reports Illinois law requires “If a routine mammogram reveals heterogeneous or dense breast tissue, coverage must provide for a comprehensive ultrasound screening of an entire breast or breasts, when determined to be medically necessary by a physician.” [215 ILCS 5/356g and 215 ILCS 125/4-6.1]

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act directs the state commissioner of health and senior services to require each birthing facility licensed by the department of health and senior services to perform a pulse oximetry screening, a minimum of 24 hours after birth, on every newborn in its care.

Submitted as:

New Jersey

[Chapter 74 of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

First-in-the-Nation New Jersey Newborn Heart Defect
Screening Law Already Saving Lives

Trenton, NJ – Governor Chris Christie today toured Newton Medical Center and met with the Gordon family, whose two-month-old son, Dylan, is alive today because of detection and treatment resulting from New Jersey’s first-in-the nation law requiring newborns to be screened for life-threatening heart defects before leaving the hospital.

On September 1, a day after the law mandating inclusion of pulse oximetry testing on newborns became effective, a hospital pediatrician informed Lisa and Bill Gordon of Newton that the test performed on their baby was abnormal and that he had a heart murmur. Dylan was rushed to Morristown Medical Center, where it was determined he needed specialized pediatric cardiac surgery. Dylan was transferred to Columbia University Medical Center, and several days later had the life-saving surgery correcting the abnormality discovered from the newly mandated newborn testing.

“As Governor, you sign a lot of bills into law, but it’s a rare day when you know a piece of legislation you signed saved a life,” said Governor Christie. “As a father of four children, I can just imagine the fear Lisa and Bill endured in those days after the diagnosis. But I can also imagine the relief and joy that overtook their fear when they realized Dylan would be fine. I’m proud to say that New Jersey has led the way in requiring this life-saving test, which demonstrates our commitment to early detection in children like Dylan.”

“It is because of your law that our son’s life was saved, and my husband and I are very grateful to you,” the Gordons wrote in a letter to the Governor last month. “We just can’t thank you enough for passing this law and we hope that other states will pass this law in the future. Our son Dylan is proof that the test is worth doing.” Mrs. Gordon said she hoped to bring greater attention to this important new law by speaking publicly about Dylan’s story.

“Congenital heart defects are not easily detected, but among birth defects, they are the leading cause of infant death, according to the federal Centers for Disease Control and Prevention (CDC),” said Health and Senior Services Commissioner Mary E. O’Dowd. Untreated, congenital birth defects may cause physical and mental disabilities, or even death.

“This new requirement solidifies New Jersey’s position as a leader in early detection and treatment of children,” said Commissioner O’Dowd. “More than 102,000 babies are born in New Jersey each year and we know this simple and inexpensive screening test will save other babies’ lives.”

Since Governor Christie signed the pulse oximetry law on June 2, U.S. Health and Human Services Secretary Katherine Sebelius last month added pulse oximetry to the list of nearly 60 recommended tests for newborns – a list states are not bound to follow but many do. Maryland and Indiana will implement pulse oximetry screening measures next year; other states currently considering legislation include New York, Pennsylvania, Missouri, Tennessee and Nebraska. Minnesota is operating a pulse oximetry screening pilot program at five hospitals in the state.

Dylan was released from Columbia University Medical Center on September 18 and requires a follow-up visit with his pediatric cardiologist every two months.

“Screening all newborns for pulse oximetry allows us the ability to better respond in delivering high-quality care to the most vulnerable of our patients,” said Joseph DiPaolo, Director of Operations for Newton Medical Center. “With this simple, non-invasive test meaning the difference between tragedy or a healthy life for this little boy, there’s no question that the law mandating pulse oximetry testing has already proved its necessity,” said Sue Calvert, RN, the nurse in Newton Medical Center’s Maternity Center who performed the test on Dylan. “Performing this test on each of our newborns simply makes sense.”

Sponsors of the legislation in the Assembly include Assemblypersons Jason O’Donnell (D-Hudson), Connie Wagner (D-Bergen) and Ruben J. Ramos, Jr. (D-Hudson). Senate version sponsors are Senators Richard J. Codey (D-Essex) and Joseph F. Vitale (D—Middlesex).

Disposition: 21-33B-10

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act specifies requirements for a health care sharing ministry and exempts a health care sharing ministry from requirements of state insurance law.

Submitted as:

Indiana

[HOUSE ENROLLED ACT No. 1050](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

According to a legislative staff analysis, S 2400 represents the next phase of Massachusetts' efforts to reform health care. The Act aims to set health care cost growth on a sustainable long-term path. It establishes a statewide health care cost growth goal for the health care industry pegged an amount no greater than the growth in the state's overall economy. For 2013 – 2017, that goal is the same as the potential growth rate of the state's gross state product. For 2018-2022, that goal is one half percent below the potential growth rate of the state's gross state product or at the same growth rate of the state's gross state product.

Enhancing Transparency and Accountability of the Health Care Marketplace

This Act:

- Requires the state's Medicaid program, the state's employee health care program, and all other state-funded health care programs to transition to new health care payment methodologies. These payment models incentivize the delivery of high-quality, coordinated, efficient and effective health care while reducing waste, fraud and abuse.
- Authorizes targeted Medicaid rate increases of up to \$20 million for providers that demonstrate a significant transition to new payment methodologies.
- Establishes a certification process for Accountable Care Organizations (ACO) health care provider systems dedicated to cost growth reduction, quality improvement and patient protection. These ACOs would receive a contracting preference in state health programs.
- Establishes a certification process for patient-centered medical homes – a care delivery model that provides patients with a single point of coordination for all their health needs. Enhancing Transparency and Accountability of the Health Care Marketplace.
- Requires all health care provider systems to register with the state and report regularly on financial performance, market share, cost trends, and quality measures.
- Charges the Attorney General to monitor trends in the health care market including consolidation in the provider market in order to protect patient access and quality.
- Establishes a new “Cost and Market Impact Review“ to examine changes in the health care industry and the impact of these changes on cost, quality, and market competitiveness. The findings of this review may be referred to the Attorney General for further investigation.
- Develops a process to track price variation among different health care providers over time and establishes a Special Commission to determine and quantify the acceptable and unacceptable factors contributing to price variation among providers.

Community-Based Prevention, Public Health, Wellness

The Act:

- Dedicates \$60 million over the next 4 years in a historic investment in community-based prevention, public health, and wellness efforts to reduce the rates of costly preventable chronic diseases, such as obesity, diabetes, and asthma.
- Establishes a new wellness tax credit for businesses that implement recognized workplace wellness programs, up to \$10,000 per employer. These programs will improve employee health, reduce recidivism, and help control the growth in employer health care premiums.
- Requires the Department of Public Health to develop a “model guide“ for wellness programs for businesses and to provide stipends to help businesses establish programs.

- Requires health insurance companies to provide a premium adjustment for small businesses that adopt approved workplace wellness programs. Building the Health Care System and Workforce for the 21st Century.

Health Care Infrastructure and Workforce

This Act:

- Dedicates \$135 million over the next 4 years to support investments in our community hospitals to support the infrastructure necessary to build the health care system of the 21st century. This funding, targeted for financially distressed hospitals, will assist in the transition to new payment methodologies and care delivery models.
- Commits an additional \$30 million in investments for other eligible health care providers to accelerate the on-going statewide adoption of interoperable electronic health records.
- Establishes a Health Care Workforce Transformation Trust Fund to invest in the training, education, and skill development programs necessary to help workers succeed in the health care system of the future. This Fund received \$20 million in the fiscal 2013 budget.
- Incentives the accelerated adoption of connected health technology, such as telemedicine. Increasing Access to Essential Care Services.

Access to Essential Services and Necessary Care

The Act:

- Expands the role of physician assistants and nurse practitioners to act as primary care providers in order to expand access to cost-effective care.
- Expands the role of “limited-service-clinics“ to act as a cost-effective and convenient point of access for health care services provided by nurse practitioners.
- Expands an existing workforce loan forgiveness program to include providers of behavioral, substance use disorder, and mental health services.
- Establishes a new primary care residency program supported by the Department of Public Health in order to increase the pipeline of primary care providers. Promoting Administrative Simplification for Health Care Providers.
- Requires certified ACOs, patient-centered medical homes, and provider organizations that receive a risk-based payment to set up a system of internal appeals. The appeals process may last no longer than 14 days.
- Requires certified ACOs to guarantee access to all medically necessary services for patients, either internally or through providers outside of the ACO. Integrating Behavioral, Substance Use Disorder, and Mental Health Services.
- Requires health insurance companies to comply with federal mental health parity law and submit documentation to the Attorney General certifying compliance.
- Establishes a special task force to make recommendations on how to integrate behavioral health services in the payment and delivery systems developed under this bill.

Health Care Administration

This Act:

- Requires the development of standard prior authorization forms, which would be available electronically, so that providers would use only one form for all payers.

- Authorizes penalties for non-compliance with standardized coding and billing requirements.
- Streamlines data reporting requirement by designating a single agency as the secure data repository for all health care information reported to and collected by the state.

Medical Malpractice

The Act:

- Creates a 182-day cooling off period while both sides try to negotiate a settlement and requires the exchange of information between the plaintiff and defense to promote early settlement.
 - Allows a health care provider or facility to admit to a mistake or error. The admission cannot be used in a court as an admission of liability. However, if a provider lies under oath about the error or mistake, then the statement can be used as an admission of liability.
 - Creates a task force to study defensive medicine and medical overutilization.
- Improving Consumer Transparency of Health Care Costs.

Health Care Costs Transparency

The Act:

- Establishes new transparency tools to help consumers make health care purchasing decisions based on comparative cost and quality, including the establishment of a consumer health information website with transparent prices and shared-decision making online tools.
- Directs health insurance carriers to disclose the out-of-pocket costs for a proposed health care service and protects patients from paying more than the disclosed amount.
- Requires health insurance carriers to provide a summary to health care consumers in an easily readable and understandable format showing the consumer's responsibility, if any, for payment of any portion of a health care provider claim.

Health Insurance Affordability

This Act:

- Extends key provisions of small business health insurance legislation passed in 2010, including a requirement that the Division of Insurance rigorously review premium filings to ensure that small businesses and individuals receive the most efficient products possible.
- Extends the current authority of the Division of Insurance to help mitigate and stabilize large "spikes" in premium increases from year to year.
- Increases the minimum premium savings for "tiered" or "selective" network health products from 12% to 14% and establishes a new "smart-tiering" option.
-

Miscellaneous

This Act also establishes a Health Policy Commission to oversee policy development necessary to implement the Act, including setting and enforcing the health care cost growth benchmark, certifying new payment methods and care delivery models, and conducting new "Cost and Market Impact" reviews of market changes. It creates a Center for Health Information and Analysis as an independent state agency, governed by an executive director appointed by majority vote of the Governor, Attorney General, and State Auditor (similar to the Inspector General). The Center will act as the designated health care data collection, dissemination, and analysis agency of

the state and will provide critical, independent analysis of the how the state's policies are affecting cost trends.

The Act bans mandatory overtime for nurses in a hospital setting unless patient safety requires it in an emergency situation or there is no reasonable alternative. It raises the full-time equivalent threshold for fair share contributions from 10 to 20 employees and adds a provision that employees who have health insurance from other sources will not be included in the calculation of whether an employer is a contributing employer.

It establishes a health planning council to develop, every 5 years, a state health plan determining the future medical capital needs of the state. The Act requires a review and recommendations relative to increasing the use of health savings accounts, flexible savings accounts, and other "consumer-driven plans." It also directs state agencies responsible for the purchase of prescription drugs to form a uniform procurement unit to negotiate bulk purchases and creates a commission to review methods to reduce the cost of prescription drugs for public and private payers.

Status:

Massachusetts

[S Bill 2400](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment: A governor's press release states:

BOSTON – Monday, August 6, 2012 – Governor Deval Patrick today launched the next phase of health care reform, signing legislation that builds on the Commonwealth's nation-leading access to care through landmark measures that will lower costs and make quality, affordable care a reality for all Massachusetts residents.

"Today, we take our next big step forward. Massachusetts has been a model to the nation for access to health care. Today we become the first to crack the code on cost. And we have come this far together," said Governor Patrick. "The law I have signed makes the link between better health and lower costs, that we need a real health care system in place of the sick care system we have today. What we're really doing is moving towards a focus on health outcomes, and a system to reward that. We are ushering in the end of fee-for-service care in Massachusetts in favor of better care at lower cost." (Read the Governor's full remarks here.)

During a ceremony at the State House, Governor Patrick joined medical, business and labor leaders, caregivers and patient advocates, and legislators and policy makers, crediting the broad coalition for delivering on the promise of the Commonwealth's 2006 health care reform law that expanded coverage to over 98% of residents, including 99.8% of children. The Governor noted that the first phase of health care reform, which the Patrick-Murray Administration successfully implemented, has led to more residents having a primary care physician, more businesses offering coverage and an increase in preventive care.

"Our Administration has worked to increase access to quality health care for Massachusetts residents, and we have built a strong partnership with providers, consumers, and other stakeholders to address the affordability of care within the system," said Lieutenant Governor Timothy Murray. "We thank the state legislature and all who have been dedicated to working with us as we prepare for the next phase of health care reform, reducing the rising cost within our health care system and easing the burden on Massachusetts families, businesses, and residents."

“By striking just the right balance, this bill will help slow the spiraling health care costs faced by businesses and individual consumers while also allowing the marketplace to grow and function,” said Attorney General Martha Coakley. “We are proud to be part of this first-in-the-nation effort and are prepared to ensure the law’s fair and effective implementation. I thank Governor Patrick for his leadership on this issue and applaud the Legislature, particularly the work of Chairmen Walsh and Moore, as well as Senate President Murray and Speaker DeLeo, for this landmark health care bill.”

“Since we passed health care reform and became a model for the country, we have been working toward this moment,” said Senate President Therese Murray. “Health care costs are a burden on businesses and many individuals and families, despite recent successes in bringing down premiums in some cases. With this bill, we are once again showing the nation that shared concerns and a willingness to work together can provide answers. This bill will reel in health care costs, removing a major roadblock to long-term job growth and allowing essential investments in education and transportation without harming our number one industry or patient care.”

“I am proud of the health care cost containment legislation we worked together to craft. Our collective focus is on cutting health care costs for businesses and families,” said House Speaker Robert A. DeLeo. “I am confident this bill will lower our health care costs in a way that maintains our historic strengths, among them high quality patient care and medical innovation. As we have done previously with municipal health care reform and the sound management of our state budget and other pieces of legislation, we are putting Massachusetts at the top of states for people to live and work.”

The Governor also noted ways in which government and the private sector have worked together to make progress on controlling costs in advance of this bill becoming law. Small businesses and working families saved over \$600 million in the last two years as the Administration slowed the average annual increase in health insurance premiums from over 16% to less than 1%. Over the same period, the Health Connector reduced rates by 10% without sacrificing scale or quality of coverage. Providers and insurers reopened contracts and reduced preset increases to cut millions out of future cost growth.

Thanks to legislation passed by the Legislature in 2010, small businesses can now band together into health insurance cooperatives to improve their buying power and limited network plans are available at up to 12% less than ordinary rates.

The legislation the Governor signed today makes this progress sustainable, advances the market innovation already on full display and strengthens the state’s world-renowned health care sector so that patients receive better care at lower costs and businesses and working families benefit from long-term savings.

The new law will:

Achieve Billions in Savings:

- Sets a first-in-the-nation target for controlling the growth of health care costs. The law holds the annual increase in total health care spending to the rate of growth of the state’s Gross State Product (GSP) for the first five years, through 2017, and then even lower for the next five years, to half a percentage point below the economy’s growth rate, and then back to GSP.

- Results in nearly \$200 billion in health care cost savings over the next 15 years, which will lead to up to \$10,000 in additional take-home pay, per worker, over 15 years.

- The average family will see an estimated savings of \$40,000 on their health care premiums over 15 years.

Move to Alternative Payments:

- To control costs and improve quality of care, the law requires government agencies like MassHealth, the GIC and the Connector to use global and other alternative payments to achieve savings for taxpayers.

- Encourages alternative delivery systems across health care fields to deliver additional savings for patients, business owners and working families.

Increase Transparency:

- The law also gives consumers better information about the price of procedures and health care services by requiring health insurers to provide a toll-free number and website that enables consumers to request and obtain price information.

Address Market Power:

- To monitor and address the market power and price disparities that can lead to higher costs, the law allows a Health Policy Commission to conduct a cost and market impact review of any provider organization to ensure that they can justify price variations. The law identifies triggers for when a provider or provider organization will be referred to the attorney general for investigation. An independent Center for Health Information and Analysis will conduct data collection and reporting functions.

Promote Wellness:

- The law creates a Wellness Fund of \$60 million administered by the Massachusetts Department of Public Health for competitive grants to community-based organizations, health care providers and regional planning organizations.

Enact Malpractice Reform:

- The law includes malpractice provisions proposed by Governor Patrick, requiring a “cooling-off” period before a party may initiate a suit, while making providers’ apologies inadmissible as evidence. Many studies show that an apology can prevent a lawsuit but due to the threat of litigation, providers have oftentimes remained silent.

Support Health Information Technology:

- Massachusetts is already a national leader in adopting electronic health records and health IT efforts. The law complements these efforts, by advancing several health information technology programs, including the Executive Office of Health and Human Services’ work with the Obama Administration to build and operate the statewide health information exchange.

Over 90% of Massachusetts residents have a primary care physician, and four out of five have seen their doctor in the last 12 months. 78% of Massachusetts businesses offer health insurance to their employees today, compared to the national average of about 69%. More people are receiving cancer screenings, more women are getting early prenatal care and visits to emergency rooms have decreased for non-emergencies.

SUPPORTIVE QUOTES

“The passage of today’s bill is all about seeing our health care system through the eyes of the patient,” said Representative Steven M. Walsh, House Chair of the Joint Committee on Health Care Financing. “We have the highest quality medical system in the nation and the highest percentage of health care coverage, yet it is a struggle for families to afford their health insurance premiums. This legislation focuses on increasing efficiency and cutting costs within our system, while enhancing the quality of care that our patients receive and empowering them to make the best personal health decisions.”

“Today, we take another big step forward towards achieving affordable health care for all of our residents,” said Secretary of Health and Human Services Dr. JudyAnn Bigby. “We are moving towards a health care system that is more focused on better care and better health at lower cost. I am proud of Governor Patrick for signing this historic legislation.”

“This groundbreaking legislation takes on the biggest threat to fiscal sustainability for government, businesses and families - growth in health care costs,” said Secretary of Administration

and Finance Jay Gonzalez. “We’re proud of the many successes we have had containing health care costs and today’s announcement brings us one step closer to a permanent solution to that challenge.”

“Making Massachusetts more affordable for businesses is a priority in the Patrick-Murray Administration’s long-term economic plan, and this law signed by Governor Patrick is a significant step forward on this important issue,” said Greg Bialecki, Secretary of Housing and Economic Development. “Small businesses are the driving force of our economic recovery, and business owners can be assured that we are doing everything we can to put the brakes on escalating health care costs now and in the future.”

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The text of this Act is not in the bill packet because it is more than 200 pages.

Disposition: 21-34A-03

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act requires the governing board of a county, district, or municipal hospital evaluate the possible benefits to an affected community from the sale or lease of the hospital facility to a not-for-profit or for-profit entity within a specified time period. It specifies the actions the board must take in evaluating whether to sell or lease the public hospital and requires the board to determine whether qualified purchasers or lessees exist.

The Act specifies the factors that must be considered by the governing board before accepting a proposal to sell or lease the hospital. It requires the board to state in writing detailed findings related to its decision to accept or reject the proposal, make public the required findings and documents, and to publish a notice of the proposed transaction in one or more newspapers of general circulation in the county in which the majority of the physical assets of the hospital are located.

Submitted as:

Florida

[Chapter 2012-66](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act is targeted at retaining and expanding film, television, and digital media production in the state. The foundation of the Act is a 20% transferable tax credit. Production companies that spend a minimum of \$500,000 in the state on qualified production and post-production expenditures are eligible for this credit. This includes most materials, services and labor. For example, credits generated by qualified productions may be used by the production against income taxes or payroll taxes or sold/transferred to a third party for use against the purchaser's state tax liability. The 20% credit applies to both residential and out-of-town hires working in the state with a salary cap of \$500,000 per person, per production, when the employee is paid by "salary," which is defined as being paid by W2. If the production company uses a 1099 or a personal services contract to hire someone the \$500,000 limit does not apply.

The Act offers an additional 10% tax credit if a production company includes a state promotional logo in the qualified finished feature film, TV series, music video or digital media product.

The Act does not limit the number of these available credits or sunset the availability of such credits.

Submitted as:

Georgia

[HB 1027/AP](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

The Act prohibits a person from performing body art, as defined, without registering annually with the local enforcement agency. The Act requires practitioners comply with specified requirements, including, among other things, client information and questionnaires, vaccination, blood borne pathogen training, and sanitation. It also requires the owner of a body art facility, as defined, to obtain and annually renew a health permit from the local enforcement agency, as specified, and to maintain the body art facility in a specified manner.

This Act exempts from the definition of body art the piercing of an ear with a disposable, single-use, sterilized stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear, but imposes specified requirements on that practice. It authorizes a local enforcement agency to require facilities performing ear piercing in that jurisdiction to submit a notification form, as provided, with the local enforcement agency.

This Act authorizes a local enforcement agency to charge a one-time facility notification fee in an amount between \$25 and \$45, but not in excess of the amount required to cover the actual costs of administering and enforcing the program. It authorizes a county, after December 31, 2015, to charge a different fee, established by local ordinance, so long as an increased fee amount is necessary to cover the actual costs of administering and enforcing the provisions.

This legislation regulates the performance of body art in vehicles, temporary booths, and at body art events. It requires a person sponsoring a body art event to obtain a permit and fulfill specified requirements and would authorize a local enforcement agency to establish reasonable regulatory fees, including, but not limited to, a fee for body art events in an amount not to exceed, but sufficient to cover, the costs of enforcement.

The Act authorizes inspections by an enforcement officer, and provides for the suspension or revocation of a certificate of registration or a health permit in specified circumstances. It makes performing body art without being registered, operation of a body art facility without a health permit, or operation of a temporary body art event without a permit a misdemeanor and authorizes a local enforcement agency to assess an administrative penalty, in an amount not less than \$25 and not more than \$1,000, for violating the Act. It also authorizes a local enforcement agency, in addition to these penalties, to impose a penalty of up to three times the cost of the registration or permit on a practitioner, owner of a body art facility, or sponsor of a temporary body art event who fails to obtain needed permits.

The Act authorizes a city, county, or city and county to adopt regulations or ordinances that do not conflict with, or are more stringent than, the provisions of the Act as those provisions relate to body art.

Submitted as:

California

[Chapter 638 of 2011](#)

Status: Enacted into law in 2011.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff:

This Act defines a “humane investigation agency” as a private, nonprofit animal care agency that has maintained an animal welfare investigation department for at least five years and has had officers employed as special agents. It directs the superintendent of state police, at the request of the humane investigation agency, to commission a designated employee of the humane investigation agency as a humane special agent if that employee meets certain criteria and the agency carries insurance for claims against such agents. The Act allows the superintendent to revoke the commission if the agent is no longer working for a humane society or has abused their commission. It requires special agents work cooperatively with law enforcement but limits the special agent to enforcing animal welfare laws.

This Act allows the superintendent to adopt rules concerning when a humane special agent may carry a firearm while acting as a humane special agent. It removes humane special agents from provisions that allow law enforcement to conduct wiretap investigations or to tape a conversation without a court order.

Submitted as:

Oregon

[HB 4021 \(Enrolled\)](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

25-34A-01 Security Freezes on Consumer Reports of Minors
and Protected Persons

MD

This Act requires a consumer reporting agency to place a security freeze for a protected consumer if the agency receives such a request from the protected consumer's representative. The agency must place the freeze within 30 days of receiving of the request. The Act defines a protected consumer as an individual who is younger than 16 at the time a request for a security freeze is made or an incapacitated person or a protected person for whom a guardian or conservator has been appointed in accordance with state law.

Submitted as:

Maryland

[Chapter 209 of 2012 Laws](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment: According to Forbes magazine, seven other states have similar laws.

Disposition:

SSL Committee Meeting: 2014A

() Include in Volume

() Defer consideration

() next SSL mtg.

() next SSL cycle

() Reject

Comments/Note to staff:

This Act requires a buy-here-pay-here dealer, as defined, to issue a 30-day or 1,000-mile warranty to the buyer or lessee of a used vehicle bought or leased at retail price, and would require the warranty to cover the engine, transmission, drive axle, front and rear wheel drive components, engine cooling system, brakes, front and rear suspension systems, steering, seatbelts, inflatable restraint systems, catalytic converter or other emissions components, heater, seals and gaskets, electrical, electronic, and computer components, alternator, generator, starter, and ignition system. It requires the buy-here-pay-here dealer to either repair those covered parts that fail or, at the buy-here-pay-here dealer's election, to cancel the sale or lease and reimburse the buyer or lessee, as specified. The Act requires the buy-here-pay-here dealer to pay 100% of the cost of labor and parts for any repairs under the warranty. It voids an agreement for the purchase or lease of a vehicle that waives, limits, or disclaims these requirements. The Act provides that a warranty is deemed to have been issued if a buy-here-pay-here dealer fails to issue a warranty pursuant to these provisions.

The Act prohibits a buy-here-pay-here dealer from requiring the buyer to make payments in person, with the exception of the down payment for the vehicle, and prohibits the buy-here-pay-here dealer from repossessing the vehicle or charging a penalty following timely payment of a deferred down payment, as specified. It prohibits the buy-here-pay-here dealer from, after the sale of the vehicle, tracking the vehicle using electronic tracking technology and from disabling the vehicle with starter interrupt technology, except as specified, and would make a violation of these prohibitions a misdemeanor punishable by a fine of up to \$1,000.

Submitted as:

California

[Chapter 740](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

- ☐ Include in Volume
- ☐ Defer consideration
 - ☐ next SSL mtg.
 - ☐ next SSL cycle
- ☐ Reject

Comments/Note to staff:

This Act requires a buy-here-pay-here dealer, as defined, to affix to and to prominently and conspicuously display a label on any used vehicle offered for retail sale that states the reasonable market value of the vehicle. It requires the label to contain specified information used to determine the vehicle's reasonable market value and the date the value was determined. It requires a buy-here-pay-here dealer to provide to a prospective buyer of the used vehicle a copy of any information obtained from a nationally recognized pricing guide that the buy-here-pay-here dealer used to determine the reasonable market value of the vehicle.

Submitted as:

California

[Chapter 741](#)

Status: Enacted into law in 2012.

[GO TO TABLE OF CONTENTS](#)

Comment:

Disposition:

SSL Committee Meeting: 2014A

☐ Include in Volume

☐ Defer consideration

☐ next SSL mtg.

☐ next SSL cycle

☐ Reject

Comments/Note to staff: