



Substitute Senate Bill No. 1

Public Act No. 19-25

AN ACT CONCERNING PAID FAMILY AND MEDICAL LEAVE.

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

Section 1. (NEW) (*Effective from passage*) As used in this section and sections 2 to 16, inclusive, of this act:

(1) "Authority" means the Paid Family and Medical Leave Insurance Authority established in section 2 of this act. "Authority" does not mean an appointing authority;

(2) "Base period" means the first four of the five most recently completed quarters;

(3) "Base weekly earnings" means an amount equal to one twenty-sixth, rounded to the next lower dollar, of a covered employee's total wages, as defined in subsection (b) of section 31-222 of the general statutes, or self-employment income, as defined in 26 USC 1402(b), as amended from time to time, earned during the two quarters of the covered employee's base period in which such earnings were highest;

(4) "Covered employee" means an individual who has earned not less than two thousand three hundred twenty-five dollars in subject earnings during the employee's highest earning quarter within the base period and (A) is presently employed by an employer, (B) has

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been employed by an employer in the previous twelve weeks, or (C) is a self-employed individual or sole proprietor and Connecticut resident who has enrolled in the program pursuant to section 9 of this act;

(5) "Covered public employee" means an individual who is (A) employed in state service, as defined in section 5-196 of the general statutes, and who is not in a bargaining unit established pursuant to sections 5-270 to 5-280, inclusive, of the general statutes, or (B) a member of a collective bargaining unit whose exclusive collective bargaining agent negotiates inclusion in the program, in accordance with chapter 68 of the general statutes, sections 7-467 to 7-477, inclusive, of the general statutes or sections 10-153a to 10-153n, inclusive, of the general statutes. If a municipal employer, as defined in section 7-467 of the general statutes, or a local or regional board of education negotiates inclusion in the program for members of a collective bargaining unit, "covered public employee" also means an individual who is employed by such municipal employer or local or regional board of education and who is not in a bargaining unit established under sections 7-467 to 7-477, inclusive, of the general statutes, or sections 10-153a to 10-153n, inclusive, of the general statutes;

(6) "Employ" means to allow or permit to work;

(7) "Employee" means an individual engaged in service to an employer in this state in the business of the employer;

(8) "Employer" means a person engaged in any activity, enterprise or business who employs one or more employees, and includes any person who acts, directly or indirectly, in the interest of an employer to any of the employees of such employer and any successor in interest of an employer. "Employer" does not mean the federal government, the state or a municipality, a local or regional board of education or a nonpublic elementary or secondary school, except that the state, a

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municipal employer or local or regional board of education is an employer with respect to each of its covered public employees;

(9) "Family and medical leave compensation" or "compensation" means the paid leave provided to covered employees from the Family and Medical Leave Insurance Trust Fund;

(10) "Family and Medical Leave Insurance Authority Board" means the board of directors established in section 2 of this act;

(11) "Family and Medical Leave Insurance Program" or "program" means the program established in section 3 of this act;

(12) "Family and Medical Leave Insurance Trust Fund" or "trust" means the trust fund established in section 5 of this act;

(13) "Health care provider" has the same meaning as provided in section 31-51kk of the general statutes, as amended by this act;

(14) "Person" means one or more individuals, partnerships, associations, corporations, limited liability companies, business trusts, legal representatives or any organized group of persons;

(15) "Serious health condition" has the same meaning as provided in section 31-51kk of the general statutes, as amended by this act; and

(16) "Subject earnings" means total wages, as defined in subsection (b) of section 31-222 of the general statutes, or self-employment income as defined in 26 USC 1402(b), as amended from time to time, that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time.

Sec. 2. (NEW) (*Effective from passage*) (a) There is established a Paid Family and Medical Leave Insurance Authority which shall be a body politic and corporate and shall constitute a public instrumentality and political subdivision of the state created for the performance of an

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essential public and governmental function. The authority shall not be construed to be a department, institution or agency of the state.

(b) The powers of the authority shall be vested in and exercised by a board of directors, which shall consist of fifteen voting members, as follows: (1) The Labor Commissioner, or his or her designee, who shall serve as an ex-officio voting member; (2) the Secretary of the Office of Policy and Management, or his or her designee, who shall serve as an ex-officio voting member; (3) the State Treasurer, or his or her designee, who shall serve as an ex-officio voting member; (4) the State Comptroller, or his or her designee, who shall serve as an ex-officio voting member; (5) the Commissioner of Administrative Services or, at that commissioner's designation, the Chief Information Officer, who shall serve as an ex-officio voting member; (6) the Commissioner of Economic and Community Development, or his or her designee, who shall serve as an ex-officio voting member; (7) one appointed by the speaker of the House of Representatives, who shall have skill, knowledge and experience in the interests of employees; (8) one appointed by the majority leader of the House of Representatives, who shall be an attorney advocating for the rights, benefits and opportunities of employees; (9) one appointed by the minority leader of the House of Representatives, who shall have skill, knowledge and experience in the interests of disability insurance plans; (10) one appointed by the president pro tempore of the Senate, who shall be an impacted individual who has personal knowledge and experience with economically distressed and underserved communities and is reflective of the ethnic and economic diversity of such communities; (11) one appointed by the majority leader of the Senate, who shall have skill, knowledge and experience in the interests of small business employees; (12) one appointed by the minority leader of the Senate, who shall have skill, knowledge and experience in the interests of employees of large businesses; and (13) three appointed by the Governor, one of whom shall have skill, knowledge and experience in

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modern software practices, and two of whom shall have skill, knowledge and experience in family and medical leave programs. Each member appointed pursuant to subdivisions (7) to (13), inclusive, of this subsection shall serve an initial term of four years. Thereafter, said members of the General Assembly and the Governor shall appoint members of the board to succeed such appointees whose terms have expired and each member so appointed shall hold office for a term of six years from July first in the year of his or her appointment. Members shall hold office until a successor member has been duly appointed.

(c) All initial appointments to the board shall be made not later than July 1, 2019. Any vacancy shall be filled by the appointing authority not later than thirty calendar days after the office becomes vacant. Any member previously appointed to the board may be reappointed.

(d) The Governor, the speaker of the House of Representatives and the president pro tempore of the Senate shall collectively select a chairperson of the board from among the members of the board. The board shall annually elect a vice-chairperson and such other officers as it deems necessary from among its members. The board may appoint an executive director, who shall not be a member of the board and who shall serve at the pleasure of the board. The executive director shall be an employee of the authority and shall receive such compensation as prescribed by the board.

(e) (1) On and after January 1, 2022, the employees of the authority shall be considered state employees for the purposes of sections 5-270 to 5-280, inclusive, of the general statutes. To the extent such employees are performing jobs which would normally be within a current executive branch bargaining unit, such jobs shall be added to the unit descriptions of such bargaining units and employees in those jobs shall be deemed part of such units. Managerial employees and other employees not covered by a collective bargaining agreement shall be exempt from the classified service. With regard to unclassified

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positions, the authority shall not be required to comply with personnel policies and procedures of the Department of Administrative Services and the Office of Policy and Management with regard to approval for the creation of new positions, the number of such positions, the decision to fill such positions or the time for filling such positions. The authority, not the executive branch, shall have the power to determine whether an individual is qualified to fill an unclassified position at the authority. The authority shall determine the qualifications and set the terms and conditions of employment of employees not covered by a collective bargaining agreement, including the establishment of compensation and incentive plans, subject to such bargaining obligation as may be created if any such employees elect an exclusive bargaining agent pursuant to the provisions of sections 5-270 to 5-280, inclusive, of the general statutes.

(2) The executive branch shall be authorized and empowered to negotiate on behalf of the authority with employees of the authority covered by collective bargaining and represent the authority in all other collective bargaining matters. The authority shall be entitled to have a representative present at all such bargaining.

(3) In any interest arbitration regarding employees of the authority, the arbitrator shall take into account the purpose of this section as a factor, in addition to those factors specified in section 5-276a of the general statutes.

(f) The officers and all other employees of the authority shall be state employees for the purposes of group welfare benefits and retirement, including, but not limited to, those provided under chapter 66 of the general statutes and sections 5-257 and 5-259 of the general statutes. The authority shall reimburse the appropriate state agencies for all costs incurred by such designation.

(g) The members of the board shall serve without compensation but

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shall, within available appropriations, be reimbursed in accordance with the standard travel regulations for all necessary expenses that they may incur through service on the board.

(h) (1) Each member of the board shall, not later than ten calendar days after his or her appointment, take and subscribe the oath of affirmation required by article XI, section 1, of the Constitution of the state. The oath shall be filed in the office of the Secretary of the State.

(2) Each officer or member of the board authorized by resolution of the board to handle funds or sign checks for the program shall, not later than ten calendar days after the date the board adopts such authorizing resolution, execute a surety bond in the penal sum of fifty thousand dollars or procure an equivalent insurance product or, in lieu thereof, the chairperson shall obtain a blanket position bond covering the executive director and each member of the board and other employee or authorized officer of the authority in the penal sum of fifty thousand dollars. Each such bond or equivalent insurance product shall be (A) conditioned upon the faithful performance of the duties of the chairperson or the members, executive director and other authorized officers or employees, as the case may be, and (B) issued by an insurance company authorized to transact business in this state as surety. The cost of each such bond shall be paid by the authority.

(i) An authorized officer or the executive director, if one is appointed by the board pursuant to subsection (d) of this section, shall supervise the administrative affairs and technical activities of the program in accordance with the directives of the board. Such authorized officer or executive director, as the case may be, shall keep a record of the proceedings of the program and shall be custodian of all books, documents and papers filed with the program, the minute book or journal of the program and its official seal. Such authorized officer or executive director, as the case may be, may cause copies to be made of all minutes and other records and documents of the program

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and may give certificates under the official seal of the program to the effect that such copies are true copies, and all persons dealing with the program may rely upon such certificates.

(j) A majority of the members of the board shall constitute a quorum for the transaction of any business or the exercise of any power of the authority.

(k) (1) No member of the board or any officer, agent or employee of the authority shall, directly or indirectly, have any financial interest in any corporation, business trust, estate, trust, partnership or association, two or more persons having a joint or common interest, or any other legal or commercial entity contracting with the authority.

(2) Notwithstanding the provisions of subdivision (1) of this subsection or any other section of the general statutes, it shall not be a conflict of interest or a violation of the provisions of said subdivision or any other section of the general statutes for a trustee, director, officer or employee of a bank, insurance company, investment advisor, investment company or investment banking firm, to serve as a member of the board, provided, in each case to which the provisions of this subdivision are applicable, such trustee, director, officer or employee of such a firm abstains from discussion, deliberation, action and vote by the board in specific respect to any undertaking pursuant to this section or sections 2 to 16, inclusive, of this act in which such firm has a direct interest separate from the interests of all similar firms generally.

(l) The authority shall continue as long as the program remains in effect and until its existence is terminated by law. Upon termination of the existence of the authority, all its rights and properties shall pass to and be vested in the state of Connecticut.

(m) The provisions of this section and section 1-125 of the general

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statutes, as amended by this act, shall apply to any member, director or employee of the authority. No person shall be subject to civil liability for the debts, obligations or liabilities of the authority as provided in this section and section 1-125 of the general statutes, as amended by this act.

Sec. 3. (NEW) (*Effective from passage*) (a) The Paid Family and Medical Leave Insurance Authority shall establish and administer the Paid Family and Medical Leave Insurance Program to provide up to twelve weeks of family and medical leave compensation to covered employees during any twelve-month period, as well as two additional weeks of compensation to a covered employee for a serious health condition resulting in incapacitation that occurs during a pregnancy.

(b) (1) Beginning on January 1, 2021, but not later than February 1, 2021, each employee and each self-employed individual or sole proprietor who has enrolled in the program pursuant to section 9 of this act shall contribute a percentage of his or her subject earnings that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time, to the Family and Medical Leave Insurance Trust Fund. Such percentage shall be established by the authority, provided that the percentage shall not exceed one-half of one per cent.

(2) On September 1, 2022, and on each September first thereafter, the authority shall publish the following information: (A) The total amount of contributions collected and benefits paid during the previous fiscal year, as well as the total amount required for the administration of the Family and Medical Leave Insurance Program in such year; (B) the total amount remaining in the trust fund at the close of such fiscal year; (C) in light of such totals, and of expected future expenditures and contributions, a target fund balance sufficient to ensure the ongoing ability of the fund to pay the compensation described in subdivision (2) of subsection (c) of this section, and to

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limit the need for contribution rate increases or benefit reductions due to changing economic conditions; (D) the amount by which the total amount remaining in the trust fund at the close of the previous fiscal year is less than or greater than that target fund balance. On November 1, 2022, and on each November first thereafter, the authority may announce a revision to the previously established contribution rate, provided the revised rate shall not exceed one-half of one per cent and shall be sufficient to ensure that the trust fund shall achieve and maintain such target fund balance. Effective on January first of the calendar year following each such announcement, the revised contribution rate announced by the authority under this subsection shall supersede the previously established contribution rate.

(3) Each employer making payment of any wages to an employee shall deduct and withhold from such wages for each payroll period a contribution computed in such manner as to result, so far as practicable, in withholding from the employee's wages during each calendar year an amount substantially equivalent to the contribution reasonably estimated to be due from the employee under this subsection with respect to the amount of such wages during the calendar year.

(4) If, after notice, an employee or employer or self-employed individual or sole proprietor who has enrolled in the program pursuant to section 9 of this act fails to make a payment required by this section, a state collection agency, as defined in section 12-35 of the general statutes, shall collect such contribution and interest by any means provided in sections 12-35, 31-265 and 31-266 of the general statutes.

(c) (1) Beginning on January 1, 2022, but not later than February 1, 2022, covered employees shall receive compensation under this section for up to twelve weeks of leave in any twelve-month period taken for one or more of the reasons listed in subdivision (2) of subsection (a) of

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section 31-51ll of the general statutes, as amended by this act, or subsection (i) of said section or section 31-51ss of the general statutes, as well as for two additional weeks for a serious health condition resulting in incapacitation that occurs during a pregnancy, if such covered employee (A) provides notice to the authority, and such covered employee's employer, if applicable, of the need for such compensation in a form and manner prescribed by the authority, and (B) upon the request of the authority, provides certification of such covered employee's need for leave and therefore compensation in the manner provided for in section 31-51mm of the general statutes, as amended by this act, to the authority and such employer, if applicable. Covered employees who are not currently employed or have enrolled in the program pursuant to section 9 of this act shall receive compensation in like circumstances. Should the authority determine that it is administratively feasible and prudent, the program may begin providing compensation for leave taken for reasons listed in subparagraphs (A) and (B) of subdivision (2) of subsection (a) of section 31-51ll of the general statutes, as amended by this act, prior to offering compensation for leave taken for the other reasons listed in subdivision (2) of subsection (a) of section 31-51ll of the general statutes, as amended by this act, or the reasons listed in subsection (i) of said section or section 31-51ss of the general statutes.

(2) The weekly compensation offered to covered employees shall be equal to ninety-five per cent of the covered employee's base weekly earnings up to an amount equal to forty times the minimum fair wage, as defined in section 31-58 of the general statutes, and sixty per cent of that covered employee's base weekly earnings above an amount equal to forty times the minimum fair wage, except that the total weekly compensation shall not exceed an amount equal to sixty times the minimum fair wage. Compensation shall be available on a prorated basis.

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(3) Notwithstanding subdivision (2) of this subsection, if employee contributions are the maximum percentage allowed and the authority determines that employee contributions are not sufficient to ensure solvency of the program, the authority shall reduce the benefit for covered employees by the minimum amount necessary in order to ensure the solvency of the program.

(4) If a covered worker elects to have income tax deducted and withheld from his or her compensation, the amount specified shall be deducted and withheld in a manner consistent with state law.

(d) Notwithstanding subsection (g) of section 31-5111 of the general statutes, as amended by this act, two spouses employed by the same employer shall each be eligible for up to twelve weeks of compensation under this section in any twelve-month period. Such eligibility for compensation shall not increase their eligibility for job-protected leave beyond the number of weeks specified in said subsection.

(e) A covered employee may receive compensation under this section for nonconsecutive hours of leave.

(f) A covered employee may receive compensation under this section concurrently with any employer-provided employment benefits, provided the total compensation of such covered employee during such period of leave shall not exceed such covered employee's regular rate of compensation.

(g) No covered employee shall receive compensation under this section concurrently with compensation under chapter 567 or 568 of the general statutes or any other state or federal program that provides wage replacement.

(h) Any moneys expended from the General Fund for the purpose of administering the Family and Medical Leave Insurance Program, or

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providing compensation to covered employees, shall be reimbursed to the General Fund not later than October 1, 2022.

Sec. 4. (NEW) (*Effective from passage*) (a) The board, on behalf of the authority, and for the purpose of implementing the Paid Family and Medical Leave Insurance Program established in section 3 of this act, shall adopt written procedures in accordance with the provisions of section 1-121 of the general statutes for the purposes of:

(1) Adopting an annual budget and plan of operations, including a requirement of board approval before such budget or plan may take effect;

(2) Adopting bylaws for the regulation of the affairs of the board and the conduct of its business;

(3) Hiring, dismissing, promoting and compensating employees of the authority and instituting an affirmative action policy;

(4) Acquiring real and personal property and personal services, including requiring board approval for any nonbudgeted expenditure in excess of five thousand dollars;

(5) Contracting for financial, legal and other professional services, and requiring that the authority solicit proposals not less than every three years for each such service used by the board;

(6) Using surplus funds to the extent authorized under sections 2 to 16, inclusive, of this act or any other provisions of the general statutes;

(7) Establishing an administrative process by which grievances, complaints and appeals regarding employment at the authority are reviewed and addressed by the board; and

(8) Implementing the provisions of sections 1 to 16, inclusive, of this act or other provisions of the general statutes, as appropriate.

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(b) The Paid Family and Medical Leave Authority may:

(1) Adopt an official seal and alter the same at the pleasure of the board;

(2) Maintain an office at such place or places in the state as the board may designate;

(3) Sue and be sued, and plea and be impleaded, in its own name;

(4) Establish criteria and guidelines for the Paid Family and Medical Leave Insurance Program to be offered pursuant to this section, sections 2 and 3 and sections 5 to 16, inclusive, of this act;

(5) Employ staff, agents and contractors as may be necessary or desirable and fix the compensation of such persons;

(6) Design, establish and operate the program to ensure transparency in the management of the program through oversight and ethics review of plan fiduciaries;

(7) Design and establish a process by which employees and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of this act shall contribute a portion of their subject earnings to the trust;

(8) Evaluate and establish a process by which employers may credit employee contributions to the trust through payroll deposit;

(9) Ensure that contributions to the trust collected from employees and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of this act shall not be used for any purpose other than providing compensation to covered employees, educating and informing persons about the program and paying the operational, administrative and investment costs of the program;

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(10) Establish and maintain a secure Internet web site that displays all public notices issued by the authority and such other information as the authority deems relevant and necessary for the implementation of the program and for the education of the public regarding the program;

(11) Establish policies, or written procedures in accordance with the provisions of section 1-121 of the general statutes, as appropriate, including, but not limited to, policies or procedures:

(A) Establishing a process to determine whether an individual meets the requirements for compensation under this section, including the certification required for establishing eligibility for such compensation;

(B) Establishing methods by which any books, records, documents, contracts or other papers relevant to the eligibility of a covered employee shall be examined, or caused to be produced or examined;

(C) Establishing methods by which witnesses who provide information relevant to a covered employee's claim for family and medical leave compensation may be summoned and examined under oath;

(D) Ensuring the confidentiality of records and documents relating to medical certifications, recertifications and medical histories of covered employees and covered employees' family members pursuant to section 31-5100 of the general statutes, as amended by this act;

(E) Establishing the percentage of subject earnings each employee and self-employed individuals or sole proprietors who have enrolled in the program pursuant to section 9 of this act shall contribute to the Family and Medical Leave Insurance Trust Fund, provided such percentage shall not exceed one-half of one per cent;

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(F) Certifying the ongoing solvency of the Family and Medical Leave Insurance Trust Fund and adjusting the compensation offered to covered employees as necessary to ensure the solvency of the fund as provided in subdivision (3) of subsection (c) of section 3 of this act, provided the contribution percentage established by the Authority pursuant to subdivision (5) of this section has reached the statutory maximum; and

(G) Determining whether an employer meets the requirements for the administration of a private plan, including the approval, oversight and termination of such private plan, and developing any potential alternate measure of subject earnings for the purposes of calculating compensation under such plans;

(12) Notwithstanding any provision of the general statutes, and to the extent consistent with federal law, (A) use state administrative data collected by any agency for the purposes of carrying out and implementing such program, including, but not limited to, eligibility determination, benefit calculation, program planning, recipient outreach and continuous improvement and program evaluation, including assessment of longitudinal impact; and (B) share user data and other data collected through program administration with other state agencies for purposes, including, but not limited to, improving delivery of benefits and services to program participants and other persons, streamlining eligibility determination for programs administered by other agencies, recipient outreach and continuous improvement and program evaluation, including assessment of longitudinal impact. Expenses incurred for activities undertaken pursuant to this subdivision, as well as compensation paid to other state agencies for any associated costs, shall be considered appropriate administrative expenses of the program;

(13) Enter into agreements with any department, agency, office or instrumentality of the United States or this state to carry out the

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purposes of the program, including, but not limited to:

(A) Memoranda of understanding with the Labor Department and other state agencies regarding (i) the gathering or dissemination of information necessary for the operations of the program, subject to such obligations of confidentiality as may be agreed or required by law, (ii) the sharing of costs incurred pursuant to the gathering and dissemination of such information, and (iii) the reimbursement of costs for any enforcement activities conducted pursuant to section 14 of this act. Each state agency may also enter into such memoranda of understanding;

(B) Memoranda of understanding with the Department of Revenue Services and the Labor Department for (i) the collection of employee contributions, and (ii) the reimbursement of costs by the authority for any costs incurred related to the collection of employee contributions. The Department of Revenue Services and the Labor Department shall also enter into such memoranda of understanding; and

(C) Memoranda of understanding with the Labor Department for (i) the adjudication of claims by covered employees aggrieved by a denial of compensation under the Family and Medical Leave Insurance Program, and (ii) the reimbursement of costs by the authority for any costs incurred by the Labor Department related to the adjudication of contested claims or penalties imposed pursuant to section 14 of this act. The Labor Department shall also enter into such memoranda of understanding;

(14) Make and enter into any contract or agreement necessary or incidental to the performance of its duties and execution of its powers, subject to the provisions of subsection (c) of this section. The contracts and agreements entered into by the authority shall not be subject to the approval of any other state department, office or agency, provided copies of all such contracts shall be maintained by the authority as

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public records, subject to the proprietary rights of any party to such contracts. No contract shall contain any provision in which any contractor derives any direct or indirect economic benefit from denying or otherwise influencing the outcome of any claim for benefits;

(15) Do all things necessary or convenient to carry out the provisions of sections 1 to 16, inclusive, of this act.

(c) (1) The board of directors of the authority shall issue requests for proposals, in the event the authority seeks the services of an outside contractor for the following:

- (A) Initial claims processing;
- (B) Proposals for web site development;
- (C) Database development;
- (D) Marketing and advertising; or
- (E) Implementing any other elements of the program.

(2) The authority shall develop criteria for evaluating proposals relating to the purposes listed in this subsection and all other contracts in amounts equal to or exceeding five hundred thousand dollars. Such criteria shall include, but need not be limited to: (A) Transparency, (B) cost, (C) efficiency of operations, (D) quality of the work related to the contracts issued, (E) user experience, (F) accountability, and (G) a cost-benefit analysis documenting the direct and indirect costs of such contracts, including qualitative and quantitative benefits that will result from the implementation of such contracts. The establishment of such criteria shall be subject to the notice and adoption requirements specified in section 1-121 of the general statutes.

Sec. 5. (NEW) (*Effective from passage*) (a) There is established a fund

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to be known as the "Family and Medical Leave Insurance Trust Fund" for the purpose of providing family and medical leave compensation to covered employees. The Family and Medical Leave Insurance Trust Fund shall be a nonlapsing fund held by the State Treasurer separate and apart from all other moneys, funds and accounts. Investment earnings credited to the trust shall become part of the trust.

(b) The fund shall constitute an instrumentality of the state and shall perform essential governmental functions, in accordance with the provisions of this section. The trust shall receive and hold all payments and deposits and premiums intended for the trust, as well as gifts, bequests, endowments or federal, state or local grants and any other funds from any public or private source and all earnings until disbursed in accordance with the provisions of this section.

(c) The amounts on deposit in the trust shall not constitute property of the state and the trust shall not be construed to be a department, institution or agency of the state. Amounts on deposit in the trust shall not be commingled with state funds and the state shall have no claim to or against, or interest in, such funds. Any contract entered into by or any obligation of the trust shall not constitute a debt or obligation of the state and the state shall have no obligation to any designated beneficiary or any other person on account of the trust and all amounts obligated to be paid from the trust shall be limited to amounts available for such obligation on deposit in the trust. The trust shall continue in existence as long as it holds any deposits or has any obligations and until its existence is terminated by law and upon termination any unclaimed assets shall return to the state. Property of the trust shall be governed by section 3-61a of the general statutes.

(d) The State Treasurer shall be responsible for the receipt and investment of moneys held by the trust. The trust shall not receive deposits in any form other than cash. No depositor or designated beneficiary may direct the investment of any contributions or amounts

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held in the trust other than the specific fund options provided for by the trust.

(e) The assets of the trust shall be used for the purpose of distributing family and medical leave compensation to covered employees, paying the operational and administrative costs of the authority, educating and informing persons about the program and paying the operational, administrative and investment costs of the trust, including those incurred pursuant to section 6 of this act.

Sec. 6. (NEW) (*Effective from passage*) The State Treasurer, on behalf of the Family and Medical Leave Insurance Trust Fund and for purposes of the trust, shall:

(1) Receive and invest moneys in the trust in any instruments, obligations, securities or property in accordance with sections 3 to 5, inclusive, of this act;

(2) Procure insurance as the State Treasurer deems necessary to protect the trust's property, assets, activities or deposits or contributions to the trust; and

(3) Apply for, accept and expend gifts, grants or donations from public or private sources to carry out the objectives of the trust.

Sec. 7. (NEW) (*Effective from passage*) The State Treasurer shall invest the amounts on deposit in the Family and Medical Leave Insurance Trust Fund in a manner reasonable and appropriate to achieve the objectives of the trust, exercising the discretion and care of a prudent person in similar circumstances with similar objectives. The State Treasurer shall give due consideration to rate of return, risk, term or maturity, diversification of the total portfolio within the trust, liquidity, the projected disbursements and expenditures and the expected payments, deposits, contributions and gifts to be received. The State Treasurer shall not require the trust to invest directly in

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obligations of the state or any political subdivision of the state or in any investment or other fund administered by the State Treasurer. The assets of the trust shall be continuously invested and reinvested in a manner consistent with the objectives of the trust until disbursed upon order of the authority or expended on expenses incurred by the operations of the trust.

Sec. 8. (NEW) (*Effective from passage*) (a) The Paid Family and Medical Leave Insurance Authority board of directors, in conducting the business of the authority, including its oversight functions, shall act: (1) With the care, skill, prudence and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of like character and with like aims; and (2) in accordance with the provisions of sections 1 to 16, inclusive, of this act and any other applicable sections of the general statutes.

(b) The board shall, to the extent reasonable and practicable, require any agents engaged or appointed by the authority to abide by the standard of care described in subsection (a) of this section.

Sec. 9. (NEW) (*Effective from passage*) (a) A self-employed individual or sole proprietor, upon application to the authority, in a form and manner prescribed by the authority, may enroll in the Family and Medical Leave Insurance Program, provided such self-employed individual or sole proprietor is enrolled in the program for an initial period of not less than three years. Such self-employed individual or sole proprietor shall be automatically reenrolled in the program for a subsequent period, or periods, of not less than one year. Such reenrollment begins immediately following a period of participation in the program.

(b) A self-employed individual or sole proprietor may withdraw from the program upon submitting written notice to the authority not

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less than thirty days prior to the expiration of the initial enrollment or subsequent reenrollment period, or at such other times as the authority may prescribe by rule.

Sec. 10. (NEW) (*Effective January 1, 2020*) (a) The authority shall conduct a public education campaign to inform individuals and employers regarding the Family and Medical Leave Insurance Program. Such campaign shall include, but not be limited to, information about the requirements for receiving family and medical leave compensation, how to apply for such compensation and the circumstances for which such compensation may be available. The authority may use funds contributed to the Family and Medical Leave Insurance Trust Fund for purposes of the public education campaign. Information distributed or made available under the campaign shall be available in English and Spanish and in any other language prescribed by the authority.

(b) The authority shall ensure to the greatest extent practicable that any web site, web-based form, application or digital service: (1) is accessible to individuals with disabilities in accordance with WCAG2.0 AA or similar updated standard; (2) has a consistent appearance; (3) contains a search function that allows users to easily search content intended for public use; (4) is provided through an industry standard secure connection; (5) is designed around user needs with data-driven analysis influencing management and development decisions, using qualitative and quantitative data to determine user goals, needs and behaviors and continually test the web site, web-based form, web-based application or digital service to ensure that user needs are addressed; (6) provides users of the new or redesigned web site, web-based form, web-based application or digital service with the option for a more customized digital experience that allows users to complete digital transactions in an efficient and accurate manner; (7) is fully functional and usable on common mobile devices; and (8) uses free

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and open-source tools when possible, such as open standards in accordance with the US Web Design Standards built by the US General Services Administration.

Sec. 11. (NEW) (*Effective from passage*) (a) (1) Employers may apply to the authority for approval to meet their obligations under sections 1 to 16, inclusive, of this act through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 1 to 16, inclusive, of this act, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll of the general statutes, as amended by this act, or in subsection (i) of said section or section 31-51ss of the general statutes; (B) impose no additional conditions or restriction on the use of family or medical leave beyond those explicitly authorized by said sections or by regulations issued pursuant to sections 2 to 16 of this act or to section 31-51qq of the general statutes, as amended by this act; (C) cost employees no more than the premium charged to employees under the state program; (D) provide coverage for all employees throughout their period of employment; (E) provide for the inclusion of future employees; (F) not result in a substantial selection of risks adverse to the Family and Medical Leave Insurance Trust or otherwise significantly endanger the solvency of the fund; (G) have been approved by a majority vote of the employer's employees; and (H) meet any additional requirements established by the authority.

(2) In order to be approved as meeting an employer's obligations under sections 1 to 16, inclusive, of this act, a private plan shall also comply with the following provisions: (A) If the private plan is in the

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form of self-insurance, the employer shall furnish a bond running to the state, with a surety company authorized to transact business in the state as surety, in such form as may be approved by the authority and in such amount as may be required by the department; and (B) if the plan provides for insurance, the forms of the policy shall have been approved by the Insurance Commissioner and be issued by an approved insurer.

(b) Approval for a private plan granted under subsection (a) of this section may be withdrawn when terms or conditions of the plan have been violated. Causes for plan termination include, but shall not be limited to, the following: (1) Failure to pay benefits; (2) failure to pay benefits timely and in a manner consistent with the public plan; (3) failure to maintain an adequate security deposit as described in subdivision (2) of subsection (a) of this section; (4) misuse of private plan funds; (5) failure to submit reports as required; or (6) failure to comply with sections 1 to 16, inclusive, of this act.

(c) Notwithstanding subsection (b) of section 3 of this act, employees enrolled in an approved private plan shall not contribute a percentage of their earnings to the Family and Medical Leave Trust Fund. Notwithstanding section 31-71e of the general statutes, an employer may withhold or divert up to the portion of an employee's wages that corresponds to the contribution rate established pursuant to subsection (b) of section 3 of this act for the purpose of administering an approved private plan. The amount of wages withheld or diverted for such purpose shall not be increased, except on the anniversary of the effective date of the private plan or within thirty days after the state adjusts the contribution rate.

(d) An employee covered by a private plan approved under this section shall retain all applicable rights under sections 31-51kk to 31-51qq, inclusive, of the general statutes, as amended by this act.

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(e) A denial of family or medical leave benefits by a private plan shall be subject to administrative appeal and appeal to the Superior Court as provided by section 12 of this act.

Sec. 12. (NEW) (*Effective from passage*) Any covered employee aggrieved by a denial of compensation under the Family and Medical Leave Insurance Program or any person aggrieved by the imposition of a penalty imposed pursuant to section 14 of this act may file a complaint with the Labor Commissioner. Upon receipt of any such complaint, the commissioner shall hold a hearing. After the hearing, the commissioner shall send each party a written copy of the commissioner's decision. The commissioner may award the covered employee or person all appropriate relief, including any compensation or benefits to which the employee otherwise would have been eligible if such denial had not occurred. Any party aggrieved by the decision of the commissioner may appeal the decision to the Superior Court in accordance with the provisions of chapter 54 of the general statutes.

Sec. 13. (NEW) (*Effective July 1, 2022*) Each employer shall, at the time of hiring, and annually thereafter, provide written notice to each of the employer's employees (1) of the entitlement to family and medical leave under sections 31-51kk to 31-51qq, inclusive, of the general statutes, as amended by this act, and 31-51ss of the general statutes and the terms under which such leave may be used, (2) of the opportunity to file a claim for compensation under the program, (3) that retaliation by the employer against the employee for requesting, applying for or using family and medical leave for which the employee is eligible is prohibited, and (4) that the employee has a right to file a complaint with the Labor Commissioner for any violation of said sections. The Labor Commissioner may adopt regulations, in accordance with chapter 54 of the general statutes, to establish additional requirements concerning the means by which employers shall provide such notice.

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Sec. 14. (NEW) (*Effective from passage*) (a) Any individual participating in the program who wilfully makes a false statement or misrepresentation regarding a material fact, or wilfully fails to report a material fact, to obtain family and medical leave compensation shall be disqualified from receiving any compensation under the program for two years after making such false statement or misrepresentation or failing to report such material fact.

(b) If family and medical leave compensation is paid to a covered employee erroneously or as a result of wilful misrepresentation by such employee, or if a claim for family and medical leave compensation is rejected after compensation is paid, the authority may seek repayment of benefits from the employee having received such compensation and may also, in the case of wilful misrepresentation, seek payment of a penalty in the amount of fifty per cent of the benefits paid as a result of such misrepresentation. The authority may waive, in whole or in part, the amount of any such payments if the recovery would be against equity and good conscience.

(c) If family and medical leave compensation is paid as a result of wilful misrepresentation by any health care provider, the authority shall notify the Labor Commissioner and may seek payment of a penalty from such health care provider in the amount of three hundred per cent of the benefits paid as a result of such misrepresentation. The authority may waive, in whole or in part, the amount of any such payments where the recovery would be against equity and good conscience.

(d) Any person, including an employer, who intentionally aids, abets, assists, promotes or facilitates the making of, or the attempt to make, any claim for benefits or the receipt or attempted receipt of benefits by another person in violation of subsection (b) of this section shall be liable for the same financial penalty as the person making or attempting to make the claim or receiving or attempting to receive the

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benefits.

(e) A health care provider shall complete a timely medical certification of a patient's serious medical condition at the request of the patient. No health care provider shall charge a patient a fee for such service.

Sec. 15. (NEW) (*Effective from passage*) Nothing in sections 31-51kk to 31-51qq, inclusive, of the general statutes, as amended by this act, section 31-51ss of the general statutes or sections 1 to 16, inclusive, of this act, shall be construed to (1) prevent employers from providing any benefits that are more expansive than those provided for under said sections, (2) diminish any rights provided to any covered employee under the terms of the covered employee's employment or a collective bargaining agreement, or (3) interfere with, impede or in any way diminish the right of an employee to bargain collectively with his or her employer through a representative of his or her choosing, in order to establish wages or conditions of work in excess of the applicable minimum pursuant to sections 3-13c, 31-51kk to 31-51mm, inclusive, 31-51oo to 31-51qq, inclusive, of the general statutes, as amended by this act, and sections 1 to 16, inclusive, of this act.

Sec. 16. (*Effective from passage*) Not later than July 1, 2022, and annually thereafter, the authority shall report, in accordance with section 11-4a of the general statutes, to the Office of Policy and Management and to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and labor, on (1) the projected and actual participation in the program, (2) the balance of the trust, (3) the reasons claimants are receiving family and medical leave compensation, (4) the success of outreach and education efforts, (5) demographic information of claimants, including gender, age, town of residence and income level, and (6) the total number of claims made and claims denied.

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Sec. 17. Section 31-51kk of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

As used in sections 31-51kk to 31-51qq, inclusive, as amended by this act:

(1) "Eligible employee" means an employee who has been employed [(A)] for at least [twelve] three months immediately preceding his or her request for leave by the employer with respect to whom leave is requested; [and (B) for at least one thousand hours of service with such employer during the twelve-month period preceding the first day of the leave;]

(2) "Employ" includes to allow or permit to work;

(3) "Employee" means any person engaged in service to an employer in this state in the business of the employer;

(4) "Employer" means a person engaged in any activity, enterprise or business who employs [seventy-five] one or more employees, and includes any person who acts, directly or indirectly, in the interest of an employer to any of the employees of such employer and any successor in interest of an employer. [, but shall] "Employer" does not include the state, or a municipality, a local or regional board of education, or a [private or parochial] nonpublic elementary or secondary school; [. The number of employees of an employer shall be determined on October first annually;]

(5) "Employment benefits" means all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits and pensions, regardless of whether such benefits are provided by practice or written policy of an employer or through an "employee benefit plan", as defined in Section 1002(3) of Title 29 of the United States Code;

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(6) "Family member" means a spouse, sibling, son or daughter, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships;

(7) "Grandchild" means a grandchild related to a person by (A) blood, (B) marriage, (C) adoption by a child of the grandparent, or (D) foster care by a child of the grandparent;

(8) "Grandparent" means a grandparent related to a person by (A) blood, (B) marriage, (C) adoption of a minor child by a child of the grandparent, or (D) foster care by a child of the grandparent;

[(6)] (9) "Health care provider" means (A) a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; (B) a podiatrist, dentist, psychologist, optometrist or chiropractor authorized to practice by the state in which such person practices and performs within the scope of the authorized practice; (C) an advanced practice registered nurse, nurse practitioner, nurse midwife or clinical social worker authorized to practice by the state in which such person practices and performs within the scope of the authorized practice; (D) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; (E) any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; (F) a health care provider as defined in subparagraphs (A) to (E), inclusive, of this subdivision who practices in a country other than the United States, who is licensed to practice in accordance with the laws and regulations of that country; or (G) such other health care provider as the Labor Commissioner determines, performing within the scope of the authorized practice. The commissioner may utilize any determinations made pursuant to chapter 568;

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[(7)] (10) "Parent" means a biological parent, foster parent, adoptive parent, stepparent, parent-in-law or legal guardian of an eligible employee or an eligible employee's spouse, [or] an individual [who stood] standing in loco parentis to an eligible employee, [when the employee was a son or daughter] or an individual who stood in loco parentis to the eligible employee when the employee was a child;

[(8)] (11) "Person" means one or more individuals, partnerships, associations, corporations, business trusts, legal representatives or organized groups of persons;

[(9)] (12) "Reduced leave schedule" means a leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee;

[(10)] (13) "Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves (A) inpatient care in a hospital, hospice, nursing home or residential medical care facility; or (B) continuing treatment, including outpatient treatment, by a health care provider;

(14) "Sibling" means a brother or sister related to a person by (A) blood, (B) marriage, (C) adoption by a parent of the person, or (D) foster care placement;

[(11)] (15) "Son or daughter" means a biological, adopted or foster child, stepchild, legal ward, or, in the alternative, a child of a person standing in loco parentis, [who is (A) under eighteen years of age; or (B) eighteen years of age or older and incapable of self-care because of a mental or physical disability] or an individual to whom the employee stood in loco parentis when the individual was a child; and

[(12)] (16) "Spouse" means a [husband or wife, as the case may be] person to whom one is legally married.

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Sec. 18. Section 31-51ll of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

(a) (1) Subject to section 31-51mm, as amended by this act, an eligible employee shall be entitled to a total of [sixteen] twelve workweeks of leave during any [twenty-four-month] twelve-month period, such [twenty-four-month] twelve-month period to be determined utilizing any one of the following methods: (A) [Consecutive] A calendar [years] year; (B) any fixed [twenty-four-month] twelve-month period, such as [two consecutive] a fiscal [years] year or a [twenty-four-month] twelve-month period measured forward from an employee's first date of employment; (C) a [twenty-four-month] twelve-month period measured forward from an employee's first day of leave taken under sections 31-51kk to 31-51qq, inclusive, as amended by this act; or (D) a rolling [twenty-four-month] twelve-month period measured backward from an employee's first day of leave taken under sections 31-51kk to 31-51qq, inclusive, as amended by this act. Such employee may take up to two additional weeks of leave during such twelve-month period for a serious health condition resulting in incapacitation that occurs during a pregnancy.

(2) Leave under this subsection may be taken for one or more of the following reasons:

(A) Upon the birth of a son or daughter of the employee;

(B) Upon the placement of a son or daughter with the employee for adoption or foster care;

(C) In order to care for [the spouse, or a son, daughter or parent] a family member of the employee, if such [spouse, son, daughter or parent] family member has a serious health condition;

(D) Because of a serious health condition of the employee;

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(E) In order to serve as an organ or bone marrow donor; or

(F) Because of any qualifying exigency, as determined in regulations adopted by the United States Secretary of Labor, arising out of the fact that the spouse, son, daughter or parent of the employee is on active duty, or has been notified of an impending call or order to active duty, in the armed forces, as defined in subsection (a) of section 27-103.

(b) Entitlement to leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section may accrue prior to the birth or placement of a son or daughter when such leave is required because of such impending birth or placement.

(c) (1) Leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section for the birth or placement of a son or daughter may not be taken by an employee intermittently or on a reduced leave schedule unless the employee and the employer agree otherwise. Subject to subdivision (2) of this subsection concerning an alternative position, subdivision (2) of subsection (f) of this section concerning the duties of the employee and subdivision (5) of subsection (b) of section 31-51mm, as amended by this act, concerning sufficient certification, leave under subparagraph (C) or (D) of subdivision (2) of subsection (a) or under subsection (i) of this section for a serious health condition may be taken intermittently or on a reduced leave schedule when medically necessary. The taking of leave intermittently or on a reduced leave schedule pursuant to this subsection shall not result in a reduction of the total amount of leave to which the employee is entitled under subsection (a) of this section beyond the amount of leave actually taken.

(2) If an employee requests intermittent leave or leave on a reduced leave schedule under subparagraph (C), (D) or (E) of subdivision (2) of subsection (a) or under subsection (i) of this section that is foreseeable based on planned medical treatment, the employer may require the

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employee to transfer temporarily to an available alternative position offered by the employer for which the employee is qualified and that (A) has equivalent pay and benefits, and (B) better accommodates recurring periods of leave than the regular employment position of the employee, provided the exercise of this authority shall not conflict with any provision of a collective bargaining agreement between such employer and a labor organization which is the collective bargaining representative of the unit of which the employee is a part.

(d) Except as provided in subsection (e) of this section, leave granted under subsection (a) of this section may consist of unpaid leave.

(e) (1) If an employer provides paid leave for fewer than ~~[sixteen]~~ twelve workweeks, the additional weeks of leave necessary to attain the ~~[sixteen]~~ twelve workweeks of leave required under sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, may be provided without compensation or with compensation through the Family and Medical Leave Insurance Program established in section 3 of this act.

(2) (A) An eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave or family leave of the employee for leave provided under subparagraph (A), (B) or (C) of subdivision (2) of subsection (a) of this section for any part of the ~~[sixteen-week]~~ twelve-week period of such leave under said subsection or under subsection (i) of this section for any part of the twenty-six-week period of such leave, provided such eligible employee may retain not less than two weeks of such leave.

(B) An eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave, or medical or sick leave of the employee for leave

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provided under subparagraph (C), (D) or (E) of subdivision (2) of subsection (a) of this section for any part of the [~~sixteen-week~~] twelve-week period of such leave under said subsection or under subsection (i) of this section for any part of the twenty-six-week period of leave, provided such eligible employee may retain not less than two weeks of such leave, except that nothing in section 5-248a or sections 31-51kk to 31-51qq, inclusive, as amended by this act, shall require an employer to provide paid sick leave or paid medical leave in any situation in which such employer would not normally provide any such paid leave.

(f) (1) In any case in which the necessity for leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section is foreseeable based on an expected birth or placement of a son or daughter, the employee shall provide the employer with not less than thirty days' notice, before the date of the leave is to begin, of the employee's intention to take leave under said subparagraph (A) or (B), except that if the date of the birth or placement of a son or daughter requires leave to begin in less than thirty days, the employee shall provide such notice as is practicable.

(2) In any case in which the necessity for leave under subparagraph (C), (D) or (E) of subdivision (2) of subsection (a) or under subsection (i) of this section is foreseeable based on planned medical treatment, the employee (A) shall make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the employer, subject to the approval of the health care provider of the employee or the health care provider of the [son, daughter, spouse or parent] family member of the employee, as appropriate; and (B) shall provide the employer with not less than thirty days' notice, before the date the leave is to begin, of the employee's intention to take leave under said subparagraph (C), (D) or (E) or said subsection (i), except that if the date of the treatment requires leave to begin in less than thirty days, the employee shall provide such notice as is practicable.

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(g) In any case in which [a husband and wife] two spouses entitled to leave under subsection (a) of this section are employed by the same employer, the aggregate number of workweeks of leave to which both may be entitled may be limited to [sixteen] twelve workweeks during any [twenty-four-month] twelve-month period, if such leave is taken: (1) Under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section; or (2) to care for a sick [parent] family member under subparagraph (C) of said subdivision. In any case in which [a husband and wife] two spouses entitled to leave under subsection (i) of this section are employed by the same employer, the aggregate number of workweeks of leave to which both may be entitled may be limited to twenty-six workweeks during any twelve-month period.

(h) Unpaid leave taken pursuant to sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, shall not be construed to affect an employee's qualification for exemption under chapter 558.

(i) Subject to section 31-51mm, as amended by this act, an eligible employee who is the spouse, son or daughter, parent or next of kin of a current member of the armed forces, as defined in section 27-103, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status or is on the temporary disability retired list for a serious injury or illness incurred in the line of duty shall be entitled to a one-time benefit of twenty-six workweeks of leave during any twelve-month period for each armed forces member per serious injury or illness incurred in the line of duty. Such twelve-month period shall commence on an employee's first day of leave taken to care for a covered armed forces member and end on the date twelve months after such first day of leave. For the purposes of this subsection, (1) "next of kin" means the armed forces member's nearest blood relative, other than the covered armed forces member's spouse, parent, son or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the armed forces member by court

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decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered armed forces member has specifically designated in writing another blood relative as his or her nearest blood relative or any other individual whose close association with the employee is the equivalent of a family member for purposes of military caregiver leave, in which case the designated individual shall be deemed to be the covered armed forces member's next of kin; and (2) "son or daughter" means a biological, adopted or foster child, stepchild, legal ward or child for whom the eligible employee or armed forces member stood in loco parentis and who is any age.

(j) Leave taken pursuant to sections 31-51kk to 31-51qq, inclusive, as amended by this act, shall not run concurrently with the provisions of section 31-313.

(k) Notwithstanding the provisions of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, all further rights granted by federal law shall remain in effect.

Sec. 19. Section 31-51mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

(a) An employer may require that request for leave based on a serious health condition in subparagraph (C) or (D) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, or leave based on subsection (i) of section 31-51ll, as amended by this act, be supported by a certification issued by the health care provider of the eligible employee or of the [son, daughter, spouse, parent or] next of kin or family member of the employee, as appropriate. The employee shall provide, in a timely manner, a copy of such certification to the employer.

(b) Certification provided under subsection (a) of this section shall

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be sufficient if it states:

- (1) The date on which the serious health condition commenced;
- (2) The probable duration of the condition;
- (3) The appropriate medical facts within the knowledge of the health care provider regarding the condition;
- (4) (A) For purposes of leave under subparagraph (C) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, a statement that the eligible employee is needed to care for the [son, daughter, spouse or parent] family member and an estimate of the amount of time that such employee needs to care for the [son, daughter, spouse or parent] family member; and (B) for purposes of leave under subparagraph (D) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, a statement that the employee is unable to perform the functions of the position of the employee;
- (5) In the case of certification for intermittent leave or leave on a reduced leave schedule for planned medical treatment, the dates on which such treatment is expected to be given and the duration of such treatment;
- (6) In the case of certification for intermittent leave or leave on a reduced leave schedule under subparagraph (D) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, a statement of the medical necessity of the intermittent leave or leave on a reduced leave schedule, and the expected duration of the intermittent leave or reduced leave schedule;
- (7) In the case of certification for intermittent leave or leave on a reduced leave schedule under subparagraph (C) of subdivision (2) of subsection (a) of section 31-51ll, as amended by this act, a statement that the employee's intermittent leave or leave on a reduced leave

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schedule is necessary for the care of the [son, daughter, parent or spouse] family member who has a serious health condition, or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule; and

(8) In the case of certification for intermittent leave or leave on a reduced leave schedule under subsection (i) of section 31-51ll, as amended by this act, a statement that the employee's intermittent leave or leave on a reduced leave schedule is necessary for the care of the spouse, son or daughter, parent or next of kin who is a current member of the armed forces, as defined in section 27-103, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status or is on the temporary disability retired list, for a serious injury or illness incurred in the line of duty, and the expected duration and schedule of the intermittent leave or reduced leave schedule. For the purposes of this subsection, "son or daughter" and "next of kin" have the same meanings as provided in subsection (i) of section 31-51ll, as amended by this act.

(c) (1) In any case in which the employer has reason to doubt the validity of the certification provided under subsection (a) of this section for leave under subparagraph (C) or (D) of subdivision (2) of subsection (a) or under subsection (i) of section 31-51ll, as amended by this act, the employer may require, at the expense of the employer, that the eligible employee obtain the opinion of a second health care provider designated or approved by the employer concerning any information certified under subsection (b) of this section for such leave.

(2) A health care provider designated or approved under subdivision (1) of this subsection shall not be employed on a regular basis by the employer.

(d) (1) In any case in which the second opinion described in subsection (c) of this section differs from the opinion in the original

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certification provided under subsection (a) of this section, the employer may require, at the expense of the employer, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee concerning the information certified under subsection (b) of this section.

(2) The opinion of the third health care provider concerning the information certified under subsection (b) of this section shall be considered to be final and shall be binding on the employer and the employee.

(e) The employer may require that the eligible employee obtain subsequent recertifications on a reasonable basis, provided the standards for determining what constitutes a reasonable basis for recertification may be governed by a collective bargaining agreement between such employer and a labor organization which is the collective bargaining representative of the unit of which the worker is a part if such a collective bargaining agreement is in effect. Unless otherwise required by the employee's health care provider, the employer may not require recertification more than once during a thirty-day period and, in any case, may not unreasonably require recertification. The employer shall pay for any recertification that is not covered by the employee's health insurance.

Sec. 20. Section 31-51oo of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

Records and documents relating to medical certifications, recertifications or medical histories of employees or employees' family members, created for purposes of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, and sections 2 to 16, inclusive, of this act, shall be maintained as medical records pursuant to chapter 563a, except that: (1) Supervisors and managers may be informed regarding necessary restrictions on the work or duties of an employee

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and necessary accommodations; (2) first aid and safety personnel may be informed, when appropriate, if the employee's physical or medical condition might require emergency treatment; and (3) government officials investigating compliance with sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, and sections 2 to 16, inclusive, of this act, or other pertinent law shall be provided relevant information upon request.

Sec. 21. Section 31-51pp of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

(a) (1) It shall be a violation of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, for any employer to interfere with, restrain or deny the exercise of, or the attempt to exercise, any right provided under said sections.

(2) It shall be a violation of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, for any employer to discharge or cause to be discharged, or in any other manner discriminate, against any individual for opposing any practice made unlawful by said sections or because such employee has exercised the rights afforded to such employee under said sections.

(b) It shall be a violation of sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act, for any person to discharge or cause to be discharged, or in any other manner discriminate, against any individual because such individual:

(1) Has filed any charge, or has instituted or caused to be instituted any proceeding, under or related to sections 5-248a and 31-51kk to 31-51qq, inclusive, as amended by this act;

(2) Has given, or is about to give, any information in connection with any inquiry or proceeding relating to any right provided under said sections; or

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(3) Has testified, or is about to testify, in any inquiry or proceeding relating to any right provided under said sections.

(c) (1) It shall be a violation of sections 31-51kk to 31-51qq, inclusive, as amended by this act, for any employer to deny an employee the right to use up to two weeks of accumulated sick leave or to discharge, threaten to discharge, demote, suspend or in any manner discriminate against an employee for using, or attempting to exercise the right to use, up to two weeks of accumulated sick leave to attend to a serious health condition of a [son or daughter, spouse or parent] family member of the employee, or for the birth or adoption of a son or daughter of the employee. For purposes of this subsection, "sick leave" means an absence from work for which compensation is provided through an employer's bona fide written policy providing compensation for loss of wages occasioned by illness, but does not include absences from work for which compensation is provided through an employer's plan, including, but not limited to, a short or long-term disability plan, whether or not such plan is self-insured.

(2) Any employee aggrieved by a violation of this subsection may file a complaint with the Labor Commissioner alleging violation of the provisions of this subsection. Upon receipt of any such complaint, the commissioner shall hold a hearing. After the hearing, the commissioner shall send each party a written copy of the commissioner's decision. The commissioner may award the employee all appropriate relief, including rehiring or reinstatement to the employee's previous job, payment of back wages and reestablishment of employee benefits to which the employee otherwise would have been eligible if a violation of this subsection had not occurred. Any party aggrieved by the decision of the commissioner may appeal the decision to the Superior Court in accordance with the provisions of chapter 54.

(3) The rights and remedies specified in this subsection are

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cumulative and nonexclusive and are in addition to any other rights or remedies afforded by contract or under other provisions of law.

Sec. 22. Section 31-51qq of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):

[On or before January 1, 1997] Not later than January 1, 2022, the Labor Commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to establish procedures and guidelines necessary to implement the provisions of sections [5-248a and] 31-51kk to 31-51qq, inclusive, as amended by this act, including, but not limited to: [.] (1) Guidelines regarding factors to be considered when determining whether an individual's close association with an employee is the equivalent of a family member's, and (2) procedures for hearings and redress, including restoration and restitution, for an employee who believes that there is a violation by the employer of such employee of any provision of said sections. [In adopting such regulations, the commissioner shall make reasonable efforts to ensure compatibility of state regulatory provisions with similar provisions of the federal Family and Medical Leave Act of 1993 and the regulations promulgated pursuant to said act.]

Sec. 23. Section 3-13c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

Trust funds as used in sections 3-13 to 3-13e, inclusive, and 3-31b shall be construed to include Connecticut Municipal Employees' Retirement Fund A, Connecticut Municipal Employees' Retirement Fund B, Soldiers, Sailors and Marines Fund, Family and Medical Leave Insurance Trust Fund, State's Attorneys' Retirement Fund, Teachers' Annuity Fund, Teachers' Pension Fund, Teachers' Survivorship and Dependency Fund, School Fund, State Employees Retirement Fund, the Hospital Insurance Fund, Policemen and Firemen Survivor's Benefit Fund and all other trust funds administered, held or invested

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by the State Treasurer.

Sec. 24. Section 1-120 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

As used in sections 1-120 to 1-123, inclusive:

(1) "Quasi-public agency" means Connecticut Innovations, Incorporated, the Connecticut Health and Educational Facilities Authority, the Connecticut Higher Education Supplemental Loan Authority, the Connecticut Student Loan Foundation, the Connecticut Housing Finance Authority, the Connecticut Housing Authority, the Materials Innovation and Recycling Authority, the Capital Region Development Authority, the Connecticut Lottery Corporation, the Connecticut Airport Authority, the Connecticut Health Insurance Exchange, the Connecticut Green Bank, the Connecticut Retirement Security Authority, the Connecticut Port Authority, [and] the State Education Resource Center and the Paid Family and Medical Leave Insurance Authority.

(2) "Procedure" means each statement, by a quasi-public agency, of general applicability, without regard to its designation, that implements, interprets or prescribes law or policy, or describes the organization or procedure of any such agency. The term includes the amendment or repeal of a prior regulation, but does not include, unless otherwise provided by any provision of the general statutes, (A) statements concerning only the internal management of any agency and not affecting procedures available to the public, and (B) intra-agency memoranda.

(3) "Proposed procedure" means a proposal by a quasi-public agency under the provisions of section 1-121 for a new procedure or for a change in, addition to or repeal of an existing procedure.

Sec. 25. Section 1-125 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective July 1, 2019*):

The directors, officers and employees of Connecticut Innovations, Incorporated, the Connecticut Higher Education Supplemental Loan Authority, the Connecticut Student Loan Foundation, the Connecticut Housing Finance Authority, the Connecticut Housing Authority, the Materials Innovation and Recycling Authority, including ad hoc members of the Materials Innovation and Recycling Authority, the Connecticut Health and Educational Facilities Authority, the Capital Region Development Authority, the Connecticut Airport Authority, the Connecticut Lottery Corporation, the Connecticut Health Insurance Exchange, the Connecticut Green Bank, the Connecticut Retirement Security Authority, the Connecticut Port Authority, [and] the State Education Resource Center and the Paid Family and Medical Leave Insurance Authority and any person executing the bonds or notes of the agency shall not be liable personally on such bonds or notes or be subject to any personal liability or accountability by reason of the issuance thereof, nor shall any director or employee of the agency, including ad hoc members of the Materials Innovation and Recycling Authority, be personally liable for damage or injury, not wanton, reckless, wilful or malicious, caused in the performance of his or her duties and within the scope of his or her employment or appointment as such director, officer or employee, including ad hoc members of the Materials Innovation and Recycling Authority. The agency shall protect, save harmless and indemnify its directors, officers or employees, including ad hoc members of the Materials Innovation and Recycling Authority, from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit or judgment by reason of alleged negligence or alleged deprivation of any person's civil rights or any other act or omission resulting in damage or injury, if the director, officer or employee, including ad hoc members of the Materials Innovation and Recycling Authority, is found to have been acting in the discharge of his or her duties or

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within the scope of his or her employment and such act or omission is found not to have been wanton, reckless, wilful or malicious.

Sec. 26. Subsection (c) of section 31-225a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(c) (1) (A) Any week for which the employer has compensated the claimant in the form of wages in lieu of notice, dismissal payments or any similar payment for loss of wages shall be considered a week of employment for the purpose of determining employer chargeability. (B) No benefits shall be charged to any employer who paid wages of five hundred dollars or less to the claimant in his or her base period. (C) No dependency allowance paid to a claimant shall be charged to any employer. (D) In the event of a natural disaster declared by the President of the United States, no benefits paid on the basis of total or partial unemployment which is the result of physical damage to a place of employment caused by severe weather conditions including, but not limited to, hurricanes, snow storms, ice storms or flooding, or fire except where caused by the employer, shall be charged to any employer. (E) If the administrator finds that (i) an individual's most recent separation from a base period employer occurred under conditions which would result in disqualification by reason of subdivision (2), (6) or (9) of subsection (a) of section 31-236, or (ii) an individual was discharged for violating an employer's drug testing policy, provided the policy has been adopted and applied consistent with sections 31-51t to 31-51aa, inclusive, section 14-261b and any applicable federal law, no benefits paid thereafter to such individual with respect to any week of unemployment which is based upon wages paid by such employer with respect to employment prior to such separation shall be charged to such employer's account, provided such employer shall have filed a notice with the administrator within the time allowed for appeal in section 31-241. (F) No base period

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employer's account shall be charged with respect to benefits paid to a claimant if such employer continues to employ such claimant at the time the employer's account would otherwise have been charged to the same extent that he or she employed him or her during the individual's base period, provided the employer shall notify the administrator within the time allowed for appeal in section 31-241. (G) If a claimant has failed to accept suitable employment under the provisions of subdivision (1) of subsection (a) of section 31-236 and the disqualification has been imposed, the account of the employer who makes an offer of employment to a claimant who was a former employee shall not be charged with any benefit payments made to such claimant after such initial offer of reemployment until such time as such claimant resumes employment with such employer, provided such employer shall make application therefor in a form acceptable to the administrator. The administrator shall notify such employer whether or not his or her application is granted. Any decision of the administrator denying suspension of charges as herein provided may be appealed within the time allowed for appeal in section 31-241. (H) Fifty per cent of benefits paid to a claimant under the federal-state extended duration unemployment benefits program established by the federal Employment Security Act shall be charged to the experience accounts of the claimant's base period employers in the same manner as the regular benefits paid for such benefit year. (I) No base period employer's account shall be charged with respect to benefits paid to a claimant who voluntarily left suitable work with such employer (i) to care for a seriously ill spouse, parent or child, or (ii) due to the discontinuance of the transportation used by the claimant to get to and from work, as provided in subparagraphs (A)(ii) and (A)(iii) of subdivision (2) of subsection (a) of section 31-236. (J) No base period employer's account shall be charged with respect to benefits paid to a claimant who has been discharged or suspended because the claimant has been disqualified from performing the work for which he or she was hired due to the loss of such claimant's operator license as a result

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of a drug or alcohol test or testing program conducted in accordance with section 14-44k, 14-227a or 14-227b while the claimant was off duty. (K) No base period employer's account shall be charged with respect to benefits paid to a claimant whose separation from employment is attributable to the return of an individual who was absent from work due to a bona fide leave taken pursuant to sections 31-51kk to 31-51qq, inclusive, as amended by this act, or sections 2 to 16, inclusive, of this act.

(2) All benefits paid which are not charged to any employer shall be pooled.

(3) The noncharging provisions of this chapter, except [subdivisions (1)(D) and (1)(F)] subparagraphs (D), (F) and (K) of subdivision (1) of this subsection, shall not apply to reimbursing employers.