Sec. 124. (Effective from passage)

(a) There is established a task force to study and make recommendations concerning certificates of need. The task force shall study and make recommendations concerning the following matters:

(1) The institution of a price increase cap that is tied to the cost growth benchmark for consolidations;

(2) guaranteed local representation of communities on hospital boards;

(3) changes to the Office of Health Strategy's long-term, state-wide health plan to include an analysis of services and facilities and the impact of such services and facilities on equity and underserved populations;

(4) setting standards for measuring quality as a result of a consolidation;

(5) enacting higher penalties for noncompliance and increasing the staff needed for enforcement;

(6) the Attorney General's authority to stop activities as the result of a certificate of need application or complaint;

(7) the ability of representatives of the workforce and the community to intervene or appeal decisions;

(8) giving the Office of Health Strategy the authority to require an ongoing investment to address community needs;

(9) capturing lost property taxes from hospitals that have converted to nonprofit entities; and

(10) the timeliness of decisions or approvals relating to the certificate of need process and relief available through such process.

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

(1) The chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to insurance or their designees;
(2) Two appointed by the speaker of the House of Representatives, one of whom is a health care provider and one of whom represents a Hartford-based hospital;

(3) Two appointed by the president pro tempore of the Senate, one of whom has expertise in community-based health care and one of whom represents a Connecticut-based medical school;

(4) One appointed by the majority leader of the House of Representatives who represents consumers;

(5) One appointed by the majority leader of the Senate who represents labor;

(6) One appointed by the minority leader of the House of Representatives who represents a rural hospital;

(7) One appointed by the minority leader of the Senate who represents an independent hospital;

(8) Two appointed by the Governor, one of whom is an advocate for health care quality or patient safety and one of whom is an advocate for health care access and equity;

(9) The executive director of the Office of Health Strategy, or the executive director’s designee, who shall be a nonvoting, ex-officio member; and

(10) The Attorney General, or the Attorney General’s designee, who shall be a nonvoting, ex-officio member.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a member of the General Assembly.

(d) All initial appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to insurance shall be the chairpersons of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

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

(g) Not later than January 15, 2023, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to insurance, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 15, 2023, whichever is later.