



General Assembly

January Session, 2003

***Raised Bill No. 1011***

LCO No. 3656

Referred to Committee on Human Services

Introduced by:  
(HS)

***AN ACT CONCERNING DEPARTMENT OF SOCIAL SERVICES  
REPORTING REQUIREMENTS TO THE GENERAL ASSEMBLY.***

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

1 Section 1. Section 17b-9 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2003*):

3 The Commissioner of Social Services shall submit an annual report  
4 to the General Assembly no later than January first. The report shall:  
5 (1) Outline the department's goals and objectives; and (2) include  
6 information indicating the department's degree of compliance with all  
7 legislative mandates imposed during the previous year, a timetable for  
8 implementation and compliance with those legislative mandates which  
9 were partially implemented or not implemented in the previous year  
10 and information on the status of legislative mandates until the year  
11 succeeding that in which they are fully implemented. [; (3) include  
12 financial information on all cost disallowances, financial penalty  
13 disallowances, sanctions and fines actually paid during the previous  
14 fiscal year and identify for each such disallowance, sanction and fine  
15 the circumstances leading to its imposition, and (4) identify all  
16 recoveries occurring during the fiscal year for previous years.]

17 Sec. 2. Subsection (a) of section 17b-11 of the general statutes is  
18 repealed and the following is substituted in lieu thereof (*Effective*  
19 *October 1, 2003*):

20 (a) The Commissioner of Social Services is authorized and  
21 empowered to accept any and all allotments of federal funds, federal  
22 funds to match private contributions and commodities, and to manage  
23 and dispose of the same in whatever manner is required by federal  
24 law, and to take advantage of any amendments and supplements to  
25 the federal Social Security Act and of any other federal act relating to  
26 public welfare, and to conform to such federal requirements as are  
27 conditions precedent to the receipt of federal matching grants and are  
28 not prohibited by the general statutes. [The commissioner shall submit  
29 an annual report to the joint standing committee of the General  
30 Assembly having cognizance of matters relating to appropriations and  
31 the budgets of state agencies which sets forth the amount of any  
32 federal funds accepted to match private contributions and the purpose  
33 for which such funds are accepted and used.]

34 Sec. 3. Subsection (b) of section 17b-29 of the general statutes is  
35 repealed and the following is substituted in lieu thereof (*Effective*  
36 *October 1, 2003*):

37 (b) Beginning September 1, 1997, [and monthly thereafter] at  
38 meetings scheduled by the council, the Commissioner of Social  
39 Services and the Labor Commissioner shall update the council on the  
40 implementation of the temporary family assistance program and the  
41 employment services program. The council shall submit  
42 recommendations to the department regarding, but not limited to, the  
43 availability of quality child care and the provision of seamless child  
44 care services, procedures for informing parents and teenagers about  
45 family planning and pregnancy prevention, client education regarding  
46 their rights and responsibilities, the effectiveness of child support  
47 enforcement, the effect of reduced exemptions, time limits and  
48 increased sanctions, the coordination with Medicaid managed care and

49 health care reform measures and the fiscal impact of these program  
50 changes.

51 Sec. 4. Subsection (g) of section 17b-30 of the general statutes is  
52 repealed and the following is substituted in lieu thereof (*Effective*  
53 *October 1, 2003*):

54 (g) The Commissioner of Social Services shall report to the joint  
55 standing committee of the General Assembly having cognizance of  
56 matters relating to human services, in accordance with the provisions  
57 of section 11-4a, on or before January 1, 1997, and annually thereafter,  
58 the following information: (1) The number of recipients participating  
59 in said system; (2) the number of recipients whose benefits have been  
60 discontinued due to their failure to participate in said system; (3) the  
61 cost of implementation and operation of said system; (4) the amount of  
62 savings attributed to the establishment and operation of said system;  
63 and (5) the compatibility of said system with biometric systems being  
64 utilized in surrounding states. The commissioner shall issue a final  
65 report on the implementation of a biometric identifier system not later  
66 than January 1, 2004.

67 Sec. 5. Section 17b-112 of the general statutes is repealed and the  
68 following is substituted in lieu thereof (*Effective October 1, 2003*):

69 (a) The Department of Social Services shall administer a temporary  
70 family assistance program under which cash assistance shall be  
71 provided to eligible families in accordance with the temporary  
72 assistance for needy families program, established pursuant to the  
73 Personal Responsibility and Work Opportunity Reconciliation Act of  
74 1996. Under the temporary family assistance program, benefits shall be  
75 provided to a family for not longer than twenty-one months, except as  
76 provided in subsections (b) and (c) of this section. For the purpose of  
77 calculating said twenty-one-month time limit, months of assistance  
78 received on and after January 1, 1996, pursuant to time limits under  
79 the aid to families with dependent children program, shall be  
80 included. For purposes of this section, "family" means one or more

81 individuals who apply for or receive assistance together under the  
82 temporary family assistance program.

83 (b) The Commissioner of Social Services shall exempt a family from  
84 such time-limited benefits for circumstances including, but not limited  
85 to: (1) A family with a needy caretaker relative who is incapacitated or  
86 of an advanced age, as defined by the commissioner, if there is no  
87 other nonexempt caretaker relative in the household; (2) a family with  
88 a needy caretaker relative who is needed in the home because of the  
89 incapacity of another member of the household, if there is no other  
90 nonexempt caretaker relative in the household; (3) a family with a  
91 caretaker relative who is not legally responsible for the dependent  
92 children in the household if such relative's needs are not considered in  
93 calculating the amount of the benefit and there is no other nonexempt  
94 caretaker relative in the household; (4) a family with a caretaker  
95 relative caring for a child who is under one year of age and who was  
96 born not more than ten months after the family's enrollment if there is  
97 no other nonexempt caretaker relative in the household; (5) a family  
98 with a pregnant or postpartum caretaker relative if a physician has  
99 indicated that such relative is unable to work and there is no other  
100 nonexempt caretaker relative in the household; (6) a family with a  
101 caretaker relative determined by the commissioner to be unemployable  
102 and there is no other nonexempt caretaker relative in the household;  
103 and (7) minor parents attending and satisfactorily completing high  
104 school or high school equivalency programs.

105 (c) A family who is subject to time-limited benefits may petition the  
106 Commissioner of Social Services for six-month extensions of such  
107 benefits. The commissioner shall grant not more than three extensions  
108 to such family who has made a good faith effort to comply with the  
109 requirements of the program and despite such effort has a total family  
110 income at a level below the payment standard, or has encountered  
111 circumstances preventing employment including, but not limited to:  
112 (1) Domestic violence or physical harm to such family's children; or (2)  
113 other circumstances beyond such family's control. The commissioner

114 shall disregard ninety dollars of earned income in determining  
115 applicable family income. The commissioner may grant a fourth or a  
116 subsequent six-month extension if each adult in the family meets one  
117 or more of the following criteria: (A) The adult is precluded from  
118 engaging in employment activities due to domestic violence or another  
119 reason beyond the adult's control; (B) the adult has two or more  
120 substantiated barriers to employment including, but not limited to, the  
121 lack of available child care, substance abuse or addiction, severe  
122 mental or physical health problems, one or more severe learning  
123 disabilities, domestic violence or a child who has a serious physical or  
124 behavioral health problem; (C) the adult is working thirty-five or more  
125 hours per week, is earning at least the minimum wage and continues  
126 to earn less than the family's temporary family assistance payment  
127 standard; or (D) the adult is employed and works less than thirty-five  
128 hours per week due to (i) a documented medical impairment that  
129 limits the adult's hours of employment, provided the adult works the  
130 maximum number of hours that the medical condition permits, or (ii)  
131 the need to care for a disabled member of the adult's household,  
132 provided the adult works the maximum number of hours the adult's  
133 caregiving responsibilities permit. Families receiving temporary family  
134 assistance shall be notified by the department of the right to petition  
135 for such extensions. Notwithstanding the provisions of this section, the  
136 commissioner shall not provide benefits under the state's temporary  
137 family assistance program to a family that is subject to the twenty-one  
138 month benefit limit and has received benefits beginning on or after  
139 October 1, 1996, if such benefits result in that family's receiving more  
140 than sixty months of time-limited benefits unless that family  
141 experiences domestic violence, as defined in Section 402(a)(7)(B), P.L.  
142 104-193. For the purpose of calculating said sixty-month limit: (I) A  
143 month shall count toward the limit if the family receives assistance for  
144 any day of the month, and (II) a month in which a family receives  
145 temporary family assistance benefits that are issued from a jurisdiction  
146 other than Connecticut shall count toward the limit.

147 (d) Medicaid eligibility shall be extended for two years to a family

148 who becomes ineligible for cash assistance while employed or a family  
149 with an adult who, within six months of becoming ineligible, becomes  
150 employed.

151 (e) Under said program (1) no family shall be eligible that has total  
152 gross earnings exceeding the federal poverty level, however, in the  
153 calculation of the benefit amount for eligible families and previously  
154 eligible families that become ineligible temporarily because of receipt  
155 of workers' compensation benefits by a family member who  
156 subsequently returns to work immediately after the period of receipt of  
157 such benefits, earned income shall be disregarded up to the federal  
158 poverty level; (2) the increase in benefits to a family in which an infant  
159 is born after the initial ten months of participation in the program shall  
160 be limited to an amount equal to fifty per cent of the average  
161 incremental difference between the amounts paid per each family size;  
162 and (3) a disqualification penalty shall be established for failure to  
163 cooperate with the biometric identifier system. Except when  
164 determining eligibility for a six-month extension of benefits pursuant  
165 to subsection (c) of this section, the commissioner shall disregard the  
166 first fifty dollars per month of income attributable to child support that  
167 a family receives in determining eligibility and benefit levels for  
168 temporary family assistance.

169 (f) A family receiving assistance under said program shall cooperate  
170 with child support enforcement, under title IV-D of the Social Security  
171 Act. A family shall be ineligible for benefits for failure to cooperate  
172 with child support enforcement.

173 (g) A family leaving assistance at the end of (1) said twenty-one-  
174 month time limit, including a family with income above the payment  
175 standard, or (2) the sixty-month limit shall have an interview for the  
176 purpose of being informed of services that may continue to be  
177 available to such family, including employment services available  
178 through the Labor Department. Said interview shall contain a  
179 determination of benefits available to said family provided by the

180 Department of Social Services. Said interview shall also include a  
181 determination of whether such family is eligible for food stamps or  
182 Medicaid. Information and referrals shall be made to such a family for  
183 services and benefits including, but not limited to, the earned income  
184 tax credit, rental subsidies emergency housing, employment services  
185 and energy assistance.

186 (h) An applicant or recipient of temporary family assistance who is  
187 adversely affected by a decision of the Commissioner of Social Services  
188 may request and shall be provided a hearing in accordance with  
189 section 17b-60.

190 (i) The commissioner may continue to operate under all or portions  
191 of the federal waivers granted under Section 1115 of the Social Security  
192 Act for the demonstration entitled "Reach For Jobs First".  
193 Notwithstanding continuation of the provisions of said federal  
194 waivers, the commissioner shall continue the evaluation of the  
195 effectiveness of the temporary family assistance program and may  
196 continue to utilize a control group using different program  
197 requirements.

198 [(j) The commissioner shall report, annually on or before November  
199 fifteenth, to the joint standing committees of the General Assembly  
200 having cognizance of matters relating to human services and  
201 appropriations and the budgets of state agencies on the funding  
202 requirements necessary to support the programs funded by the  
203 temporary assistance for needy families block grant.]

204 [(k)] (j) The Commissioner of Social Services shall implement  
205 policies and procedures necessary for the purposes of this section  
206 while in the process of adopting such policies and procedures in  
207 regulation form, provided the commissioner prints notice of intention  
208 to adopt the regulations in the Connecticut Law Journal within twenty  
209 days of implementing such policies and procedures. Final regulations  
210 shall be submitted to the legislative regulation review committee no  
211 later than November 15, 1997. Policies and procedures implemented

212 pursuant to this subsection shall be valid until the time final  
213 regulations are effective.

214 Sec. 6. Subsection (n) of section 17b-179 of the general statutes is  
215 repealed and the following is substituted in lieu thereof (*Effective*  
216 *October 1, 2003*):

217 (n) Each year, on or before [~~January~~] April first, the IV-D agency  
218 shall submit to the joint standing committees of the General Assembly  
219 having cognizance of matters relating to judiciary and human services  
220 [a] an assessment report on the [~~execution~~] administration and  
221 performance of the child support enforcement program [, including the  
222 status of compliance with established performance standards,] during  
223 the preceding federal fiscal year.

224 Sec. 7. Section 17b-261 of the general statutes is repealed and the  
225 following is substituted in lieu thereof (*Effective October 1, 2003*):

226 (a) Medical assistance shall be provided for any otherwise eligible  
227 person whose income, including any available support from legally  
228 liable relatives and the income of the person's spouse or dependent  
229 child, is not more than one hundred forty-three per cent, pending  
230 approval of a federal waiver applied for pursuant to subsection (d) of  
231 this section, of the benefit amount paid to a person with no income  
232 under the temporary family assistance program in the appropriate  
233 region of residence and if such person is an institutionalized  
234 individual as defined in Section 1917(c) of the Social Security Act, 42  
235 USC 1396p(c), and has not made an assignment or transfer or other  
236 disposition of property for less than fair market value for the purpose  
237 of establishing eligibility for benefits or assistance under this section.  
238 Any such disposition shall be treated in accordance with Section  
239 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of  
240 property made on behalf of an applicant or recipient or the spouse of  
241 an applicant or recipient by a guardian, conservator, person  
242 authorized to make such disposition pursuant to a power of attorney  
243 or other person so authorized by law shall be attributed to such

244 applicant, recipient or spouse. A disposition of property ordered by a  
245 court shall be evaluated in accordance with the standards applied to  
246 any other such disposition for the purpose of determining eligibility.  
247 The commissioner shall establish the standards for eligibility for  
248 medical assistance at one hundred forty-three per cent of the benefit  
249 amount paid to a family unit of equal size with no income under the  
250 temporary family assistance program in the appropriate region of  
251 residence, pending federal approval, except that the medical assistance  
252 program shall provide coverage to persons under the age of nineteen  
253 up to one hundred eighty-five per cent of the federal poverty level  
254 without an asset limit. On and after January 1, 2001, said medical  
255 assistance program shall also provide coverage to persons under the  
256 age of nineteen and their parents and needy caretaker relatives who  
257 qualify for coverage under Section 1931 of the Social Security Act with  
258 family income up to one hundred fifty per cent of the federal poverty  
259 level without an asset limit, upon the request of such a person or upon  
260 a redetermination of eligibility. Such levels shall be based on the  
261 regional differences in such benefit amount, if applicable, unless such  
262 levels based on regional differences are not in conformance with  
263 federal law. Any income in excess of the applicable amounts shall be  
264 applied as may be required by said federal law, and assistance shall be  
265 granted for the balance of the cost of authorized medical assistance. All  
266 contracts entered into on and after July 1, 1997, pursuant to this section  
267 shall include provisions for collaboration of managed care  
268 organizations with the Healthy Families Connecticut Program  
269 established pursuant to section 17a-56. The Commissioner of Social  
270 Services shall provide applicants for assistance under this section, at  
271 the time of application, with a written statement advising them of the  
272 effect of an assignment or transfer or other disposition of property on  
273 eligibility for benefits or assistance.

274 (b) For the purposes of the Medicaid program, the Commissioner of  
275 Social Services shall consider parental income and resources as  
276 available to a child under eighteen years of age who is living with his  
277 or her parents and is blind or disabled for purposes of the Medicaid

278 program, or to any other child under twenty-one years of age who is  
279 living with his or her parents.

280 (c) For the purposes of determining eligibility for the Medicaid  
281 program, an available asset is one that is actually available to the  
282 applicant or one that the applicant has the legal right, authority or  
283 power to obtain or to have applied for the applicant's general or  
284 medical support. If the terms of a trust provide for the support of an  
285 applicant, the refusal of a trustee to make a distribution from the trust  
286 does not render the trust an unavailable asset. Notwithstanding the  
287 provisions of this subsection, the availability of funds in a trust or  
288 similar instrument funded in whole or in part by the applicant or the  
289 applicant's spouse shall be determined pursuant to the Omnibus  
290 Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of  
291 this subsection shall not apply to special needs trust, as defined in 42  
292 USC 1396p(d)(4)(A).

293 (d) The transfer of an asset in exchange for other valuable  
294 consideration shall be allowable to the extent the value of the other  
295 valuable consideration is equal to or greater than the value of the asset  
296 transferred.

297 [(e) On or before January 15, 1994, and annually thereafter, the  
298 Department of Social Services shall submit a report to the General  
299 Assembly in accordance with section 11-4a which sets forth the  
300 following: The number of children receiving Medicaid services; the  
301 number of children receiving medical treatment at any state or  
302 municipal health care facility; the number of doctors and dentists  
303 participating in state or municipally-funded programs; and the  
304 percentage of children treated in medical programs whose family  
305 income is less than one hundred thirty-three per cent of the federal  
306 poverty level and the number whose family income is greater than one  
307 hundred thirty-three per cent but not more than one hundred eighty-  
308 five per cent of the federal poverty level. On and after October 1, 1996,  
309 the report shall be submitted to the joint standing committee of the

310 General Assembly having cognizance of matters relating to human  
311 services and, upon request, to any member of the General Assembly. A  
312 summary of the report shall be submitted to each member of the  
313 General Assembly if the summary is two pages or less and a  
314 notification of the report shall be submitted to each member if the  
315 summary is more than two pages. Submission shall be by mailing the  
316 report, summary or notification to the legislative address of each  
317 member of the committee or the General Assembly, as applicable.]

318 [(f)] (e) The Commissioner of Social Services shall seek a waiver  
319 from federal law to permit federal financial participation for Medicaid  
320 expenditures for families with incomes of one hundred forty-three per  
321 cent of the temporary family assistance program payment standard.

322 Sec. 8. Section 17b-279 of the general statutes is repealed and the  
323 following is substituted in lieu thereof (*Effective October 1, 2003*):

324 The Commissioner of Social Services shall verify the propriety and  
325 reasonableness of payments to providers for drugs provided to  
326 Medicaid recipients through field audit examinations and other  
327 reasonable means to the extent possible within available  
328 appropriations. The commissioner shall document financial and  
329 utilization statistics as to drugs provided to Medicaid recipients by  
330 therapeutic category and shall outline problems encountered in the  
331 administration of prescription drug utilization in the Medicaid  
332 program, suggested solutions and any recommendations for  
333 improvement. [The commissioner shall submit a report, on or before  
334 February 15, 1990, and annually thereafter, documenting the results of  
335 the verification process, the financial and utilization statistics, the  
336 problems encountered, suggested solutions and recommendations to  
337 the joint standing committee of the General Assembly having  
338 cognizance of matters relating to human services and appropriations.]

339 Sec. 9. Subsection (a) of section 17b-341 of the general statutes is  
340 repealed and the following is substituted in lieu thereof (*Effective*  
341 *October 1, 2003*):

342 (a) The Commissioner of Social Services shall determine annually,  
343 after a public hearing, the rates to be charged to self-pay patients in  
344 any of the following licensed facilities if the facility does not have a  
345 provider agreement with the state to provide services to recipients of  
346 benefits obtained through Title XIX of the Social Security Amendments  
347 of 1965, except a facility that did not have a provider agreement in  
348 effect as of January 1, 1991, or had entered into a limited provider  
349 agreement before January 1, 1991: Chronic and convalescent nursing  
350 homes, chronic disease hospitals associated with chronic and  
351 convalescent nursing homes and rest homes with nursing supervision.  
352 Each such facility that does have such a provider agreement, each such  
353 facility that did not have a provider agreement in effect as of January 1,  
354 1991, or had entered into a limited provider agreement before January  
355 1, 1991, and each residential care home shall determine its own self-  
356 pay rates. Rates determined pursuant to this section shall be effective  
357 July 1, 1991, and on July first of each year thereafter through June 30,  
358 1993, and shall be determined for each facility individually, on the  
359 basis of payment for the reasonable costs of providing all services. All  
360 self-pay patients shall be given notice of a rate increase at least thirty  
361 days prior to the effective date of such rate increase. In determining  
362 rates to be charged to self-pay patients the commissioner shall: (1)  
363 Consider the quality of care provided by each facility, based on  
364 information which the Department of Public Health shall provide to  
365 the commissioner, and any testimony or information received from  
366 other interested parties; and (2) take into account the relevant cost  
367 considerations set forth in section 17b-340 and in the regulations  
368 adopted in accordance with subsection (a) of section 17b-238. Such  
369 regulations shall include but not be limited to the establishment of a  
370 formula for allowing profit or an operating surplus, and a fair rate of  
371 return on invested capital or equity. Nothing in this section shall  
372 authorize the commissioner to set a rate lower than the rate set under  
373 section 17b-340 for comparable services. As used in this section "self-  
374 pay patient" means a patient who is not receiving state or municipal  
375 assistance to pay for the cost of care. Each facility determining its own

376 self-pay rates shall report such rates to the commissioner upon  
377 determination and upon any modification. The commissioner shall  
378 document each rate so reported and each rate determined for a facility  
379 by the commissioner pursuant to this section, [and shall report all such  
380 rates to the joint standing committee of the General Assembly having  
381 cognizance of matters relating to human services on or before  
382 December 31, 1992.] Each facility shall charge any self-pay patient who  
383 is insured under a long-term care insurance policy which is  
384 precertified pursuant to section 38a-475 a rate which is at least five per  
385 cent less than the rate charged other self-pay patients.

386 Sec. 10. Subsection (d) of section 17b-495 of the general statutes is  
387 repealed and the following is substituted in lieu thereof (*Effective*  
388 *October 1, 2003*):

389 (d) The commissioner shall submit [quarterly reports, within thirty  
390 days after the end of each fiscal quarter,] an annual report to the  
391 Governor and the chairpersons of the joint standing committees of the  
392 General Assembly having cognizance of matters relating to  
393 appropriations and the budgets of state agencies and public health.  
394 The report shall include a copy of the most recent report of the fiscal  
395 intermediary, if any, and (1) the number of consumers eligible for the  
396 program, (2) the number of consumers utilizing the program, (3) an  
397 outline of and a report on the educational outreach program, (4) the  
398 number of appeals, (5) an outline of problems encountered in the  
399 administration of the program and suggested solutions and any  
400 recommendations to enhance the program.

401 Sec. 11. Section 17b-688h of the general statutes is repealed and the  
402 following is substituted in lieu thereof (*Effective October 1, 2003*):

403 (a) The Labor Department and the Department of Social Services  
404 shall enter into a memorandum of understanding, to be effective not  
405 later than September 1, 1997, for the purpose of enhancing the  
406 effectiveness of the delivery of employment services to recipients of  
407 temporary assistance for needy families. The memorandum of

408 understanding shall include, but not be limited to, providing for (1) the  
409 identification and reduction of duplicative services; (2) the  
410 coordination of contracts for employment services; (3) the  
411 maximization of federal funds through the JOB Training Partnership  
412 Act which may include seeking any necessary federal waiver; and (4)  
413 studying the feasibility of integrating services to provide a one-stop  
414 process for recipients seeking services.

415 (b) Effective July 1, 1998, the Labor Department shall be responsible  
416 for the negotiation, establishment, modification, extension, suspension  
417 or termination of contracts for employment services. The Labor  
418 Department may provide administration and services directly or  
419 through the Connecticut Employment and Training Commission or  
420 regional workforce development boards.

421 (c) The Labor Department and the Department of Social Services  
422 shall establish a pilot program in each of two regions commencing July  
423 1, 1997, for the purpose of providing employment retention services.

424 [(d) The Labor Department and the Department of Social Services  
425 shall report on the implementation of sections 17b-688b, 17b-688c and  
426 this section to the joint standing committees of the General Assembly  
427 having cognizance of matters relating to labor and human services, the  
428 Office of Policy and Management, the Connecticut Employment and  
429 Training Commission and the advisory council established pursuant to  
430 section 122 of public act 97-2 of the June 18 special session\* on or  
431 before February 15, 1998.]

432 [(e)] (d) Effective July 1, 1997, the Labor Department shall transfer to  
433 the Department of Social Services the sum of nine million dollars.  
434 Effective December 1, 1997, the Labor Department shall transfer to the  
435 Department of Social Services the sum of eight million five hundred  
436 thousand dollars. The five million dollars remaining in the budget of  
437 the Labor Department designated for employment services for  
438 recipients of temporary family assistance shall be used for the  
439 computerized interagency information management system to be

440 developed pursuant to section 17b-688c, and for the pilot programs to  
 441 be established pursuant to subsection (b) of this section, and for  
 442 administrative costs associated with such computerized system and  
 443 such pilot programs.

444 Sec. 12. Section 17b-362a of the general statutes is repealed and the  
 445 following is substituted in lieu thereof (*Effective October 1, 2003*):

446 The Commissioner of Social Services shall establish a pharmacy  
 447 review panel to serve as advisors in the operation of pharmacy benefit  
 448 programs administered by the Department of Social Services,  
 449 including the implementation of any cost-saving initiatives undertaken  
 450 pursuant to section 17b-362[,] and subsection (e) of section 17b-491,  
 451 [and section 17b-363.] The panel shall be appointed by the  
 452 commissioner to a three-year term and shall be composed of two  
 453 representatives of independent pharmacies, two representatives of  
 454 chain pharmacies, two representatives of pharmacies that serve long-  
 455 term care facilities, two representatives of pharmaceutical  
 456 manufacturers, one physician specializing in family practice and one  
 457 physician specializing in internal medicine or geriatrics. The panel  
 458 shall meet at least quarterly with the commissioner or said  
 459 commissioner's designee.

460 Sec. 13. (*Effective October 1, 2003*) Sections 17b-17, 17b-18, 17b-286,  
 461 and 17b-363 of the general statutes are repealed.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>October 1, 2003</i>
Sec. 4	<i>October 1, 2003</i>
Sec. 5	<i>October 1, 2003</i>
Sec. 6	<i>October 1, 2003</i>
Sec. 7	<i>October 1, 2003</i>
Sec. 8	<i>October 1, 2003</i>
Sec. 9	<i>October 1, 2003</i>

Sec. 10	<i>October 1, 2003</i>
Sec. 11	<i>October 1, 2003</i>
Sec. 12	<i>October 1, 2003</i>
Sec. 13	<i>October 1, 2003</i>

***Statement of Purpose:***

To repeal or amend certain statutory reporting requirements and thereby allow the reduced agency staff to better achieve the core functions of the Department of Social Services.

*[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.]*