



General Assembly

January Session, 2001

Bill No. 1155

LCO No. 3669

Referred to Committee on Human Services

Introduced by:

SEN. DELUCA, 32nd Dist.

REP. WARD, 86th Dist.

AN ACT CONCERNING THE UNCOMPENSATED CARE PROGRAM.

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

1 Section 1. Section 17b-18 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 The Department of Social Services shall report the following to the
4 joint standing committee of the General Assembly having cognizance
5 of matters relating to appropriations: (1) Monthly [disproportionate
6 share and] emergency assistance to families expenditures and
7 reimbursements by claimable funding source; (2) a quarterly
8 reconciliation of federal reimbursement awards, state reimbursement
9 requests and actual claimable revenue due the state; (3) notice of any
10 state plan amendments submitted to the federal government and the
11 estimated fiscal impact within twenty working days of the submission;
12 (4) notice of any state plan amendment approved by the federal
13 government and the estimated fiscal impact within twenty working
14 days of the approval; (5) notice of any fiscal reimbursement initiatives
15 which the department is implementing and the estimated fiscal impact

16 of such initiative; and (6) a monthly report of state expenditures for
17 services for which the state receives federal financial participation
18 pursuant to programs under the United States Department of Health
19 and Human Services.

20 Sec. 2. Section 17b-239 of the general statutes is repealed and the
21 following is substituted in lieu thereof:

22 (a) The rate to be paid by the state to hospitals receiving
23 appropriations granted by the General Assembly and to freestanding
24 chronic disease hospitals, providing services to persons aided or cared
25 for by the state for routine services furnished to state patients, shall be
26 based upon reasonable cost to such hospital, or the charge to the
27 general public for ward services or the lowest charge for semiprivate
28 services if the hospital has no ward facilities, imposed by such
29 hospital, whichever is lowest. [, except to the extent, if any, that the
30 commissioner in his discretion determines that a greater amount is
31 appropriate in the case of hospitals serving a disproportionate share of
32 indigent patients.] Such rate shall be promulgated annually by the
33 Commissioner of Social Services. Nothing contained herein shall
34 authorize a payment by the state for such services to any such hospital
35 in excess of the charges made by such hospital for comparable services
36 to the general public. Notwithstanding the provisions of this section,
37 for the rate period beginning July 1, 2000, rates paid to freestanding
38 chronic disease hospitals and freestanding psychiatric hospitals shall
39 be increased by three per cent. For the rate period beginning July 1,
40 2001, and each succeeding rate period, rates paid to freestanding
41 chronic disease hospitals and freestanding psychiatric hospitals shall
42 be equal to but not exceed rates for the preceding rate period, plus an
43 inflation factor equal to the Medicare market basket inflation rate as
44 published in the previous September Federal Register of each year
45 with the wage portion of such market basket adjusted for the Hartford
46 metropolitan statistical area.

47 (b) Effective October 1, 1991, the rate to be paid by the state for the

48 cost of special services rendered by such hospitals shall be established
49 annually by the commissioner for each such hospital based on the
50 reasonable cost to each hospital of such services furnished to state
51 patients. Nothing contained herein shall authorize a payment by the
52 state for such services to any such hospital in excess of the charges
53 made by such hospital for comparable services to the general public.

54 (c) The term "reasonable cost" as used in this section means the cost
55 of care furnished such patients by an efficient and economically
56 operated facility, computed in accordance with accepted principles of
57 hospital cost reimbursement. The commissioner may adjust the rate of
58 payment established under the provisions of this section for the year
59 during which services are furnished to reflect fluctuations in hospital
60 costs. Such adjustment may be made prospectively to cover anticipated
61 fluctuations or may be made retroactive to any date subsequent to the
62 date of the initial rate determination for such year or in such other
63 manner as may be determined by the commissioner. In determining
64 "reasonable cost" the commissioner may give due consideration to
65 allowances for fully or partially unpaid bills, reasonable costs
66 mandated by collective bargaining agreements with certified collective
67 bargaining agents or other agreements between the employer and
68 employees, provided "employees" shall not include persons employed
69 as managers or chief administrators, requirements for working capital
70 and cost of development of new services, including additions to and
71 replacement of facilities and equipment. The commissioner shall not
72 give consideration to amounts paid by the facilities to employees as
73 salary, or to attorneys or consultants as fees, where the responsibility
74 of the employees, attorneys or consultants is to persuade or seek to
75 persuade the other employees of the facility to support or oppose
76 unionization. Nothing in this subsection shall prohibit the
77 commissioner from considering amounts paid for legal counsel related
78 to the negotiation of collective bargaining agreements, the settlement
79 of grievances or normal administration of labor relations.

80 (d) The state shall also pay to such hospitals for each outpatient

81 clinic and emergency room visit a reasonable rate to be established
82 annually by the commissioner for each hospital, such rate to be
83 determined by the reasonable cost of such services, [but the
84 established rate for an outpatient clinic visit shall not exceed one
85 hundred sixteen per cent of the combined average fee of the general
86 practitioner and specialist for an office visit according to the fee
87 schedule for practitioners of the healing arts approved under section
88 4-67c, except that the outpatient clinic rate in effect June 30, 1992, shall
89 increase July 1, 1992, and each July first thereafter by no more than the
90 most recent annual increase in the consumer price index for medical
91 care.] The emergency room visit rates in effect June 30, 1991, shall
92 remain in effect through June 30, 1993, except those which would have
93 been decreased effective July 1, 1991, or July 1, 1992, shall be
94 decreased. [To the extent that the commissioner receives approval for a
95 disproportionate share exemption pursuant to federal regulations, the
96 commissioner may establish a rate cap for qualifying hospital
97 outpatient clinics up to one hundred seventy-five per cent of the
98 combined average fee of the general practitioner and specialist for an
99 office visit according to the fee schedule for practitioners of the healing
100 arts approved under section 4-67c.] Nothing contained herein shall
101 authorize a payment by the state for such services to any hospital in
102 excess of the charges made by such hospital for comparable services to
103 the general public. For those outpatient hospital services paid on the
104 basis of a ratio of cost to charges, the ratios in effect June 30, 1991, shall
105 be reduced effective July 1, 1991, by the most recent annual increase in
106 the consumer price index for medical care. For those outpatient
107 hospital services paid on the basis of a ratio of cost to charges, the
108 ratios computed to be effective July 1, 1994, shall be reduced by the
109 most recent annual increase in the consumer price index for medical
110 care. The emergency room visit rates in effect June 30, 1994, shall
111 remain in effect through December 31, 1994. The Commissioner of
112 Social Services shall establish a fee schedule for outpatient hospital
113 services to be effective on and after January 1, 1995. Except with
114 respect to the rate periods beginning July 1, 1999, and July 1, 2000, such

115 fee schedule shall be adjusted annually beginning July 1, 1996, to
116 reflect necessary increases in the cost of services, except that for the
117 fiscal year ending June 30, 2002, the fee schedule shall be adjusted
118 effective June 1, 2001.

119 (e) The commissioner shall adopt regulations, in accordance with
120 the provisions of chapter 54, establishing criteria for defining
121 emergency and nonemergency visits to hospital emergency rooms. All
122 nonemergency visits to hospital emergency rooms shall be paid at the
123 hospital's outpatient clinic services rate. Nothing contained in this
124 subsection or the regulations adopted hereunder shall authorize a
125 payment by the state for such services to any hospital in excess of the
126 charges made by such hospital for comparable services to the general
127 public.

128 (f) On and after October 1, 1984, the state shall pay to an acute care
129 general hospital for the inpatient care of a patient who no longer
130 requires acute care a rate determined by the following schedule: For
131 the first seven days following certification that the patient no longer
132 requires acute care the state shall pay the hospital at a rate of fifty per
133 cent of the hospital's actual cost; for the second seven-day period
134 following certification that the patient no longer requires acute care the
135 state shall pay seventy-five per cent of the hospital's actual cost; for the
136 third seven-day period following certification that the patient no
137 longer requires acute care and for any period of time thereafter, the
138 state shall pay the hospital at a rate of one hundred per cent of the
139 hospital's actual cost. On and after July 1, 1995, no payment shall be
140 made by the state to an acute care general hospital for the inpatient
141 care of a patient who no longer requires acute care and is eligible for
142 Medicare unless the hospital does not obtain reimbursement from
143 Medicare for that stay.

144 [(g) Effective October 1, 1998, and annually thereafter, the
145 commissioner shall establish hospital inpatient rates in accordance
146 with the method specified in regulations adopted pursuant to this

147 section and applied for the rate period beginning October 1, 1997,
148 except that for the rate period beginning October 1, 1998, the
149 commissioner shall apply a three per cent annual adjustment factor to
150 the target amount per discharge in lieu of the annual adjustment
151 factor, if any, used to determine rates for prospective payment-system-
152 exempt hospitals under the Medicare program, and for succeeding rate
153 periods the commissioner shall not apply an annual adjustment factor.]

154 (g) Effective June 1, 2001, the commissioner shall establish inpatient
155 hospital rates in accordance with the method specified in regulations
156 adopted pursuant to this section and applied for the rate period
157 beginning October 1, 2000, except that the commissioner shall not
158 apply the ten per cent incentive identified in section 4005 of Public
159 Law 101-508 and shall update each hospital's target amount per
160 discharge to the lower of the actual allowable cost per discharge based
161 upon the 1999 cost report filing or the target amount per discharge for
162 the rate period beginning October 1, 2000, as adjusted for the ten per
163 cent incentive identified in section 4005 of Public Law 101-508 and
164 increased by fifty-two per cent. For rate periods beginning October 1,
165 2001, and October 1, 2002, the commissioner shall not apply an annual
166 adjustment factor to the target amount per discharge.

167 Sec. 3. Section 19a-662 of the general statutes is repealed and the
168 following is substituted in lieu thereof:

169 Effective for fiscal year 1993 and subsequent fiscal years: (1) The
170 office shall require a hospital which engages in inefficient or
171 inappropriate provision of uncompensated care services to submit to
172 the office a cost reduction plan. [The Commissioner of Social Services
173 may prospectively reduce the hospital's disproportionate share
174 payments upon notification by the office that the hospital has failed to
175 submit such a plan or to implement a cost reduction plan approved by
176 the office.] (2) The office shall adopt regulations on admitting, billing
177 and collection procedures. Each hospital shall submit to the office its
178 admission, billing and collection procedures and protocols for

179 approval by the office. In the event that the office finds that these
180 procedures and protocols are inadequate, the office may instruct that
181 they be modified. [If a hospital does not modify its procedures and
182 protocols as soon as practicable upon being instructed to do so by the
183 office, or is found by the office to be failing to follow its approved
184 procedures and protocols, the Commissioner of Social Services may
185 reduce the disproportionate share payments to the hospital until such
186 deficiency is corrected.] (3) Effective for fiscal year 1994 and
187 subsequent fiscal years, the office shall not recognize and the
188 Commissioner of Social Services shall not make payments for shortfalls
189 due to unpaid costs associated with admissions which were denied
190 through utilization review or denied due to the hospital's failure to
191 comply with payers' utilization review or claims submission
192 requirements. Nothing in subdivision (3) of this section shall limit the
193 hospital's right to collect from any legally liable person or entity for
194 any services rendered.

195 Sec. 4. Section 19a-669 of the general statutes is repealed and the
196 following is substituted in lieu thereof:

197 Effective October 1, 1993, and October first of each subsequent year,
198 the Secretary of the Office of Policy and Management shall determine
199 and inform the Office of Health Care Access of the maximum amount
200 of [disproportionate share payments and] emergency assistance to
201 families eligible for federal matching payments under the Medical
202 Assistance Program or the Emergency Assistance to Families Program
203 pursuant to federal statute and regulations and subdivisions (2) and
204 (28) of section 12-407, subsection (1) of section 12-408, subdivision (5)
205 of section 12-412, section 12-414, sections 19a-649, 19a-660 and 19a-661
206 and this section and the actual and anticipated appropriation to the
207 [medical assistance disproportionate share-emergency] emergency
208 assistance account authorized pursuant to sections 3-114i and 12-263a
209 to 12-263e, inclusive, subdivisions (2) and (29) of section 12-407,
210 subsection (1) of section 12-408, section 12-408a, subdivision (5) of
211 section 12-412, subsection (1) of section 12-414 and sections 19a-646,

212 19a-659 to 19a-662, inclusive, and 19a-666 to 19a-680, inclusive, and the
213 amount of emergency assistance to families' payments to hospitals
214 projected for the year. [and the anticipated amount of any increase in
215 payments made pursuant to any resolution of any civil action pending
216 on April 1, 1994, in the United States district court for the district of
217 Connecticut.] The Department of Social Services shall inform the office
218 of any amount of uncompensated care which the Department of Social
219 Services determines is due to a failure on the part of the hospital to
220 register patients for emergency assistance to families, or a failure to bill
221 properly for emergency assistance to families' patients. If during the
222 course of a fiscal year the Secretary of the Office of Policy and
223 Management determines that these amounts should be revised, [he]
224 the secretary shall so notify the office and the office may modify its
225 calculation pursuant to section 19a-671, as amended by this act, to
226 reflect such revision and its orders in accordance with section 19a-660,
227 as it deems appropriate and the Commissioner of Social Services may
228 modify [his] the commissioner's determination pursuant to section
229 19a-671, as amended by this act.

230 Sec. 5. Section 19a-670 of the general statutes is repealed and the
231 following is substituted in lieu thereof:

232 [(a)] Within available appropriations, the Department of Social
233 Services may make semimonthly payments to hospitals in an amount
234 calculated pursuant to section 19a-671, as amended by this act,
235 provided the total amount of payments made to individual hospitals
236 and to hospitals in the aggregate shall maximize the amount qualifying
237 for federal matching payments under [the medical assistance program
238 and] the emergency assistance to families program as determined by
239 the Department of Social Services in consultation with the Office of
240 Policy and Management. No payments shall be made to any hospital
241 exempt from taxation under chapter 211a. [The payments shall be
242 medical assistance disproportionate share payments, including grants
243 provided pursuant to section 19a-168k, to the extent allowable under
244 federal law.] In addition, payments may be made for authorized

245 emergency assistance to needy families with dependent children in
246 accordance with Title IV-A of the Social Security Act to the extent
247 allowable under federal law. The payments shall not be part of the
248 routine medical assistance inpatient hospital rate determined pursuant
249 to section 17b-239, as amended by this act. [except to the extent the
250 Commissioner of Social Services determines that increasing those rates
251 would be appropriate to resolve any civil action pending on April 1,
252 1994, in the United States District Court for the district of Connecticut
253 or the court orders such increase.] Payments shall be made on an
254 interim basis during each year and a final settlement shall be
255 calculated pursuant to section 19a-671, as amended by this act, by the
256 office for each hospital after the year end based on audited data for the
257 hospitals. The Commissioner of Social Services may withhold payment
258 to a hospital which is in arrears in remitting its obligations to the state.

259 [(b) (1) For the hospital fiscal year 1994, and subsequent fiscal years,
260 the commission or its designated representative shall conduct a cash
261 audit of the projected amount of uncompensated care, including
262 emergency assistance to families and underpayments against the
263 actual receipts of the hospital. In addition, the office or its designated
264 intermediary shall conduct an audit of the revenues, deductions from
265 revenue, discharges, days or other measures of patient volume for
266 hospitals for the purposes of termination and final settlement of
267 uncompensated care pool assessments and payments for the period
268 ending March 31, 1994.

269 (2) For the six-month period ending September 30, 1994, and for
270 each subsequent fiscal year, the office or its designated intermediary
271 shall conduct an audit of the revenues, deductions from revenue,
272 discharges, days or other measures of patient volume for hospitals for
273 the purposes of determining disproportionate share payments.
274 Included in this audit shall be a comparison of projected and actual
275 levels of medical assistance underpayment and uncompensated care.

276 (3) The total payments from the Department of Social Services

277 medical assistance disproportionate share-emergency assistance
278 account established pursuant to section 38 of public act 94-9* and made
279 in accordance with sections 19a-670 to 19a-672, inclusive, during the
280 fiscal year less any payments for emergency assistance to families, and
281 less any payments resulting from the resolution of or court order
282 entered in any civil action pending on April 1, 1994, in the United
283 States District Court for the district of Connecticut, shall be reallocated
284 to hospitals based on actual audited levels of medical assistance
285 underpayment, grants pursuant to section 19a-168k and
286 uncompensated care to determine the final payment for the fiscal year.

287 (4) If the final payment for a hospital for the hospital fiscal year, as
288 determined as a result of this audit, is less than the total payments the
289 hospital received during the same fiscal year excluding any prior year
290 audit adjustment, then the current hospital fiscal year remaining
291 semimonthly payments shall each be reduced by an amount equal to
292 the total excess payment divided by the number of remaining
293 semimonthly payments for the current hospital fiscal year.

294 (5) If the final payment for a hospital for the hospital fiscal year, as
295 determined as a result of this audit, is greater than the total payments
296 the hospital received during the same fiscal year, then the current
297 hospital fiscal year remaining semimonthly payments shall each be
298 increased by an amount equal to the total excess payment divided by
299 the number of remaining semimonthly payments for the current
300 hospital fiscal year.

301 (6) The office shall, by June 1, 1995, and June first of each
302 subsequent year, report the results of such audit for the previous
303 hospital fiscal year to the joint standing committee of the General
304 Assembly having cognizance of matters relating to public health. The
305 report shall include information concerning the financial stability of
306 hospitals in a competitive market.

307 (7) Notwithstanding the provisions of subdivisions (3) to (5),
308 inclusive, of this subsection, no adjustment of disproportionate share

309 payments to hospitals for purposes of final settlement shall be
310 implemented for the hospital fiscal years commencing October 1, 1997,
311 and October 1, 1998, provided every hospital subject to final settlement
312 for said fiscal years submits documentation in writing of its agreement
313 to forego such final settlement to the Commissioner of Social Services
314 in a form acceptable to the commissioner.

315 (8) Notwithstanding the provisions of subdivisions (3) to (5),
316 inclusive, of this subsection, for the hospital fiscal year commencing
317 October 1, 1999, and for each subsequent fiscal year, no adjustment of
318 disproportionate share payments to hospitals for purposes of final
319 settlement shall be determined or implemented.

320 (c) The Commissioner of Social Services is authorized to determine
321 exceptions, exemptions and adjustments in accordance with 42 CFR
322 413.40.

323 (d) Nothing in section 3-114i, subdivisions (2) or (29) of section
324 12-407, subsection (1) of section 12-408, section 12-408a, subdivision (5)
325 of section 12-412, subsection (1) of section 12-414, sections 12-263a to
326 12-263e, inclusive, sections 19a-646, 19a-659 to 19a-662 or 19a-666 to
327 19a-680, inclusive, or sections 1, 2, or 38 of public act 94-9* shall be
328 construed to require the Department of Social Services to pay out more
329 funds than are appropriated pursuant to said sections.]

330 Sec. 6. Section 19a-671 of the general statutes is repealed and the
331 following is substituted in lieu thereof:

332 The Commissioner of Social Services is authorized to determine the
333 amount of payments pursuant to sections 19a-670 to 19a-672, inclusive,
334 as amended by this act, for each hospital. The commissioner's
335 determination shall be based on the advice of the office. [and the
336 application of the calculation in this section. For each hospital the
337 Office of Health Care Access shall calculate the amount of payments to
338 be made pursuant to sections 19a-670 to 19a-672, inclusive, as follows:

339 (1) For the period April 1, 1994, to June 30, 1994, inclusive, and for
340 the period July 1, 1994, to September 30, 1994, inclusive, the office shall
341 calculate and advise the Commissioner of Social Services of the
342 amount of payments to be made to each hospital as follows:

343 (A) Determine the amount of pool payments for the hospital,
344 including grants approved pursuant to section 19a-168k, in the
345 previously authorized budget authorization for the fiscal year
346 commencing October 1, 1993.

347 (B) Calculate the sum of the result of subparagraph (A) of this
348 subdivision for all hospitals.

349 (C) Divide the result of subparagraph (A) of this subdivision by the
350 result of subparagraph (B) of this subdivision.

351 (D) From the anticipated appropriation to the medical assistance
352 disproportionate share-emergency assistance account made pursuant
353 to sections 3-114i and 12-263a to 12-263e, inclusive, subdivisions (2)
354 and (29) of section 12-407, subsection (1) of section 12-408, section 12-
355 408a, subdivision (5) of section 12-412, subsection (1) of section 12-414
356 and sections 19a-646, 19a-659 to 19a-662, inclusive, and 19a-666 to 19a-
357 680, inclusive, for the quarter subtract the amount of any additional
358 medical assistance payments made to hospitals pursuant to any
359 resolution of or court order entered in any civil action pending on
360 April 1, 1994, in the United States District Court for the district of
361 Connecticut, and also subtract the amount of any emergency assistance
362 to families payments projected by the office to be made to hospitals in
363 the quarter.

364 (E) The disproportionate share payment shall be the result of
365 subparagraph (D) of this subdivision multiplied by the result of
366 subparagraph (C) of this subdivision.

367 (2) For the fiscal year commencing October 1, 1994, and subsequent
368 fiscal years, the interim payment shall be calculated as follows for each

369 hospital:

370 (A) For each hospital determine the amount of the medical
371 assistance underpayment determined pursuant to section 19a-659, plus
372 the actual amount of uncompensated care including emergency
373 assistance to families determined pursuant to section 19a-659, less any
374 amount of uncompensated care determined by the Department of
375 Social Services to be due to a failure of the hospital to enroll patients
376 for emergency assistance to families, plus the amount of any grants
377 authorized pursuant to the authority of section 19a-168k.

378 (B) Calculate the sum of the result of subparagraph (A) of this
379 subdivision for all hospitals.

380 (C) Divide the result of subparagraph (A) of this subdivision by the
381 result of subparagraph (B) of this subdivision.

382 (D) From the anticipated appropriation made to the medical
383 assistance disproportionate share-emergency assistance account
384 pursuant to sections 3-114i and 12-263a to 12-263e, inclusive,
385 subdivisions (2) and (29) of section 12-407, subsection (1) of section 12-
386 408, section 12-408a, subdivision (5) of section 12-412, subsection (1) of
387 section 12-414 and sections 19a-646, 19a-659 to 19a-662, inclusive, and
388 19a-666 to 19a-680, inclusive, for the fiscal year, subtract the amount of
389 any additional medical assistance payments made to hospitals
390 pursuant to any resolution of or court order entered in any civil action
391 pending on April 1, 1994, in the United States District Court for the
392 district of Connecticut, and also subtract any emergency assistance to
393 families payments projected by the office to be made to the hospitals
394 for the year.

395 (E) The disproportionate share payment shall be the result of
396 subparagraph (D) of this subdivision multiplied by the result of
397 subparagraph (C) of this subdivision.]

398 Sec. 7. Section 19a-671a of the general statutes is repealed and the

399 following is substituted in lieu thereof:

400 The Department of Social Services is authorized to adjust the
401 amount of any overpayment for [disproportionate share-medical]
402 medical emergency assistance determined pursuant to sections 19a-670
403 and 19a-671, as amended by this act, by reducing the Medicaid
404 payment to such hospital by the amount of such overpayment.

405 Sec. 8. Section 19a-672 of the general statutes is repealed and the
406 following is substituted in lieu thereof:

407 The funds appropriated to the [medical assistance disproportionate
408 share-emergency] emergency assistance account pursuant to sections
409 3-114i and 12-263a to 12-263e, inclusive, subdivisions (2) and (29) of
410 section 12-407, subsection (1) of section 12-408, section 12-408a,
411 subdivision (5) of section 12-412, subsection (1) of section 12-414 and
412 sections 19a-646, 19a-659 to 19a-662, inclusive, and 19a-666 to 19a-680,
413 inclusive, shall be used by said account to make [disproportionate
414 share payments to hospitals, including grants to hospitals pursuant to
415 section 19a-168k, and to make] emergency assistance to families
416 payments to hospitals. In addition, the [medical assistance
417 disproportionate share-emergency] emergency assistance account may
418 utilize a portion of these funds to make outpatient payments as the
419 Department of Social Services determines appropriate or to increase
420 the standard medical assistance payments to hospitals if the
421 Department of Social Services determines it to be appropriate to settle
422 any civil action pending on April 1, 1994, in the United States District
423 Court for the district of Connecticut. Notwithstanding any other
424 provision of the general statutes, the Department of Social Services
425 shall not be required to make any payments pursuant to sections 3-114i
426 and 12-263a to 12-263e, inclusive, subdivisions (2) and (29) of section
427 12-407, subsection (1) of section 12-408, section 12-408a, subdivision (5)
428 of section 12-412, subsection (1) of section 12-414 and sections 19a-646,
429 19a-659 to 19a-662, inclusive, and 19a-666 to 19a-680, inclusive, in
430 excess of the funds available in the [medical assistance

431 disproportionate share-emergency] emergency assistance account.

432 Sec. 9. (NEW) Notwithstanding the provisions of sections 19a-669,
433 19a-670, 19a-670a, 19a-671, 19a-671a and 19a-672 of the general
434 statutes, as amended by this act, disproportionate share payments
435 shall terminate effective July 1, 2001, at midnight. The termination of
436 disproportionate share payments shall not impair or affect any act
437 done, offense committed or right accruing, accrued or acquired or any
438 obligation, liability, penalty, forfeiture or punishment incurred prior to
439 July 1, 2001, under the provisions of said sections and the same may be
440 enjoyed, asserted and enforced, as fully and to the same extent and in
441 the same manner as they might under the laws existing prior to said
442 date, and all matters civil or criminal pending on said date or
443 instituted thereafter for any act done, offense committed, right
444 accruing, accrued or acquired, or obligation, liability, penalty,
445 forfeiture, or punishment incurred prior to said date under the
446 provisions of said sections may be continued or instituted under and
447 in accordance with the provisions of the law in force at the time of the
448 commission of such act done, offense committed, right accruing,
449 accrued or acquired, or obligation, liability, penalty, forfeiture or
450 punishment incurred.

451 Sec. 10. Sections 19a-670b and 19a-671b of the general statutes are
452 repealed.

453 Sec. 11. This act shall take effect from its passage.

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]