

1 State of Arkansas *As Engrossed: H4/1/13 H4/6/13 H4/10/13*

2 89th General Assembly

A Bill

3 Regular Session, 2013

HOUSE BILL 1219

4

5 By: Joint Budget Committee

6

7

For An Act To Be Entitled

8

AN ACT TO MAKE AN APPROPRIATION FOR PERSONAL SERVICES

9

AND OPERATING EXPENSES FOR THE DEPARTMENT OF HUMAN

10

SERVICES - DIVISION OF MEDICAL SERVICES FOR THE

11

FISCAL YEAR ENDING JUNE 30, 2014; AND FOR OTHER

12

PURPOSES.

13

14

15

Subtitle

16

AN ACT FOR THE DEPARTMENT OF HUMAN

17

SERVICES - DIVISION OF MEDICAL SERVICES

18

APPROPRIATION FOR THE 2013-2014 FISCAL

19

YEAR.

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21

22

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

23

24

SECTION 1. REGULAR SALARIES - OPERATIONS. There is hereby established

25

for the Department of Human Services - Division of Medical Services for the

26

2013-2014 fiscal year, the following maximum number of regular employees.

27

28

Maximum Annual

29

Maximum

Salary Rate

30

Item Class

No. of

Fiscal Year

31

No. Code Title

Employees

2013-2014

32

(1) L008N PHYSICIAN SPECIALIST

2

GRADE N917

33

(2) N181N DIRECTOR OF MEDICAL SERVICES

1

GRADE N915

34

(3) L016N REGISTERED PHARMACIST

6

GRADE N911

35

(4) N080N DHS/DMS ASSISTANT DIRECTOR - FISCAL

2

GRADE N907

36

(5) N099N DHS/DMS ADD - LONG TERM CARE

1

GRADE N906



1	(6)	N100N	DHS/DMS ADD - MEDICAL SERVICES	2	GRADE N906
2	(7)	N110N	DHS ASST DIR CONTRACT MONITORING UNIT	1	GRADE N905
3	(8)	A010C	AGENCY CONTROLLER II	1	GRADE C128
4	(9)	D007C	INFORMATION SYSTEMS MANAGER	2	GRADE C128
5	(10)	A016C	DHS DMS BUSINESS OPERATIONS MANAGER	8	GRADE C127
6	(11)	L003C	PSYCHOLOGIST	4	GRADE C127
7	(12)	L010C	DHS DMS MEDICAL ASSISTANCE MANAGER	8	GRADE C125
8	(13)	L009C	NURSE MANAGER	4	GRADE C125
9	(14)	A031C	ASSISTANT CONTROLLER	1	GRADE C124
10	(15)	L015C	CLINICAL SPEECH PATHOLOGIST	2	GRADE C124
11	(16)	B023C	ENGINEER, P.E.	1	GRADE C124
12	(17)	L021C	NURSING HOME ASSISTANT ADMINISTRATOR	1	GRADE C123
13	(18)	L020C	NURSING SERVICES UNIT MANAGER	2	GRADE C123
14	(19)	L019C	REGISTERED NURSE COORDINATOR	5	GRADE C123
15	(20)	A044C	AUDIT COORDINATOR	3	GRADE C122
16	(21)	G099C	DHS PROGRAM ADMINISTRATOR	13	GRADE C122
17	(22)	L027C	REGISTERED NURSE SUPERVISOR	11	GRADE C122
18	(23)	A052C	ACCOUNTING COORDINATOR	1	GRADE C121
19	(24)	A050C	AGENCY FISCAL MANAGER	1	GRADE C121
20	(25)	M011C	FAMILY SERVICE WORKER COUNTY SUP	1	GRADE C121
21	(26)	A047C	FINANCIAL ANALYST II	1	GRADE C121
22	(27)	A056C	DHS FINANCIAL SECTION MANAGER	2	GRADE C120
23	(28)	L040C	DIETARY SERVICES DIRECTOR	1	GRADE C120
24	(29)	L038C	REGISTERED NURSE	68	GRADE C120
25	(30)	E023C	TRAINING PROJECT MANAGER	1	GRADE C120
26	(31)	D063C	COMPUTER SUPPORT SPECIALIST	2	GRADE C119
27	(32)	D062C	DATABASE ANALYST	1	GRADE C119
28	(33)	G152C	DHS PROGRAM MANAGER	14	GRADE C119
29	(34)	G147C	GRANTS COORDINATOR	2	GRADE C119
30	(35)	X067C	HEALTH FACILITIES SURVEYOR	21	GRADE C119
31	(36)	D061C	INFORMATION SYSTEMS COORD SPECIALIST	1	GRADE C119
32	(37)	X062C	QUALITY ASSURANCE COORDINATOR	2	GRADE C119
33	(38)	A060C	SENIOR AUDITOR	10	GRADE C119
34	(39)	A075C	FINANCIAL ANALYST I	1	GRADE C118
35	(40)	A081C	AUDITOR	2	GRADE C117
36	(41)	R027C	BUDGET SPECIALIST	2	GRADE C117

1	(42)	G183C	DHS PROGRAM COORDINATOR	10	GRADE C117
2	(43)	L055C	DIETICIAN	1	GRADE C117
3	(44)	D068C	INFORMATION SYSTEMS ANALYST	2	GRADE C117
4	(45)	D067C	INFORMATION SYSTEMS SECURITY ANALYST	2	GRADE C117
5	(46)	G179C	LEGAL SERVICES SPECIALIST	1	GRADE C117
6	(47)	M039C	MEDICAID SERVICES SUPERVISOR	2	GRADE C117
7	(48)	G178C	POLICY DEVELOPMENT COORDINATOR	3	GRADE C117
8	(49)	B076C	RESEARCH PROJECT ANALYST	1	GRADE C117
9	(50)	A089C	ACCOUNTANT I	1	GRADE C116
10	(51)	A088C	ASSETS COORDINATOR	1	GRADE C116
11	(52)	X124C	HEALTH FACILITY REVIEWER	1	GRADE C116
12	(53)	C037C	ADMINISTRATIVE ANALYST	7	GRADE C115
13	(54)	A091C	FISCAL SUPPORT ANALYST	3	GRADE C115
14	(55)	C050C	ADMINISTRATIVE SUPPORT SUPERVISOR	1	GRADE C113
15	(56)	L070C	HEALTH CARE ANALYST	18	GRADE C113
16	(57)	C056C	ADMINISTRATIVE SPECIALIST III	28	GRADE C112
17	(58)	A098C	FISCAL SUPPORT SPECIALIST	2	GRADE C112
18	(59)	A101C	ACCOUNTING TECHNICIAN	1	GRADE C109
19	(60)	C073C	ADMINISTRATIVE SPECIALIST II	12	GRADE C109
20	(61)	C087C	ADMINISTRATIVE SPECIALIST I	<u>10</u>	GRADE C106
21			MAX. NO. OF EMPLOYEES	322	

22

23 *SECTION 2. REGULAR SALARIES - OFFICE OF MEDICAID INSPECTOR GENERAL.*

24 *There is hereby established for the Department of Human Services - Division*
 25 *of Medical Services - Office of Medicaid Inspector General for the 2013-2014*
 26 *fiscal year, the following maximum number of regular employees.*

27

28

Maximum Annual

29

*Maximum**Salary Rate*

30

*Item Class**No. of**Fiscal Year*

31

*No. Code Title**Employees**2013-2014*

32

*(1) MEDICAID INSPECTOR GENERAL**1**\$150,000*

33

*(2) INSPECTOR GENERAL CHIEF COUNSEL**1**\$120,000*

34

*(3) A016C DHS DMS BUSINESS OPERATIONS MANAGER**1**GRADE C127*

35

*(4) L010C DHS DMS MEDICAL ASSISTANCE MANAGER**1**GRADE C125*

36

*(5) MEDICAID FRAUD INVESTIGATOR**2**GRADE C125*

1	(6) L009C NURSE MANAGER	1	GRADE C125
2	(7) G099C DHS PROGRAM ADMINISTRATOR	2	GRADE C122
3	(8) L027C REGISTERED NURSE SUPERVISOR	3	GRADE C122
4	(9) M009C LICENSED CERTIFIED SOCIAL WORKER	1	GRADE C121
5	(10) L038C REGISTERED NURSE	3	GRADE C120
6	(11) G152C DHS PROGRAM MANAGER	1	GRADE C119
7	(12) A060C SENIOR AUDITOR	4	GRADE C119
8	(13) A081C AUDITOR	2	GRADE C117
9	(14) G183C DHS PROGRAM COORDINATOR	1	GRADE C117
10	(15) C013C MEDICAL SERVICES REPRESENTATIVE	4	GRADE C117
11	(16) A084C PROGRAM/FIELD AUDIT SPECIALIST	3	GRADE C116
12	(17) G210C DHS PROGRAM SPECIALIST	1	GRADE C115
13	(18) L070C HEALTH CARE ANALYST	1	GRADE C113
14	(19) C073C ADMINISTRATIVE SPECIALIST II	<u>2</u>	GRADE C109
15	MAX. NO. OF EMPLOYEES	35	

16

17 SECTION 3. EXTRA HELP - OPERATIONS. There is hereby authorized, for
 18 the Department of Human Services - Division of Medical Services for the 2013-
 19 2014 fiscal year, the following maximum number of part-time or temporary
 20 employees, to be known as "Extra Help", payable from funds appropriated
 21 herein for such purposes: seven (7) temporary or part-time employees, when
 22 needed, at rates of pay not to exceed those provided in the Uniform
 23 Classification and Compensation Act, or its successor, or this act for the
 24 appropriate classification.

25

26 SECTION 4. EXTRA HELP - OFFICE OF MEDICAID INSPECTOR GENERAL. There is
 27 hereby authorized, for the Department of Human Services - Division of Medical
 28 Services - Office of Medicaid Inspector General for the 2013-2014 fiscal
 29 year, the following maximum number of part-time or temporary employees, to be
 30 known as "Extra Help", payable from funds appropriated herein for such
 31 purposes: two (2) temporary or part-time employees, when needed, at rates of
 32 pay not to exceed those provided in the Uniform Classification and
 33 Compensation Act, or its successor, or this act for the appropriate
 34 classification.

35

36 SECTION 5. APPROPRIATION - OPERATIONS. There is hereby appropriated,

1 to the Department of Human Services - Division of Medical Services, to be
 2 payable from the paying account as determined by the Chief Fiscal Officer of
 3 the State, for personal services and operating expenses of the Department of
 4 Human Services - Division of Medical Services - Operations for the fiscal
 5 year ending June 30, 2014, the following:

7 ITEM	FISCAL YEAR
8 <u>NO.</u>	<u>2013-2014</u>
9 (01) REGULAR SALARIES	\$16,178,191
10 (02) EXTRA HELP	201,892
11 (03) PERSONAL SERVICES MATCHING	5,441,071
12 (04) OVERTIME	5,000
13 (05) MAINT. & GEN. OPERATION	
14 (A) OPER. EXPENSE	3,541,565
15 (B) CONF. & TRAVEL	233,728
16 (C) PROF. FEES	555,132
17 (D) CAP. OUTLAY	144,388
18 (E) DATA PROC.	0
19 (06) DATA PROCESSING SERVICES	<u>299,600</u>
20 TOTAL AMOUNT APPROPRIATED	<u><u>\$26,600,567</u></u>

21
 22 *SECTION 6. APPROPRIATION - OFFICE OF MEDICAID INSPECTOR GENERAL. There*
 23 *is hereby appropriated, to the Department of Human Services - Division of*
 24 *Medical Services, to be payable from the paying account as determined by the*
 25 *Chief Fiscal Officer of the State, for personal services and operating*
 26 *expenses of the Department of Human Services - Division of Medical Services -*
 27 *Office of Medicaid Inspector General for the fiscal year ending June 30,*
 28 *2014, the following:*

30 ITEM	FISCAL YEAR
31 <u>NO.</u>	<u>2013-2014</u>
32 (01) REGULAR SALARIES	\$1,345,580
33 (02) EXTRA HELP	151,234
34 (03) PERSONAL SERVICES MATCHING	376,763
35 (04) MAINT. & GEN. OPERATION	
36 (A) OPER. EXPENSE	76,542

1	(B) CONF. & TRAVEL	12,612
2	(C) PROF. FEES	0
3	(D) CAP. OUTLAY	5,612
4	(E) DATA PROC.	<u>0</u>
5	TOTAL AMOUNT APPROPRIATED	<u><u>\$1,968,343</u></u>

6

7 SECTION 7. APPROPRIATION - GRANTS. There is hereby appropriated, to
 8 the Department of Human Services - Division of Medical Services, to be
 9 payable from the paying account as determined by the Chief Fiscal Officer of
 10 the State, for grant payments of the Department of Human Services - Division
 11 of Medical Services - Grants for the fiscal year ending June 30, 2014, the
 12 following:

13

14	ITEM	FISCAL YEAR
15	<u>NO.</u>	<u>2013-2014</u>
16	(01) PRIVATE NURSING HOME CARE	\$687,787,762
17	(02) INFANT INFIRMARY	26,733,146
18	(03) PUBLIC NURSING HOME CARE	212,598,210
19	(04) PRESCRIPTION DRUGS	373,142,423
20	(05) HOSPITAL AND MEDICAL SERVICES	3,905,842,951
21	(06) CHILD AND FAMILY LIFE INSTITUTE	2,100,000
22	(07) ARKIDS B PROGRAM	<u>137,336,792</u>
23	TOTAL AMOUNT APPROPRIATED	<u><u>\$5,345,541,284</u></u>

24

25 SECTION 8. APPROPRIATION - NURSING HOME CLOSURE COSTS. There is hereby
 26 appropriated, to the Department of Human Services - Division of Medical
 27 Services, to be payable from the Long-Term Care Trust Fund, for the payment
 28 of relocation costs of residents in long-term care facilities, maintenance
 29 and operation of a facility pending correction of deficiencies or closure,
 30 and reimbursement of residents for personal funds lost for the fiscal year
 31 ending June 30, 2014, the following:

32

33	ITEM	FISCAL YEAR
34	<u>NO.</u>	<u>2013-2014</u>
35	(01) EXPENSES	<u><u>\$50,000</u></u>

36

SECTION 9. APPROPRIATION - LONG-TERM CARE FACILITY RECEIVERSHIP. There is hereby appropriated, to the Department of Human Services - Division of Medical Services, to be payable from the Long Term Care Facility Receivership Fund Account, for the payment of expenses of long-term care facility receivers as authorized by law of the Department of Human Services - Division of Medical Services - Long-Term Care Facility Receivership for the fiscal year ending June 30, 2014, the following:

ITEM	FISCAL YEAR
<u>NO.</u>	<u>2013-2014</u>
(01) EXPENSES	<u>\$100,000</u>

SECTION 10. APPROPRIATION - NURSING HOME QUALITY GRANTS. There is hereby appropriated, to the Department of Human Services - Division of Medical Services, to be payable from the Long-Term Care Trust Fund, for Nursing Home Quality Grants of the Department of Human Services - Division of Medical Services - Nursing Home Quality Grants for the fiscal year ending June 30, 2014, the following:

ITEM	FISCAL YEAR
<u>NO.</u>	<u>2013-2014</u>
(01) NURSING HOME QUALITY GRANTS AND AID	<u>\$1,500,000</u>

SECTION 11. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.

DEPARTMENT OF HUMAN SERVICES GRANTS FUND ACCOUNT. The Department of Human Services Grants Fund Account shall be used for the following grant programs to consist of general revenues and any other nonfederal funds, as may be appropriated by the General Assembly:

- (i) Children's Medical Services;
- (ii) Food Stamp Employment and Training Program;
- (iii) Aid to the Aged, Blind, and Disabled;
- (iv) Transitional Employment Assistance Program;
- (v) Private nursing home care;
- (vi) Infant Infirmary - nursing home care;
- (vii) Public Nursing Home Care;

- 1 (viii) Prescription Drugs;
2 (ix) Hospital and Medical Services;
3 (x) Child and Family Life Institute;
4 (xi) Community Services Block Grant;
5 (xii) ARKIDSFIRST;
6 (xiii) Child Health Management Services; and
7 (xiv) Child Care Grant

8

9 SECTION 12. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
10 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. MEDICAL
11 SERVICES - CHILD AND FAMILY LIFE INSTITUTE. The Child Health and Family Life
12 Institute shall be administered under the direction of Arkansas Children's
13 Hospital. Arkansas Children's Hospital shall enter into a cooperative
14 agreement and/or contract with the University of Arkansas for Medical
15 Sciences - Department of Pediatrics for services required in delivering the
16 programs of the Child Health and Family Life Institute. Utilizing a
17 multidisciplinary collaboration of professionals, the Child Health and Family
18 Life Institute shall provide a statewide effort to explore, develop and
19 evaluate new and better ways to address medically, socially and economically
20 interrelated health and developmental needs of children with special health
21 care needs and their families. The Child Health and Family Life Institute's
22 priorities shall include, but are not limited to, wellness and prevention,
23 screen and diagnosis, treatment and intervention, training and education and
24 research and evaluation.

25 Arkansas Children's Hospital and the University of Arkansas for Medical
26 Sciences - Department of Pediatrics shall make annual reports to the Arkansas
27 Legislative Council on all matters of funding, existing programs and services
28 offered through the Child Health and Family Life Institute.

29 The provisions of this section shall be in effect only from July 1, ~~2012~~
30 2013 through June 30, ~~2013~~ 2014.

31

32 SECTION 13. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
33 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. MEDICAL
34 SERVICES - PHARMACEUTICAL DISPENSING FEE SURVEY. No more than two years prior
35 to making any changes to the current pharmaceutical dispensing fee, the State
36 shall conduct an independent survey utilizing generally accepted accounting

1 principles, to determine the cost of dispensing a prescription by pharmacists
2 in Arkansas. Only factors relative to the cost of dispensing shall be
3 surveyed. These factors shall not include actual acquisition costs or average
4 profit or any combination of actual acquisition costs or average profit. The
5 survey results shall be the basis for establishing the dispensing fee paid to
6 participating pharmacies in the Medicaid prescription drug program in
7 accordance with Federal requirements. The dispensing fee shall be no lower
8 than the cost of dispensing as determined by the survey. Nothing in this
9 section shall be construed to prohibit the State from increasing the
10 dispensing fee at any time.

11 The provisions of this section shall be in effect only from July 1, ~~2012~~
12 2013 through June 30, ~~2013~~ 2014.

13
14 SECTION 14. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
15 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. MEDICAL
16 SERVICES - GENERAL MEDICAID RATE METHODOLOGY PROVISIONS.

17 (a) Rates established by the Division of Medical Services for the services
18 or programs covered by this Act shall be calculated by the methodologies
19 approved by the Centers for Medicare and Medicaid Services (CMS). The
20 Division of Medical Services shall have the authority to reduce or increase
21 rates based on the approved methodology. Further, the Division of Medical
22 Services shall have the authority to increase or decrease rates for good
23 cause including, but not limited to: (1) Identification of provider(s) who
24 can render needed services of equal quality at rates less than traditionally
25 charged and who meet the applicable federal and state laws, rules and
26 regulations pertaining to the provision of a particular service;
27 (2) Identification that a provider or group of providers has consistently
28 charged rates to the Arkansas Medicaid Program greater than to other
29 purchasers of medical services of similar size;
30 (3) The Division determines that there has been significant changes in the
31 technology or process by which services are provided by a provider or group
32 of providers which has affected the costs of providing services, or;
33 (4) A severe economic downturn in the Arkansas economy which has affected the
34 overall state budget of the Division of Medical Services.

35 The Division of Medical Services shall make available to requesting
36 providers, the CMS's inflationary forecasts (CMS Market Basket Index). Rates

1 established with cost of living increases based on the CMS Market Basket
2 Index or other indices will be adjusted annually except when the state budget
3 does not provide sufficient appropriation and funding to affect the change or
4 portion thereof.

5 (b) Any rate methodology changes proposed by the Division of Medical
6 Services both of a general and specific nature, shall be subject to prior
7 ~~review~~ approval by the Legislative Council or Joint Budget Committee.

8 Determining the maximum number of employees and the maximum amount of
9 appropriation and general revenue funding for a state agency each fiscal year
10 is the prerogative of the General Assembly. This is usually accomplished by
11 delineating such maximums in the appropriation act(s) for a state agency and
12 the general revenue allocations authorized for each fund and fund account by
13 amendment to the Revenue Stabilization law. Further, the General Assembly has
14 determined that the Department of Human Services – Division of Medical
15 Services may operate more efficiently if some flexibility is provided to the
16 Department of Human Services – Division of Medical Services authorizing broad
17 powers under this section. Therefore, it is both necessary and appropriate
18 that the General Assembly maintain oversight by requiring prior approval of
19 the Legislative Council or Joint Budget Committee as provided by this
20 section. The requirement of approval by the Legislative Council or Joint
21 Budget Committee is not a severable part of this section. If the requirement
22 of approval by the Legislative Council or Joint Budget Committee is ruled
23 unconstitutional by a court of competent jurisdiction, this entire section is
24 void.

25 The provisions of this section shall be in effect only from July 1, ~~2012~~
26 2013 through June 30, ~~2013~~ 2014.

27
28 SECTION 15. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
29 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. FUND
30 USAGE AUTHORIZED. The Arkansas Children's Hospital may request the Department
31 of Human Services - Division of Medical Services to retain in the Department
32 of Human Services Grant Fund account an amount not to exceed \$2,100,000 from
33 funds made available by this Act for the Child and Family Life Institute,
34 Section 4, item number 06 to be used to match federal funds used for
35 supplemental Medicaid payments to Arkansas Children's Hospital. These
36 retained funds shall not be recovered to transfer to the General Revenue

1 Allotment Reserve Fund.

2

3 SECTION 16. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
4 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. STATE
5 PLAN. The State Plan must include the provision of EPSDT services as those
6 services are defined in §1396d(r). See §§ 1396a(a)(10)(A), 1396d(a)(4)(B);
7 see also 1396a(a)(43). Section 1396d(r) lists in detail the screening
8 services, vision services, dental services, and hearing services that the
9 State Plan must expressly include, but with regard to treatment services, it
10 states that EPSDT means "[s]uch other necessary health care, diagnostic
11 services, treatment, and other measures described in subsection (a) of this
12 section to correct or ameliorate defects and physical and mental illnesses
13 and conditions discovered by the screening services, whether or not such
14 services are covered under the State plan." 42 U.S.C. § 1396d(r)(5) (emphasis
15 added). Reading §1396a, § 1396d(a), and § 1396d(r) together, we believe that
16 the State Plan need not specifically list every treatment service conceivably
17 available under the EPSDT mandate.

18 The State Plan, however, must pay part or all of the cost of treatments to
19 ameliorate conditions discovered by the screening process when those
20 treatments meet the definitions set forth in § 1396a. See §1396d(r)(5); see
21 also §§1396a(a)(10), 1396a (a)(43), and 1396d(a)(4)(B). The Arkansas State
22 Plan states that the "State will provide other health care described in [42
23 U.S.C. 1396d(a)] that is found to be medically necessary to correct or
24 ameliorate defects and physical and mental illnesses and conditions
25 discovered by the screening services, even when such health care is not
26 otherwise covered under the State Plan." See State Plan Under Title XIX of
27 the Social Security Act Medical Assistance Program, State Of Arkansas at
28 §4.b. This provision Meets the EPSDT mandate of the Medicaid Act.

29 We affirm the district court's decision to the extent that it holds that a
30 Medicaid-Eligible individual has a federal right to early intervention day
31 treatment when a physician recommends such treatment. Section 1396d(r)(5)
32 states that EPSDT includes any treatments or measures outlined in §1396d(a).
33 There are twenty-seven sub-parts to §1396d(a), and we find that sub-part
34 (a)(13), in particular, when read with the other sections of the Medicaid Act
35 listed above, mandates that early intervention day treatment be provided when
36 it is prescribed by a physician. See 42 U.S.C. §1396d(a)(13) (defining

1 medical assistance reimbursable by Medicaid as "other diagnostic, screening,
2 preventive, and rehabilitative services, including any medical or remedial
3 services recommended by a physician...for the maximum reduction of physical
4 and mental disability and restoration of an individual to the best possible
5 functional level"). Therefore, after CHMS clinic staff perform a diagnostic
6 evaluation of an eligible child, if the CHMS physician prescribes early
7 intervention day treatment as a service that would lead to the maximum
8 reduction of medical and physical disabilities and restoration of the child
9 to his or her best possible functional level, the Arkansas State Plan must
10 reimburse the treatment. Because CHMS clinics are the only providers of early
11 intervention day treatment, Arkansas must reimburse those clinics.

12

13 SECTION 17. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
14 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. MEDICAL
15 SERVICES - STATE MEDICAID PROGRAM/PERSONAL CARE PROGRAM.

16 (a) It is the legislative intent that the Department of Human Services in
17 its administration of the Arkansas Medicaid Program set forth Medicaid
18 provider participation requirements for "personal care providers" that will
19 insure sufficient available providers to meet the required needs of all
20 eligible recipients, to include insuring available in home services twenty-
21 four (24) hours a day and seven (7) days a week for personal care.

22 (b) For the purposes of this section, "private care agencies" are defined
23 as those providers licensed by the Department of Labor, certified as
24 ElderChoices Providers and who furnish in home staffing services for respite,
25 chore services, and homemaker services, and are covered by liability
26 insurance of not less than one million dollars (\$1,000,000) covering their
27 employees and independent contractors while they are engaged in providing
28 services, such as personal care, respite, chore services, and homemaker
29 services.

30 (c) The purpose of this section is to allow the private care agencies
31 defined herein to be eligible to provide Medicaid reimbursed personal care
32 services seven (7) days a week, and does not supercede Department of Human
33 Services rules establishing monthly benefit limits and prior authorization
34 requirements.

35 (d) The availability of providers shall not require the Department of
36 Human Services to reimburse for twenty-four (24) hours per day of personal

1 care services.

2 (e) The Arkansas Department of Human Services, Medical Services Division
3 shall take such action as required by the Centers for Medicare and Medicaid
4 Services to amend the Arkansas Medicaid manual to include, private care
5 agencies, as qualified entities to provide Medicaid reimbursed personal care
6 services.

7 (f) The private care agencies shall comply with rules and regulations
8 promulgated by the Arkansas Department of Health which shall establish a
9 separate licensure category for the private care agencies for the provision
10 of Medicaid reimbursable personal care services seven (7) days a week.

11 (g) The Arkansas Department of Health shall supervise the conduct of the
12 personal care agencies defined herein.

13 (h) The purpose of this section is to insure the care provided by the
14 private care agencies, is consistent with the rules and regulations of the
15 Arkansas Department of Health.

16 The provisions of this section shall be in effect only from July 1, ~~2012~~
17 2013 through June 30, ~~2013~~ 2014.

18

19 SECTION 18. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
20 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. REVIEW OF
21 RULES IMPACTING STATE MEDICAID COSTS. (a) In light of the rapidly rising
22 potential costs to the State attributable to the Medicaid program and the
23 importance of Medicaid expenditures to the health and welfare of the citizens
24 of this State, the General Assembly finds it desirable to exercise more
25 thorough review of future proposed changes to rules that might impact those
26 costs or expenditures.

27 (b) As used in this section, "rule impacting state Medicaid costs" means
28 a proposed rule, as defined by § 25-15-202(8), or a proposed amendment to an
29 existing rule, as defined by § 25-15-202(8), that would, if adopted, adjust
30 Medicaid reimbursement rates, Medicaid eligibility criteria, or Medicaid
31 benefits, including without limitation a proposed rule or a proposed
32 amendment to an existing rule seeking to accomplish the following:

- 33 (1) Reduce the number of individuals covered by Arkansas Medicaid;
34 (2) Limit the types of services covered by Arkansas Medicaid;
35 (3) Reduce the utilization of services covered by Arkansas Medicaid;
36 (4) Reduce provider reimbursement;

1 (5) Increase consumer cost-sharing;

2 (6) Reduce the cost of administering Arkansas Medicaid;

3 (7) Increase Arkansas Medicaid revenues;

4 (8) Reduce fraud and abuse in the Arkansas Medicaid program;

5 (9) Change any of the methodologies used for reimbursement of
6 providers;

7 (10) Seek a new waiver or modification of an existing waiver of any
8 provision under Medicaid, Title XIX, of the Social Security Act, including a
9 waiver that would allow a demonstration project;

10 (11) Participate or seek to participate in Social Security Act Section
11 1115(a)(1) waiver authority that would allow operation of a demonstration
12 project or program;

13 (12) Participate or seek to participate in a Social Security Act
14 Section 1115(a)(2) request for the Secretary of the Department of Health and
15 Human Services to provide federal financial participation for costs
16 associated with a demonstration project or program;

17 (13) Implement managed care provisions under Section 1932 of Medicaid,
18 Title XIX of the Social Security Act; or

19 (14) Participate or seek to participate in the Centers for Medicare and
20 Medicaid Services Innovation projects or programs.

21 (c)(1) In addition to filing requirements under the Arkansas
22 Administrative Procedure Act, § 25-15-201 et seq., and § 10-3-309, the
23 Department of Human Services shall, at least thirty (30) days before the
24 expiration of the period for public comment, file a proposed rule impacting
25 state Medicaid costs or a proposed amendment to an existing rule impacting
26 state Medicaid costs with the Senate Interim Committee on Public Health,
27 Welfare, and Labor and the House Interim Committee on Public Health, Welfare,
28 and Labor, or, when the General Assembly is in session, with the Senate
29 Committee on Public Health, Welfare, and Labor and the House Committee on
30 Public Health, Welfare and Labor.

31 (2) Any review of the proposed rule or proposed amendment to an
32 existing rule by the Senate and House Interim Committees on Public Health,
33 Welfare and Labor or the Senate and House Committees on Public Health,
34 Welfare, and Labor shall occur within forty-five (45) days of the date the
35 proposed rule or proposed amendment to an existing rule is filed with the
36 committees.

1 (d)(1) If adopting an emergency rule impacting state Medicaid costs,
2 in addition to the filing requirements under the Arkansas Administrative
3 Procedure Act, § 25-15-201 et seq. and § 10-3-309, the Department of Human
4 Services shall notify the Speaker of the House of Representatives, the
5 President Pro Tempore of the Senate, the chair of the Senate Committee on
6 Public Health, Welfare, and Labor, and the chair of the House Committee on
7 Public Health, Welfare and Labor of the emergency rule and provide each of
8 them a copy of the rule within five (5) business days of adopting the rule.

9 (2) Any review of the emergency rule by the Senate and House
10 Interim Committees on Public Health, Welfare and Labor or the Senate and
11 House Committees on Public Health, Welfare, and Labor shall occur within
12 forty-five (45) days of the date the emergency rule is provided to the
13 chairs.

14 (e)(1) The Joint Budget Committee may review a rule impacting state
15 Medicaid costs during a regular, fiscal, or special session of the General
16 Assembly.

17 (2) Actions taken by the Joint Budget Committee when reviewing a
18 rule impacting state Medicaid costs shall have the same effect as actions
19 taken by the Legislative Council under § 10-3-309.

20 (3) If the Joint Budget Committee reviews a rule impacting state
21 Medicaid costs, it shall file a report of its actions with the Legislative
22 Council as soon as practicable.

23 (f) This section expires on June 30, ~~2013~~ 2014.

24
25 *SECTION 19. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS*
26 *CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. FUND*
27 *TRANSFER PROVISION - MEDICAID PROGRAM. Notwithstanding the provisions of*
28 *Initiated Act 1 of 2000, or Arkansas Code 19-12-107 regarding the*
29 *establishment of the Arkansas Healthy Century Trust Fund, or any other law to*
30 *the contrary, immediately upon the effective date of this act, the Chief*
31 *Fiscal Officer of the State shall transfer on his or her books and those of*
32 *the State Treasurer and Auditor of State the balance of all moneys in excess*
33 *of one hundred million dollars (\$100,000,000) in the Arkansas Healthy Century*
34 *Trust Fund from the Arkansas Healthy Century Trust Fund to the Medicaid*
35 *Expansion Program Account of the Tobacco Settlement Program Fund.*

36

1 SECTION 20. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
2 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. FUND
3 TRANSFER PROVISION - MEDICAID PROGRAM. Notwithstanding the provisions of
4 Initiated Act 1 of 2000, or Arkansas Code 19-12-104 regarding the
5 establishment and administration of the Tobacco Settlement Cash Holding Fund,
6 or any other laws to the contrary, the entire amount of the settlement funds
7 received, approximately twenty-two million seven hundred sixty-eight thousand
8 one hundred twenty-six dollars (\$22,768,126), or so much as is actually
9 awarded and received by the state, through the settlement agreement in the
10 nearly decade old dispute between Arkansas and the tobacco companies that
11 signed the Master Settlement Agreement, shall be deposited into the Tobacco
12 Settlement Cash Holding Fund and not distributed under the provisions of the
13 Tobacco Settlement Proceeds Act, but instead such settlement funds shall be
14 deposited directly into and credited to the Medicaid Expansion Program
15 Account of the Tobacco Settlement Program Fund.

16
17 SECTION 21. SPECIAL LANGUAGE. HEALTH CARE INDEPENDENCE ACT OF 2013.
18 Arkansas Code Title 20, Chapter 77, is amended to create a new subchapter to
19 read as follows:

20 Subchapter 21 – Health Care Independence Act of 2013

21
22 20-77-2101. Title.

23 This act shall be known and may be cited as the "Health Care
24 Independence Act of 2013".

25
26 20-77-2102. Legislative intent.

27 (a) Notwithstanding any general or specific laws to the contrary, the
28 Department of Human Services is to explore design options that reform the
29 Medicaid Program utilizing the Health Care Independence Act of 2013 so that
30 it is a fiscally sustainable, cost-effective, personally responsible, and
31 opportunity-driven program utilizing competitive and value-based purchasing
32 to:

33 (1) Maximize the available service options;

34 (2) Promote accountability, personal responsibility, and
35 transparency;

36 (3) Encourage and reward healthy outcomes and responsible

1 choices; and

2 (4) Promote efficiencies that will deliver value to the
3 taxpayers.

4 (b)(1) It is the intent of the General Assembly that the State of
5 Arkansas through the Department of Human Services shall utilize a private
6 insurance option for "low-risk" adults.

7 (2) The Health Care Independence Act of 2013 shall ensure that:

8 (A) Private health care options increase and government-
9 operated programs such as Medicaid decrease; and

10 (B) Decisions about the design, operation and
11 implementation of this option, including cost, remain within the purview of
12 the State of Arkansas and not with Washington, D.C.

13
14 20-77-2103. Purpose.

15 (a) The purpose of this subchapter is to:

16 (1) Improve access to quality health care;

17 (2) Attract insurance carriers and enhance competition in the
18 Arkansas insurance marketplace;

19 (3) Promote individually-owned health insurance;

20 (4) Strengthen personal responsibility through cost-sharing;

21 (5) Improve continuity of coverage;

22 (6) Reduce the size of the state-administered Medicaid program;

23 (7) Encourage appropriate care, including early intervention,
24 prevention, and wellness;

25 (8) Increase quality and delivery system efficiencies;

26 (9) Facilitate Arkansas's continued payment innovation, delivery
27 system reform, and market-driven improvements;

28 (10) Discourage over-utilization; and

29 (11) Reduce waste, fraud, and abuse.

30 (b) The State of Arkansas shall take an integrated and market-based
31 approach to covering low-income Arkansans through offering new coverage
32 opportunities, stimulating market competition, and offering alternatives to
33 the existing Medicaid program.

34
35 20-77-2104. Definitions.

36 As used in this subchapter:

1 (1) "Carrier" means a private entity certified by the State
2 Insurance Department and offering plans through the Health Insurance
3 Marketplace;

4 (2) "Cost sharing" means the portion of the cost of a covered
5 medical service that must be paid by or on behalf of eligible individuals,
6 consisting of copayments or coinsurance but not deductibles;

7 (3) "Eligible individuals" means individuals who:

8 (A) Are adults between nineteen (19) years of age and
9 sixty-five (65) years of age with an income that is equal to or less than one
10 hundred thirty-eight percent (138%) of the federal poverty level, including
11 without limitation individuals who would not be eligible for Medicaid under
12 laws and rules in effect on January 1, 2013;

13 (B) Have been authenticated to be a United States citizen
14 or documented qualified alien according to the federal Personal
15 Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No.
16 104-193, as existing on January 1, 2013; and

17 (C) Are not determined to be more effectively covered
18 through the standard Medicaid program, such as an individual who is medically
19 frail or other individuals with exceptional medical needs for whom coverage
20 through the Health Insurance Marketplace is determined to be impractical,
21 overly complex, or would undermine continuity or effectiveness of care;

22 (4) "Healthcare coverage" means healthcare benefits as defined
23 by certification or rules, or both, promulgated by the State Insurance
24 Department for the Qualified Health Plans or available on the marketplace;

25 (5) "Health Insurance Marketplace" means the vehicle created to
26 help individuals, families, and small businesses in Arkansas shop for and
27 select health insurance coverage in a way that permits comparison of
28 available Qualified Health Plan based upon price, benefits, services, and
29 quality, regardless of the governance structure of the marketplace;

30 (6) "Premium" means a charge that must be paid as a condition of
31 enrolling in health care coverage;

32 (7) "Program" means the Health Care Independence Program
33 established by this subchapter; and

34 (8) "Qualified Health Plan" means a State Insurance Department
35 certified individual health insurance plan offered by a carrier through the
36 Health Insurance Marketplace.

1
2 20-77-2105. Administration of the Health Care Independence Program.

3 (a) The Department of Human Services shall:

4 (1) Create and administer the Health Care Independence Program;
5 and

6 (2) Submit Medicaid State Plan Amendments and apply for any
7 federal waivers necessary to implement the program in a manner consistent
8 with this subchapter.

9 (b)(1) Implementation of the program is conditioned upon the receipt
10 of necessary federal approvals.

11 (2) If the Department of Human Services does not receive the
12 necessary federal approvals, the program shall not be implemented.

13 (c) The program shall include premium assistance for eligible
14 individuals to enable their enrollment in a Qualified Health Plan through the
15 Health Insurance Marketplace.

16 (d)(1) The Department of Human Services is specifically authorized to
17 pay premiums and supplemental cost-sharing subsidies directly to the
18 Qualified Health Plans for enrolled eligible individuals.

19 (2) The intent of the payments under subdivision (d)(1) of this
20 section is to increase participation and competition in the health insurance
21 market, intensify price pressures, and reduce costs for both publicly and
22 privately funded health care.

23 (e) To the extent allowable by law:

24 (1) The Department of Human Services shall pursue strategies
25 that promote insurance coverage of children in their parents' or caregivers'
26 plan, including children eligible for the ARKids First Program Act, § 20-77-
27 1101 et seq., commonly known as the "ARKids B program"; and

28 (2) Upon the receipt of necessary federal approval, during
29 calendar year 2015 the Department of Human Services shall include and
30 transition to the Health Insurance Marketplace:

31 (A) Children eligible for the ARKids First Program Act, §
32 20-77-1101 et seq.; and

33 (B) Populations under Medicaid from zero percent (0%) of
34 the federal poverty level to seventeen percent (17%) of the federal poverty
35 level.

36 (3) The Department of Human Services shall develop and implement

1 a strategy to inform Medicaid recipient populations whose needs would be
2 reduced or better served through participation in the Health Insurance
3 Marketplace.

4 (f) The program shall include allowable cost sharing for eligible
5 individuals that is comparable to that for individuals in the same income
6 range in the private insurance market and is structured to enhance eligible
7 individuals' investment in their health care purchasing decisions.

8 (g)(1) The State Insurance Department and Department of Human Services
9 shall administer and promulgate rules to administer the program authorized
10 under this subchapter.

11 (2) No less than thirty (30) days before the State Insurance
12 Department and Department of Human Services begin promulgating a rule under
13 this subchapter, the proposed rule shall be presented to the Legislative
14 Council.

15 (h) The program authorized under this subchapter shall terminate
16 within one hundred twenty (120) days after a reduction in any of the
17 following federal medical assistance percentages:

18 (1) One hundred percent (100%) in 2014, 2015,
19 or 2016;

20 (2) Ninety-five percent (95%) in 2017;

21 (3) Ninety-four percent (94%) in 2018;

22 (4) Ninety-three percent (93%) in 2019; and

23 (5) Ninety percent (90%) in 2020 or any year after 2020.

24 (i) An eligible individual enrolled in the program shall affirmatively
25 acknowledge that:

26 (1) The program is not a perpetual federal or state right or a
27 guaranteed entitlement;

28 (2) The program is subject to cancellation upon appropriate
29 notice; and

30 (3) The program is not an entitlement program.

31 (j)(1) The Department of Human Services shall develop a model and seek
32 approval from the Center for Medicare and Medicaid Services to allow a
33 limited number of enrollees to participate in a pilot program testing the
34 viability of a Health Savings Account or a Medical Savings Account.

35 (2) The pilot program shall be implemented during calendar year
36 2015.

1 (3) As soon as practicable, the Department of Human Services
2 shall seek conditional federal approval to place Health Saving Accounts and
3 Medical Savings Accounts on the Health Insurance Marketplace.

4 (k)(1) State obligations for uncompensated care shall be projected,
5 tracked, and reported to identify potential incremental future decreases.

6 (2) The Department of Human Services shall recommend appropriate
7 adjustments to the General Assembly.

8 (3) Adjustments shall be made by the General Assembly as
9 appropriate.

10 (l) The Department of Human Services shall track the Hospital
11 Assessment Fee as defined in § 20-77-1902 and report to the General Assembly
12 subsequent decreases based upon reduced uncompensated care.

13 (m) On a quarterly basis, the Department of Human Services and the
14 State Insurance Department shall report to the Legislative Council or to the
15 Joint Budget Committee if the General Assembly is in session, available
16 information regarding:

17 (1) Program enrollment;

18 (2) Patient experience;

19 (3) Economic impact including enrollment distribution;

20 (4) Carrier competition; and

21 (5) Avoided uncompensated care.

22
23 20-77-2106. Standards of healthcare coverage through the Health
24 Insurance Marketplace.

25 (a) Healthcare coverage shall be achieved through a qualified health
26 plan at the silver level as provided in 42 U.S.C. §§ 18022 and 18071, as
27 existing on January 1, 2013, that restricts cost sharing to amounts that do
28 not exceed Medicaid cost-sharing limitations.

29 (b) All participating carriers in the Health Insurance Marketplace
30 shall offer healthcare coverage conforming to the requirements of this
31 subchapter.

32 (c) To assure price competitive choice among healthcare coverage
33 options, the State Insurance Department shall assure that at least two (2)
34 qualified health plans are offered in each county in the state.

35 (d) Health insurance carriers offering health care coverage for
36 program eligible individuals shall participate in Arkansas Payment

1 Improvement Initiatives including:

2 (1) Assignment of primary care clinician;

3 (2) Support for patient-centered medical home; and

4 (3) Access of clinical performance data for providers.

5 (e) On or before July 1, 2013, the State Insurance Department shall
6 implement through certification requirements, rule, or both the applicable
7 provisions of this subchapter.

8
9 20-77-2107. Enrollment.

10 (a) The General Assembly shall assure that a mechanism within the
11 Health Insurance Marketplace is established and operated to facilitate
12 enrollment of eligible individuals.

13 (b) The enrollment mechanism shall include an automatic verification
14 system to guard against waste, fraud, and abuse in the program.

15
16 20-77-2108. Effective date.

17 This subchapter shall be in effect until June 30, 2017, unless amended
18 or extended by the General Assembly.

19
20 SECTION 22. SPECIAL LANGUAGE. Arkansas Code Title 19, Chapter 5,
21 Subchapter 11, is amended to add an additional section to read as follows:

22 19-5-1140. Health Care Independence Program Trust Fund.

23 (a) There is created on the books of the Treasurer of State, the
24 Auditor of State, and the Chief Fiscal Officer of the State a trust fund to
25 be known as the "Health Care Independence Program Trust Fund".

26 (b)(1) The Health Care Independence Program Trust Fund may consist of
27 moneys saved and accrued under the Health Care Independence Act of 2013, §
28 20-77-2101 et seq., including without limitation:

29 (A) Increases in premium tax collections;

30 (B) Reductions in uncompensated care; and

31 (C) Other spending reductions resulting from the Health
32 Care Independence Act of 2013, § 20-77-2101 et seq.

33 (2) The fund shall also consist of other revenues and funds
34 authorized by law.

35 (c) The fund may be used by the Department of Human Services to pay
36 for future obligations under the Health Care Independence Program created by

1 the Health Care Independence Act of 2013, § 20-77-2101 et seq.

2
3 SECTION 23. SPECIAL LANGUAGE. DO NOT CODIFY. (a) The implementation
4 of Sections 18 and 19 of this act is suspended until an appropriation for
5 implementation is passed by a three-fourths vote of both houses of the
6 Eighty-Ninth General Assembly.

7 (b) If an appropriation for implementation is not passed by the
8 Eighty-Ninth General Assembly, Sections 18 and 19 of this act are void.

9
10 SECTION 24. COMPLIANCE WITH OTHER LAWS. Disbursement of funds
11 authorized by this act shall be limited to the appropriation for such agency
12 and funds made available by law for the support of such appropriations; and
13 the restrictions of the State Procurement Law, the General Accounting and
14 Budgetary Procedures Law, the Revenue Stabilization Law, the Regular Salary
15 Procedures and Restrictions Act, or their successors, and other fiscal
16 control laws of this State, where applicable, and regulations promulgated by
17 the Department of Finance and Administration, as authorized by law, shall be
18 strictly complied with in disbursement of said funds.

19
20 SECTION 25. LEGISLATIVE INTENT. It is the intent of the General
21 Assembly that any funds disbursed under the authority of the appropriations
22 contained in this act shall be in compliance with the stated reasons for
23 which this act was adopted, as evidenced by the Agency Requests, Executive
24 Recommendations and Legislative Recommendations contained in the budget
25 manuals prepared by the Department of Finance and Administration, letters, or
26 summarized oral testimony in the official minutes of the Arkansas Legislative
27 Council or Joint Budget Committee which relate to its passage and adoption.

28
29 SECTION 26. EMERGENCY CLAUSE. (a) It is found and determined by the
30 General Assembly, that the Constitution of the State of Arkansas prohibits
31 the appropriation of funds for more than a one (1) year period; that the
32 effectiveness of this Act on July 1, 2013, is essential to the operation of
33 the agency for which the appropriations in this Act are provided, and that in
34 the event of an extension of the legislative session, the delay in the
35 effective date of this Act beyond July 1, 2013, could work irreparable harm
36 upon the proper administration and provision of essential governmental

1 programs. Therefore, an emergency is hereby declared to exist and Sections 1-
2 20 and 24-25 of this Act being necessary for the immediate preservation of
3 the public peace, health and safety shall be in full force and effect from
4 and after July 1, 2013.

5 (b) It is found and determined by the General Assembly of the State of
6 Arkansas that the Health Care Independence Program requires private insurance
7 companies to create, present to the Department of Human Services for
8 approval, implement, and market a new kind of insurance policy; and that the
9 private insurance companies need certainty about the law creating the Health
10 Care Independence Program before fully investing time, funds, personnel, and
11 other resources to the development of the new insurance policies. Therefore,
12 an emergency is declared to exist, and Sections 21-23 of this act being
13 immediately necessary for the preservation of the public peace, health, and
14 safety shall become effective on:

15 (1) The date of its approval by the Governor;

16 (2) If the bill is neither approved nor vetoed by the Governor,
17 the expiration of the period of time during which the Governor may veto the
18 bill; or

19 (3) If the bill is vetoed by the Governor and the veto is
20 overridden, the date the last house overrides the veto.

21
22
23 /s/ Joint Budget Committee
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