Behn	SSB. 3098
Bartz Hammond	Senate/House File SF/HF 2/95
	BY (PROPOSED DEPARTMENT OF
	HUMAN SERVICES BILL)

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Passed	Senate, D	ate	Passed	House,	Date
Vote:	Ayes	Nays	Vote:	Ayes _	Nays
	App	roved			

A BILL FOR

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1 Section 1. Section 514I.4, subsection 4, Code 1999, is 2 amended to read as follows:

3 4. The department shall do or shall provide for all of the 4 following:

5 a. Develop a program application form not to exceed two 6 pages in length, which is consistent with the rules of the 7 board, which is easy to understand, complete, and concise, and 8 which, to the greatest extent possible, coordinates with the 9 medical assistance program.

10 b. Establish the family cost sharing amount;-based-on-a 11 sliding-fee-scale;-if-established-by amounts with the approval 12 of the board.

13 c. Perform periodic, random reviews of enrollee 14 applications to ensure compliance with program eligibility and 15 enrollment policies. Quality assurance reports shall be made 16 to the board and the department based upon the data maintained 17 by the administrative contractor.

18 $e_{\tau} \underline{d}$. Perform other duties as determined by the department 19 with the approval of the board.

20 Sec. 2. Section 514I.5, subsection 7, paragraphs d and e, 21 Code Supplement 1999, are amended to read as follows:

d. Develop, with the assistance of the department, an
outreach plan, and provide for periodic assessment of the
effectiveness of the outreach plan. The plan shall provide
outreach to families of children likely to be eligible for
assistance under the program, to inform them of the
availability of and to assist the families in enrolling
children in the program. The outreach efforts may include,
but are not limited to, a-comprehensive-statewide-media
campaign; solicitation of cooperation from programs, agencies,
and other persons who are likely to have contact with eligible
children, including but not limited to those associated with
the educational system, and the development of community plans
for outreach and marketing.

35 e. In consultation with the clinical advisory committee,

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1 select-a-single;-nationally-recognized develop a functional 2 health assessment form for an initial assessment of all 3 eligible children participating in the program, establish a 4 baseline for comparison purposes, and develop appropriate 5 indicators to measure the health status of eligible children 6 participating in the program.

7 Sec. 3. Section 5141.5, subsection 7, paragraph i, Code8 Supplement 1999, is amended by striking the paragraph.

9 Sec. 4. Section 514I.5, subsection 7, paragraph 1, 10 unnumbered paragraph 1, Code Supplement 1999, is amended to 11 read as follows:

Establish an advisory committee to make recommendations to the board and to the general assembly on-or-before by January 14 1, 1999, annually concerning the provision of health insurance to children with special health care needs under the forogram. The committee shall include individuals with experience in, knowledge of, or expertise in this area. The recommendations shall address, but are not limited to, all of the following:

20 Sec. 5. Section 514I.5, subsection 8, paragraphs h and m, 21 Code Supplement 1999, are amended to read as follows:

h. The amount of any cost sharing under the program which shall be assessed on-a-stiding-fee-scale based on family income, which provides for a minimum amount of cost sharing, and which complies with federal law.

m. The reasons allowed for approval of an application in cases in which prior employer-sponsored coverage ended less than six months prior to the determination of eligibility for the HAWK-I program. The reasons established by rule shall include, but are not limited to, all of the following: (1) Loss of employment due to factors other than voluntary

33 (2)--Beath-of-a-parent-

32 termination.

(3) (2) Change in employment to a new employer that does not provide an option for dependent coverage.

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S.F. _____ H.F. _____

1 (4) (3) Change of address so that no employer-sponsored
2 coverage is available.

3 (5) (4) Discontinuation of health benefits to all 4 employees of the applicant's employer.

5 (6) (5) Expiration of the coverage periods established by 6 the federal Consolidated Omnibus Budget Reconciliation Act of 7 1986, Pub. L. No. 99-272, as amended.

8 (7) (6) Self-employment.

9 (8)--Termination-of-health-benefits-due-to-a-long-term
10 disability-

11 (9) (7) Termination of dependent coverage due to an
12 extreme economic hardship on the part of either the employee
13 or-the-employer, as determined by rule.

14 (±θ)--Substantial-reduction-in-either-lifetime-medical 15 benefits-or-benefit-category-available-to-an-employee-and 16 dependents-under-an-employer's-health-care-plan-

17 If the board determines that the allowance of the six-month 18 period from the time of dropping coverage to be eligible for 19 participation in the HAWK-I program is insufficient to 20 effectively deter applicants or employers of applicants from 21 discontinuing employer-sponsored dependent care coverage for 22 the purpose of participation in the HAWK-I program, the board 23 may adopt rules to extend the time period to a period not to 24 exceed twelve months.

25 Sec. 6. Section 514I.6, subsection 3, Code 1999, is 26 amended by striking the subsection.

27 Sec. 7. Section 514I.7, subsection 2, paragraph c, Code 28 Supplement 1999, is amended to read as follows:

29 c. Forward names of children who appear to be eligible for 30 medical assistance or-other-public-health-insurance-coverage 31 to-local to the department of human services offices-or-other 32 appropriate-person-or-agency for follow up and retain the 33 identifying data on children who are referred.

34 Sec. 8. Section 514I.7, subsection 2, paragraph h, Code 35 Supplement 1999, is amended by striking the paragraph.

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S.F. _____ H.F. ____

1 Sec. 9. Section 514I.8, subsection 2, paragraphs c and e, 2 Code 1999, are amended to read as follows:

3 c. Is a member of a family whose adjusted-gross income 4 does not exceed one hundred eighty-five percent of the federal 5 poverty level, as defined in 42 U.S.C. § 9902(2), including 6 any revision required by such section.

7 e. Is not currently covered under or was not covered 8 within the prior six months under a group health plan as 9 defined in 42 U.S.C. § 300gg-91(a)(1) or-other-health-benefit 10 plan, unless the-coverage-was-involuntarily-lost-or-unless 11 dropping-the-coverage-is allowed by rule of the board.

12 Sec. 10. Section 514I.10, Code 1999, is amended to read as 13 follows:

14 5141.10 COST SHARING.

15 1. Cost sharing for eligible children whose family 16 adjusted-gross income is at or below one hundred fifty percent of the federal poverty level shall not exceed the standards 18 permitted under 42 U.S.C. § 1396(o)(a)(3) or § 1396(o)(b)(1). 19 2. Cost sharing for eligible children whose family 20 adjusted-gross income is between one hundred fifty percent and 21 one hundred eighty-five percent of the federal poverty level 22 shall include a premium or copayment amount which is at least 23 a minimum amount but which does not exceed five percent of the 24 annual family adjusted-gross income. The amount of the 25 premium or the copayment amount shall be based on a-sliding 26 fee-scale-established-by-rule-which-is-based-on family 27 adjusted-gross income and the size of-the-family. 28 EXPLANATION 29 This bill amends portions of the Code relating to the 30 healthy and well kids in Iowa (HAWK-I) program. 31 The bill deletes the requirement that the department of 32 human services (DHS) establish family cost sharing based on a

33 sliding fee scale. The new language reflects current practice 4 which is establishment of a cost sharing amount approved by 5 the HAWK-I board. The bill also directs DHS to perform

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1 periodic, random reviews of enrollee applications to ensure 2 program compliance. Quality assurance reports are to be made 3 to the board and to DHS based upon the data maintained by the 4 administrative contractor of the program.

5 The bill eliminates the requirement that the outreach 6 efforts developed by the board include a comprehensive 7 statewide media campaign. The bill directs the board to 8 develop a functional health assessment form rather than 9 selecting a single, nationally recognized assessment form for 10 children participating in the program. The bill eliminates 11 the requirement that the board perform periodic random reviews 12 of enrollee applications to assure program compliance, as this 13 function is given to the department under the bill. The bill 14 also directs the advisory committee on children with special 15 health care needs to make recommendations annually by January 16 1, rather than only one time by January 1, 1999.

17 The bill eliminates, as reasons allowed for approval of an 18 application in cases in which prior employer-sponsored 19 coverage ended less than six months prior to determination of 20 eligibility for the program, the death of a parent, 21 termination of health benefits due to a long-term disability, 22 and a substantial reduction in either lifetime medical 23 benefits or benefit category available to an employee and 24 dependents under an employer's health care plan. Another 25 existing reason for approval of an application under these 26 circumstances is amended so that termination of dependent 27 coverage due to an extreme economic hardship on the part of 28 only the employee, and not on the part of either the employee 29 or employer, is reason to allow approval of an application. 30 The bill also eliminates a requirement that participating 31 insurers submit a marketing plan to the HAWK-I board 32 consistent with the board's outreach plan, for approval by the 33 board.

34 The bill amends the directive to the administrative 35 contractor to forward names of children who appear to be

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1 eligible for health insurance coverage, other than medical 2 assistance, to local offices of DHS or other appropriate 3 persons, and limits the directive to forwarding the names of 4 children who appear to be eligible for medical assistance only 5 to the state offices of DHS. The bill also eliminates the 6 directive to the administrative contractor to make program 7 applications available through the mail and through local 8 sites, as determined by DHS, including to schools, local 9 health departments, local department of human services 10 offices, and other locations.

11 The bill also removes the reference to "adjusted gross 12 income" in establishing eligibility for the program, and 13 refers only to income, which is defined by rule.

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> LSB 5240DP 78 pf/gg/8.1



THOMAS J. VILSACK, GOVERNOR SALLY J. PEDERSON, LT. GOVERNOR DEPARTMENT OF HUMAN SERVICES JESSIE K. RASMUSSEN, DIRECTOR

January 24, 2000

TO: Members of the General Assembly

FROM: Karla McHenry

The Iowa Department of Human Services is proposing amendments to clarify legislation relating to the Healthy And Well Kids in Iowa (HAWK-I) program. The proposals are merely "clean up" and do not make substantial programmatic changes. In addition to minor grammatical corrections, the proposals are:

- That cost sharing is based on a schedule established by the HAWK-I Board. The current legislation requires cost sharing on a sliding fee scale. The Board adopted a standard cost sharing rate for all families above 150% of the federal poverty level to reduce program complexity and administration.
- To remove the requirement for the HAWK-I Board to perform random, periodic reviews of enrollee applications as a function of the Board. This has been moved to a duty of the Department.
- The language requiring the HAWK-I Board to select a single, nationally recognized functional health assessment form has been amended to require the Board to develop a functional health assessment form. This change is being made because none of the nationally recognized forms were designed specifically for children. Therefore, a child-specific form was developed.
- The language requiring a 6-month waiting period for children who have been insured has been amended to clarify that the 6-month waiting period is not imposed in situations where the employee has no control over the loss of the insurance.
- The language has been modified to remove "adjusted gross" when establishing income limits.

FILED FEB 1 6 2000

SENATE FILE 2195

BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO SSB 3098)

A BILL FOR

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Section 1. Section 514I.4, subsection 4, Code 1999, is
amended to read as follows:

3 4. The department shall do or shall provide for all of the 4 following:

5 a. Develop a program application form not to exceed two 6 pages in length, which is consistent with the rules of the 7 board, which is easy to understand, complete, and concise, and 8 which, to the greatest extent possible, coordinates with the 9 medical assistance program.

10 b. Establish the family cost sharing amount7-based-on-a 11 sliding-fee-scale7-if-established-by amounts with the approval 12 of the board.

13 <u>c. Perform periodic, random reviews of enrollee</u> 14 <u>applications to ensure compliance with program eligibility and</u> 15 <u>enrollment policies. Quality assurance reports shall be made</u> 16 <u>to the board and the department based upon the data maintained</u> 17 by the administrative contractor.

18 $c \cdot d$. Perform other duties as determined by the department 19 with the approval of the board.

20 Sec. 2. Section 514I.5, subsection 7, paragraphs d and e, 21 Code Supplement 1999, are amended to read as follows: d. Develop, with the assistance of the department, an 22 23 outreach plan, and provide for periodic assessment of the 24 effectiveness of the outreach plan. The plan shall provide 25 outreach to families of children likely to be eligible for 26 assistance under the program, to inform them of the 27 availability of and to assist the families in enrolling 28 children in the program. The outreach efforts may include, 29 but are not limited to, a-comprehensive-statewide-media 30 campaign7 solicitation of cooperation from programs, agencies, 31 and other persons who are likely to have contact with eligible 32 children, including but not limited to those associated with 33 the educational system, and the development of community plans 34 for outreach and marketing.

35 e. In consultation with the clinical advisory committee,

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1 select-a-single,-nationally-recognized develop a functional 2 health assessment form for an initial assessment of all 3 eligible children participating in the program, establish a 4 baseline for comparison purposes, and develop appropriate 5 indicators to measure the health status of eligible children 6 participating in the program.

7 Sec. 3. Section 514I.5, subsection 7, paragraph i, Code8 Supplement 1999, is amended by striking the paragraph.

9 Sec. 4. Section 514I.5, subsection 7, paragraph 1, 10 unnumbered paragraph 1, Code Supplement 1999, is amended to 11 read as follows:

Establish an advisory committee to make recommendations to the board and to the general assembly on-or-before by January 14 1, 1999, annually concerning the provision of health insurance is coverage to children with special health care needs under the forogram. The committee shall include individuals with recommendations shall address, but are not limited to, all of the following:

20 Sec. 5. Section 514I.5, subsection 8, paragraphs h and m, 21 Code Supplement 1999, are amended to read as follows:

h. The amount of any cost sharing under the program which
shall be assessed on-a-stiding-fee-scale based on family
income, which provides for a minimum amount of cost sharing,
and which complies with federal law.

26 m. The reasons allowed for approval of an application in 27 cases in which prior employer-sponsored coverage ended less 28 than six months prior to the determination of eligibility for 29 the HAWK-I program. The reasons established by rule shall 30 include, but are not limited to, all of the following:

31 (1) Loss of employment due to factors other than voluntary 32 termination.

33 (2)--Beath-of-a-parent-

(3) (3) (2) Change in employment to a new employer that does 35 not provide an option for dependent coverage.

S.F. **2195** H.F.

1 (4) (3) Change of address so that no employer-sponsored
2 coverage is available.

3 (5) (4) Discontinuation of health benefits to all 4 employees of the applicant's employer.

5 (6) (5) Expiration of the coverage periods established by 6 the federal Consolidated Omnibus Budget Reconciliation Act of 7 1986, Pub. L. No. 99-272, as amended.

8 (7) (6) Self-employment.

9 (8)--Termination-of-health-benefits-due-to-a-long-term 10 disability-

11 (9) (7) Termination of dependent coverage due to an
12 extreme economic hardship on the part of either the employee
13 or-the-employer, as determined by rule.

14 (10)--Substantial-reduction-in-either-lifetime-medical 15 benefits-or-benefit-category-available-to-an-employee-and 16 dependents-under-an-employer's-health-care-plan-

17 If the board determines that the allowance of the six-month 18 period from the time of dropping coverage to be eligible for 19 participation in the HAWK-I program is insufficient to 20 effectively deter applicants or employers of applicants from 21 discontinuing employer-sponsored dependent care coverage for 22 the purpose of participation in the HAWK-I program, the board 23 may adopt rules to extend the time period to a period not to 24 exceed twelve months.

25 Sec. 6. Section 514I.6, subsection 3, Code 1999, is 26 amended by striking the subsection.

27 Sec. 7. Section 514I.7, subsection 2, paragraph c, Code 28 Supplement 1999, is amended to read as follows:

29 c. Forward names of children who appear to be eligible for 30 medical assistance or-other-public-health-insurance-coverage 31 to-local to the department of human services offices-or-other 32 appropriate-person-or-agency for follow up and retain the 33 identifying data on children who are referred.

34 Sec. 8. Section 514I.7, subsection 2, paragraph h, Code 35 Supplement 1999, is amended by striking the paragraph.

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S.F. 2195 H.F.

Sec. 9. Section 514I.8, subsection 2, paragraphs c and e,
 Code 1999, are amended to read as follows:

3 c. Is a member of a family whose adjusted-gross income 4 does not exceed one hundred eighty-five percent of the federal 5 poverty level, as defined in 42 U.S.C. § 9902(2), including 6 any revision required by such section.

e. Is not currently covered under or was not covered
8 within the prior six months under a group health plan as
9 defined in 42 U.S.C. § 300gg-91(a)(1) or-other-health-benefit
10 plan, unless the-coverage-was-involuntarily-lost-or-unless
11 dropping-the-coverage-is allowed by rule of the board.
12 Sec. 10. Section 514I.10, Code 1999, is amended to read as

13 follows:

14 5141.10 COST SHARING.

15 1. Cost sharing for eligible children whose family 16 adjusted-gross income is at or below one hundred fifty percent 17 of the federal poverty level shall not exceed the standards 18 permitted under 42 U.S.C. § 1396(0)(a)(3) or § 1396(0)(b)(1). 19 2. Cost sharing for eligible children whose family 20 adjusted-gross income is between one hundred fifty percent and 21 one hundred eighty-five percent of the federal poverty level 22 shall include a premium or copayment amount which is at least 23 a minimum amount but which does not exceed five percent of the 24 annual family adjusted-gross income. The amount of the 25 premium or the copayment amount shall be based on a-sliding 26 fee-scale-established-by-rule-which-is-based-on family 27 adjusted-gross income and the size of-the-family. EXPLANATION 28 29 This bill amends portions of the Code relating to the 30 healthy and well kids in Iowa (HAWK-I) program.

31 The bill deletes the requirement that the department of 32 human services (DHS) establish family cost sharing based on a 33 sliding fee scale. The new language reflects current practice 34 which is establishment of a cost sharing amount approved by 35 the HAWK-I board. The bill also directs DHS to perform

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periodic, random reviews of enrollee applications to ensure
 program compliance. Quality assurance reports are to be made
 to the board and to DHS based upon the data maintained by the
 administrative contractor of the program.

5 The bill eliminates the requirement that the outreach 6 efforts developed by the board include a comprehensive 7 statewide media campaign. The bill directs the board to 8 develop a functional health assessment form rather than 9 selecting a single, nationally recognized assessment form for 10 children participating in the program. The bill eliminates 11 the requirement that the board perform periodic random reviews 12 of enrollee applications to assure program compliance, as this 13 function is given to the department under the bill. The bill 14 also directs the advisory committee on children with special 15 health care needs to make recommendations annually by January 16 1, rather than only one time by January 1, 1999.

The bill eliminates, as reasons allowed for approval of an 17 18 application in cases in which prior employer-sponsored 19 coverage ended less than six months prior to determination of 20 eligibility for the program, the death of a parent, 21 termination of health benefits due to a long-term disability, 22 and a substantial reduction in either lifetime medical 23 benefits or benefit category available to an employee and 24 dependents under an employer's health care plan. Another 25 existing reason for approval of an application under these 26 circumstances is amended so that termination of dependent 27 coverage due to an extreme economic hardship on the part of 28 only the employee, and not on the part of either the employee 29 or employer, is reason to allow approval of an application. 30 The bill also eliminates a requirement that participating 31 insurers submit a marketing plan to the HAWK-I board 32 consistent with the board's outreach plan, for approval by the 33 board.

34 The bill amends the directive to the administrative 35 contractor to forward names of children who appear to be

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S.F. 2195 H.F.

1 eligible for health insurance coverage, other than medical 2 assistance, to local offices of DHS or other appropriate 3 persons, and limits the directive to forwarding the names of 4 children who appear to be eligible for medical assistance only 5 to the state offices of DHS. The bill also eliminates the 6 directive to the administrative contractor to make program 7 applications available through the mail and through local 8 sites, as determined by DHS, including to schools, local 9 health departments, local department of human services 10 offices, and other locations.

11 The bill also removes the reference to "adjusted gross 12 income" in establishing eligibility for the program, and 13 refers only to income, which is defined by rule.

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LSB 5240SV 78 pf/gg/8.1 FEBRUARY 23, 2000

	SENATE FILE 2195
S-5	5018
1	Amend Senate File 2195 as follows:
2	1. Page 4, by inserting after line 11, the
3	following:
4	"Sec Section 514I.8, subsection 3, Code
5	1999, is amended to read as follows:
	3. In accordance with the rules adopted by the
7	board, a child may be determined to be presumptively
	eligible for the program pending a final eligibility
	determination. Following final determination of
	eligibility by the administrative contractor, a child
	and all children included in the final eligibility
	determination shall be eligible for a twelve-month
	period. Any other child, who is a member of a family
	in which any other child has been granted a final
	eligibility determination for a twelve-month period,
	who was not initially but is subsequently determined
	to be eligible during that twelve-month period, shall
	be eligible for the remainder of that twelve-month
	period. At the end of the twelve-month period, the
	administrative contractor shall conduct a review of
	the circumstances of the eligible child's family to
	establish eligibility and cost sharing for the
	subsequent twelve-month period."
24	2. By renumbering as necessary.

By MARY E. KRAMER

S-5018 FILED FEBRUARY 22, 2000 DEFERRED

SENATE FILE 2195

S-5021

1 Amend Senate File 2195 as follows:

2 1. Page 2, by striking lines 31 and 32 and

3 inserting the following:

4 "(1) Loss or change of employment due-to-factors

5 other-than-voluntary-termination."

By JOHNIE HAMMOND

S-5021 FILED FEBRUARY 22, 2000

SENATE CLIP SHEET

FEBRUARY 23, 2000

SENATE FILE 2195

S-5022

1 Amend Senate File 2195 as follows:

2 1. Page 4, by striking lines 3 through 6, and 3 inserting the following:

4 "c. Is a member of a family whose adjusted-gross 5 income does not exceed one two hundred eighty-five 6 percent of the federal poverty level, as defined in 42 7 U.S.C. \$ 9902(2), including any revision required by 8 such section."

9 2. Page 4, by striking lines 15 through 27, and 10 inserting the following:

11 "1. Cost sharing for eligible children whose 12 family adjusted-gross income is at or below one 13 hundred fifty percent of the federal poverty level 14 shall not exceed the standards permitted under 42 15 U.S.C. \$ 1396(0)(a)(3) or \$ 1396(0)(b)(1).

16 2. Cost sharing for eligible children whose family 17 adjusted-gross income is between one hundred fifty 18 percent and one two hundred eighty-five percent of the 19 federal poverty level shall include a premium or 20 copayment amount which is at least a minimum amount 21 but which does not exceed five percent of the annual 22 family adjusted-gross income. The amount of the 23 premium or the copayment amount shall be based on a 24 stiding-fee-scale-established-by-rule-which-is-based 25 on family adjusted-gross income and the size of-the 26 family."

27 3. By renumbering as necessary. By PATRICK J. DELUHERY M

JOHNIE HAMMOND

MICHAEL E. GRONSTAL PATRICIA HARPER

S-5022 FILED FEBRUARY 22, 2000

SENATE FILE 2195

S-5023

1 Amend the amendment, S-5018, to Senate File 2195 as 2 follows:

3 1. Page 1, line 7, by striking the word "may" and 4 inserting the following: "may shall".

By JOHNIE HAMMOND

S-5023 FILED FEBRUARY 22, 2000

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