



House of Representatives

General Assembly

File No. 463

February Session, 2008

House Bill No. 5038

House of Representatives, April 4, 2008

The Committee on Human Services reported through REP. VILLANO of the 91st Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE HOSPITAL TASK FORCE.

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

1 Section 1. Subsection (g) of section 17b-192 of the 2008 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective from passage*):

4 (g) On or before [January 1, 2008] June 30, 2009, the Commissioner
5 of Social Services shall [seek] conduct a study on the impact of
6 implementing a waiver of federal law for the purpose of extending
7 health insurance coverage under Medicaid to persons with income not
8 in excess of one hundred per cent of the federal poverty level who
9 otherwise qualify for medical assistance under the state-administered
10 general assistance program. The provisions of section 17b-8 of the 2008
11 supplement to the general statutes shall apply to this section.

12 Sec. 2. (NEW) (*Effective July 1, 2008*) (a) The Departments of Mental
13 Health and Addiction Services, Children and Families, and Social

14 Services shall jointly identify areas of the state where there is high
15 utilization of behavioral health hospital emergency department
16 services, including inappropriate use of, or extended lengths of stay
17 for, hospital emergency department patients waiting to receive
18 behavioral health services. For each area identified, said agencies shall
19 develop recommendations regarding the appropriate combination of
20 services that, based on cost and quality outcomes, would most
21 effectively reduce hospital emergency department demand. The
22 Department of Mental Health and Addiction Services shall submit
23 such recommendations to the Secretary of the Office of Policy and
24 Management on or before November 30, 2008.

25 (b) The Departments of Mental Health and Addiction Services,
26 Children and Families, and Social Services shall jointly assess the
27 existing capacity and volume of community mental health services and
28 other programs to identify gaps in services and thereafter may adjust
29 funding allocations, service designs and geographic service areas, as
30 appropriate, to provide more uniform state-wide coverage.

31 Sec. 3. (NEW) (*Effective July 1, 2008*) (a) The Departments of Mental
32 Health and Addiction Services, Children and Families, and Social
33 Services, in consultation with the Office of Health Care Access and
34 representatives of the health care industry, shall identify effective and
35 feasible models of care for psychiatric emergency assessment or crisis
36 response centers in order to expand access to behavioral health crisis
37 and emergency services for adults and children.

38 (b) Not later than January 1, 2009, the Department of Mental Health
39 and Addiction Services shall, within available appropriations,
40 implement a pilot psychiatric emergency assessment or crisis response
41 center. Such pilot program shall be based on the models of care
42 identified pursuant to subsection (a) of this section.

43 Sec. 4. (NEW) (*Effective July 1, 2008*) The Department of Social
44 Services, in consultation with the Departments of Mental Health and
45 Addiction Services and Correction, the Judicial Department, and The
46 University of Connecticut Health Center, and with the approval of the

47 Secretary of the Office of Policy and Management, shall develop a plan
48 for expedited eligibility for state-administered general assistance
49 program benefits for individuals being released from prison. In
50 addition, such plan shall identify gaps in the services available to such
51 individuals and develop primary care services and other programs
52 that are designed to ensure that such individuals are not
53 inappropriately directed to hospital emergency departments, but
54 instead are appropriately served in the community.

55 Sec. 5. (NEW) (*Effective from passage*) Not later than June 30, 2009,
56 and annually thereafter, each general hospital licensed by the
57 Department of Public Health under chapter 368v of the general
58 statutes shall develop a plan to reduce the number of inpatients that
59 have extended lengths of stay within the hospital's emergency
60 department. Such plan shall be maintained on site at each hospital and
61 made available to the Department of Public Health upon request. The
62 Commissioner of Public Health may specify the form and format of
63 such plans.

64 Sec. 6. Section 19a-7 of the general statutes is repealed and the
65 following is substituted in lieu thereof (*Effective July 1, 2008*):

66 (a) The Department of Public Health shall be the lead agency for
67 public health planning and shall assist communities in the
68 development of collaborative health planning activities which address
69 public health issues on a regional basis or which respond to public
70 health needs having state-wide significance. [The] Not later than
71 October 1, 2010, and every five years thereafter, the department shall
72 prepare a multiyear state health plan [which will provide] that
73 provides an assessment of the health of Connecticut's population and
74 the availability of health facilities. The plan shall include: (1) Policy
75 recommendations regarding allocation of resources; (2) public health
76 priorities; (3) quantitative goals and objectives with respect to the
77 appropriate supply, distribution and organization of public health
78 resources; [and (4) evaluation of the implications of new technology
79 for the organization, delivery and equitable distribution of services] (4)

80 an evaluation of the unmet needs of persons at risk and vulnerable
81 populations as determined by the commissioner; and (5)
82 recommendations regarding the public health and health care
83 workforce. The plan shall incorporate both the state-wide health care
84 facilities plan developed by the Office of Health Care Access pursuant
85 to section 19a-634, as amended by this act, and the mental health and
86 substance abuse services plan developed by the Department of Mental
87 Health and Addiction Services pursuant to section 8 of this act. In the
88 development of the plan, the department shall consider the
89 recommendations of any advisory bodies which may be established by
90 the [commissioner] Commissioner of Public Health. The commissioner
91 may also incorporate the recommendations of authoritative
92 organizations whose mission is to promote policies based on best
93 practices or evidence-based research and may also consider the future
94 direction of the health care industry based on review of general
95 hospital strategic planning documents.

96 (b) For the purposes of establishing a state health plan as required
97 by subsection (a) of this section and consistent with state and federal
98 law on patient records, the department is entitled to access hospital
99 strategic planning documents, hospital discharge data, emergency
100 room and ambulatory surgery encounter data, data on home health
101 care agency client encounters and services, data from community
102 health centers on client encounters and services and all data collected
103 or compiled by the Office of Health Care Access pursuant to section
104 19a-613.

105 (c) The Commissioner of Public Health shall develop a process to
106 ensure that the state health plan is communicated to state agencies,
107 health care providers and the public.

108 [(c)] (d) The Commissioner of Public Health shall adopt regulations
109 in accordance with the provisions of chapter 54 to assure the
110 confidentiality of personal data and patient-identifiable data collected
111 or compiled pursuant to this section.

112 Sec. 7. Section 19a-634 of the general statutes is repealed and the

113 following is substituted in lieu thereof (*Effective July 1, 2008*):

114 (a) The Office of Health Care Access [, in consultation with the
115 Department of Public Health, shall carry out a continuing] shall
116 conduct, on an annual basis, a state-wide health care facility utilization
117 study. [, including a study of existing health care delivery systems;
118 recommend improvements in health care procedures to the health care
119 facilities and institutions; recommend to the commissioner legislation
120 in the area of health care programs; and report annually to the
121 Governor and the General Assembly its findings, recommendations
122 and proposals, as of January first, for improving efficiency, lowering
123 health care costs, coordinating use of facilities and services and
124 expanding the availability of health care throughout the state.] Such
125 study shall include, but not be limited to, an assessment of: (1) Current
126 availability and utilization of acute hospital care, hospital emergency
127 care, specialty hospital care, outpatient surgical care, primary care and
128 clinic care; (2) geographic areas and subpopulations that may be
129 underserved or have reduced access to specific types of health care
130 services; and (3) other factors that the commissioner deems pertinent
131 to health care facility utilization. Not later than June thirtieth of each
132 year, the commissioner shall report, in accordance with section 11-4a,
133 to the Governor and the joint standing committees of the General
134 Assembly having cognizance of matters relating to public health and
135 human services on the findings of the study. Such report may also
136 include the commissioner's recommendations for addressing identified
137 gaps in the provision of health care services and recommendations
138 concerning a lack of access to health care services.

139 (b) The office, in consultation with other state agencies as the
140 commissioner deems appropriate, shall establish and maintain a state-
141 wide health care facilities plan. [, including provisions for an ongoing
142 evaluation of the facility utilization study conducted pursuant to
143 subsection (a) of this section to: (1) Determine the availability of acute
144 care, long-term care and home health care services in private and
145 public institutional and community-based facilities providing
146 diagnostic or therapeutic services for residents of this state; (2)

147 determine the scope of such services; and (3) anticipate future needs
148 for such facilities and services.] Such plan may include, but not be
149 limited to: (1) An assessment of the availability of acute hospital care,
150 hospital emergency care, specialty hospital care, outpatient surgical
151 care, primary care, and clinic care; (2) an evaluation of the unmet
152 needs of persons at risk and vulnerable populations as determined by
153 the commissioner; (3) a projection of future demand for health care
154 services and the impact that technology may have on the demand,
155 capacity or need for such services; and (4) recommendations for the
156 expansion, reduction or modification of health care facilities or
157 services. In the development of the plan, the office shall consider the
158 recommendations of any advisory bodies which may be established by
159 the commissioner. The commissioner may also incorporate the
160 recommendations of authoritative organizations whose mission is to
161 promote policies based on best practices or evidence-based research.
162 The commissioner shall develop a process that encourages hospitals to
163 incorporate the state-wide health care facilities plan into hospital long-
164 range planning and shall facilitate communication between
165 appropriate state agencies concerning innovations or changes that may
166 affect future health planning. The office shall update the state-wide
167 health care facilities plan on or before July 1, 2010, and every five years
168 thereafter. Said plan shall be considered part of the state health plan
169 for purposes of office deliberations pursuant to section 19a-637.

170 Sec. 8. (NEW) (*Effective July 1, 2008*) (a) Not later than July 1, 2010,
171 and every five years thereafter, the Commissioner of Mental Health
172 and Addiction Services shall prepare a multiyear state mental health
173 and substance abuse services plan that provides an assessment of the
174 behavioral health of the state's population and the availability of
175 behavioral services on a state-wide basis. Such plan shall incorporate
176 the state substance abuse plan required by section 17a-451 of the 2008
177 supplement to the general statutes. The plan shall include: (1) Policy
178 recommendations regarding allocation of resources; (2) public
179 behavioral health priorities; (3) quantitative goals and objectives with
180 respect to the appropriate supply, distribution and organization of
181 public behavioral health resources; (4) an evaluation of the

182 implications of new technology for the organization, delivery and
 183 equitable distribution of services; and (5) an evaluation of the unmet
 184 needs of persons at risk and vulnerable populations as determined by
 185 the commissioner. In developing the plan, the commissioner shall
 186 consider the recommendations of relevant statutory advisory bodies
 187 and advisory bodies established by the commissioner. The
 188 commissioner may also incorporate the recommendations of
 189 authoritative organizations whose mission is to promote policies based
 190 on best practices or evidence-based research. The commissioner shall
 191 submit the state mental health and substance abuse services plan to the
 192 Commissioner of Public Health for incorporation into the state-wide
 193 health plan required pursuant to section 19a-7 of the general statutes,
 194 as amended by this act.

195 Sec. 9. (NEW) (*Effective July 1, 2008*) The Commissioners of Public
 196 Health and Higher Education and the Labor Commissioner, or their
 197 designees, and the director of the Office of Workforce
 198 Competitiveness, in collaboration with representatives of the health
 199 care industry, shall meet not less than quarterly to coordinate efforts to
 200 provide and enhance programs that increase the training, recruitment
 201 and retention of the health care and public health workforce. The
 202 Commissioner of Public Health or his designee shall serve as the
 203 chairperson and convene such quarterly meetings.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-192(g)
Sec. 2	<i>July 1, 2008</i>	New section
Sec. 3	<i>July 1, 2008</i>	New section
Sec. 4	<i>July 1, 2008</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>July 1, 2008</i>	19a-7
Sec. 7	<i>July 1, 2008</i>	19a-634
Sec. 8	<i>July 1, 2008</i>	New section
Sec. 9	<i>July 1, 2008</i>	New section

PH *Joint Favorable C/R*

HS

HS *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Department of Mental Health & Addiction Services	GF - Cost	500,000	1,000,000
Various State Agencies	GF - None	None	None

Municipal Impact: None

Explanation

Section 1 of the bill requires the Department of Social Services (DSS) to conduct a study of the impact of obtaining a federal waiver to enroll State Administered General Assistance (SAGA) clients in Medicaid. It is anticipated that DSS will be able to conduct this study within its normal budgeted resources.

Section 2 requires the Departments of Mental Health and Addiction Services (DMHAS), Children and Families (DCF) and Social Services (DSS) to identify areas in the state of high utilization of behavioral health hospital emergency department services and develop recommendations regarding the appropriate combination of services. DMHAS is further required to makes recommendations to the Office of Policy and Management on the appropriate combination of services that would most effectively reduce hospital emergency department demand. The departments are not anticipated to incur increased costs as a result of this provision.

This section also allows DMHAS, DSS and DCF, after assessing the existing capacity, to adjust funding allocations and service designs, as appropriate, to provide a more uniform state-wide coverage. This section is not anticipated to result in any increased costs to the state. To the extent that adjustments are made in response to the assessment

of the existing system, a reallocation of existing resources would be expected to occur.

Section 3 requires DMHAS, DCF and DSS, in consultation with the Office of Health Care Access (OHCA) to identify effective and feasible models of care for psychiatric emergency assessment or crisis response centers in order to expand access to behavioral health crisis and emergency services. DMHAS shall implement a pilot psychiatric emergency assessment or crisis response center, within available appropriations, by January 1, 2009. sHB 5021 (the budget bill, as favorably reported by the Appropriations Committee) includes \$500,000 in FY 09 in DMHAS's budget for this pilot program (the annualized cost is anticipated to be \$1 million). Additionally, sHB 5021 includes \$1.44 million in new funding for crisis stabilization services and \$537,500 for emergency mobile psychiatric services under DCF's budget.

Section 4 requires DSS to develop a plan for expedited SAGA eligibility for individuals being released from prison. It is anticipated that DSS will be able to develop this plan within its normal budgeted resources. sHB 5021 contains \$50,000 to fund one position at DSS to enhance re-entry SAGA coordination for people leaving prison.

Section 5 requires each hospital to develop a plan to reduce extended inpatient stays within emergency departments according to a form and format that may be specified by the Department of Public Health (DPH). It is anticipated that should the agency choose to do so, it can specify a form and format within its normal budgeted resources. It is anticipated that John Dempsey Hospital at the University of Connecticut Health Center will be able to develop this plan within its normal budgeted resources.

Section 6 requires the DPH to prepare a statutorily required multiyear state health plan by October 1, 2010, and every five years thereafter; modifies the data that must be included within the plan; and requires the department to communicate the plan to state agencies, health care providers and the public. It is anticipated that

this will be accomplished by redeploying agency resources to these functions at no additional state cost.

Section 7 modifies the requirements for the state-wide health care utilization study, performed by the OHCA. Existing normal budgeted resources are sufficient to carry out the facility plan and utilization study, thus these provisions will not result in a fiscal impact to OHCA.

Section 8 requires DMHAS, not later than July 1, 2010, and every five years thereafter to submit a multiyear state mental health and substance abuse services plan that provides an assessment of the behavioral health of the state's population and the availability of behavioral services state-wide. It is anticipated that DMHAS will not incur increased costs in order to submit this plan.

Section 9 requires the Commissioners of Public Health, Higher Education and Labor, and the director of the Office of Workforce Competitiveness, to meet quarterly to coordinate efforts concerning the training, recruitment and retention of the health care and public health workforce. It is anticipated these agencies will be able to meet this requirement within normal budgeted resources.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**HB 5038*****AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE HOSPITAL TASK FORCE.*****SUMMARY:**

This bill:

1. requires the Department of Social Services (DSS) to study the impact of implementing a federal waiver that would expand Medicaid coverage to include State Administered General Assistance (SAGA)- eligible individuals;
2. requires DSS to develop a plan for expedited SAGA edibility for released prisoners;
3. requires the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF), and DSS to identify areas of the state with high utilization of behavioral health hospital emergency department (ED) services and make recommendation to reduce ED demand;
4. requires general hospitals to annually develop plans to reduce the number of inpatients with extended ED stays;
5. requires DMHAS, DCF, and DSS to identify effective psychiatric emergency assessment or crisis response center models in order to expand service access;
6. modifies existing requirements concerning the DPH-developed state health plan, including requiring that it be prepared every five years;

7. requires the Office of Health Care Access' (OHCA) statewide health care facility utilization study to be done annually and to address such factors such as underserved areas and populations, and an assessment of current availability and utilization of various services and facilities;
8. modifies requirements for OHCA's statewide health care facilities plan, including an evaluation of unmet needs of at-risk and vulnerable populations;
9. requires DMHAS to prepare a multiyear state mental health and substance abuse services plan assessing state residents' behavioral health and the availability of services; and
10. requires various departments and individuals to meet to coordinate state efforts on health care workforce activities.

EFFECTIVE DATE: Upon passage for the provisions on (1) the Medicaid coverage for SAGA recipients and (2) general hospitals' plans to reduce inpatient extended stays in emergency departments; July 1, 2008 for all other sections.

MEDICAID WAIVER FOR COVERAGE OF SAGA MEDICAL ASSISTANCE

The bill requires the DSS, by June 30, 2009, to study the impact of implementing a federal waiver to include persons with income up to 100% of the federal poverty level, who would otherwise qualify for medical assistance under the State-Administered General Assistance Program (SAGA), under Medicaid. Under current law, DSS must, by January 1, 2008 seek a federal waiver to make this change. The department never implemented this requirement.

EXPEDITED ELIGIBILITY FOR SAGA FOR PERSONS RELEASED FROM PRISON

DSS, in consultation with DMHAS, the Department of Correction, the Judicial Department, and the UConn Health Center, must develop a plan for expediting SAGA eligibility for individuals being released

from prison. This plan is subject to approval by the Office of Policy and Management (OPM). It must identify gaps in services available to this population and develop primary care services and other programs designed so that they are not inappropriately directed to hospital emergency departments. SAGA consists of cash and community health center-based medical assistance.

HOSPITAL EMERGENCY DEPARTMENTS (EDS)

Behavioral Health Hospital ED Services

The bill requires DMHAS, DCF, and DSS to (1) identify areas of the state with high utilization of behavioral health hospital ED services and (2) develop recommendations to reduce hospital ED demand. The agencies must identify inappropriate use of, or extended lengths of stay for, hospital ED patients waiting to receive behavioral health services.

The agencies must develop recommendations for each area identified concerning the appropriate combination of services that, based on cost and quality outcomes, would most effectively reduce ED demand. DMHAS must submit the recommendations to OPM by November 30, 2008.

These agencies must also jointly assess the existing capacity and volume of community health services and other programs to identify gaps in services. The bill authorizes them to adjust their funding allocations, service designs, and geographic service areas to provide more uniform statewide coverage.

Reducing Extended Stays in Hospital EDs

The bill requires each licensed general hospital to annually develop a plan to reduce the number of inpatients with extended stays in the hospital's ED. The first plan is due by June 30, 2009. These plans must be kept on-site at each hospital and made available to DPH upon request. DPH may specify the plans' form and format.

IDENTIFICATION OF MODELS FOR PSYCHIATRIC EMERGENCY ASSESSMENT AND CRISIS RESPONSE

The bill requires DMHAS, DCF, and DSS, in consultation with the Office of Health Care Access (OHCA) and health care industry representatives, to identify effective and feasible care models for psychiatric emergency assessment or crisis response centers to expand access to behavioral health crisis and emergency services for adults and children.

By January 1, 2009, DMHAS, within available appropriations, must implement a pilot psychiatric emergency assessment or crisis response center based on the care models identified above.

MULTIYEAR STATE HEALTH PLAN

The bill modifies existing requirements concerning the state health plan by requiring that DPH produce it every five years. Current law requires DPH to prepare a multiyear state health plan, but does not specify any updating intervals. Under the bill, the next plan is due October 1, 2010.

Current law requires the plan to include (1) policy recommendations on resource allocation; (2) public health priorities; (3) quantitative goals and objectives concerning the appropriate supply, distribution, and organization of public health resources; and (4) evaluation of the implications of new technology on organization, delivery, and equitable distribution of services.

The bill eliminates the new technology component, but requires the plan to also include (1) an evaluation of the unmet needs of at-risk and vulnerable populations as determined by the DPH commissioner and (2) recommendations concerning the public health and health care workforce.

The plan must also incorporate OHCA's statewide health care facilities plan (see below) and a new DMHAS-developed mental health and substance abuse services plan required under the bill (see below).

The bill authorizes DPH to incorporate in the plan recommendations of authoritative organizations whose mission is to

promote policies based on best practices or evidence-based research. DPH may also consider the future direction of the health care industry based on a review of general hospital strategic planning documents to which the bill explicitly gives DPH access.

Finally, the bill requires DPH to develop a process to ensure that the plan is communicated to state agencies, health care providers, and the public.

OHCA STATEWIDE HEALTH CARE FACILITY UTILIZATION STUDY AND STATEWIDE HEALTHCARE FACILITIES PLAN

Health Care Facility Utilization Study

The bill requires OHCA to conduct annually, rather than on a “continuing” basis, a statewide healthcare facility utilization study. The study must include an assessment of (1) current availability and utilization of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care, and clinic care; (2) geographic areas and subpopulations that may be underserved or have reduced access to specific services; and (3) other factors that OHCA deems pertinent to health care facility utilization. The bill eliminates a requirement that OHCA consult with DPH on this study.

By June 30 annually, OHCA must report to the Public Health and Human Services committees on the study’s findings. The report can include OHCA’s recommendations concerning (1) identified gaps in providing health care services and (2) lack of access to health care services.

Statewide Health Care Facilities Plan

Current law requires OHCA to establish and maintain a statewide health care facilities plan that includes provisions for an ongoing evaluation of OHCA’s facility utilization study. The plan must (1) determine the availability and scope of acute care, long term care, and home health care services and (2) anticipate future needs for such services and facilities.

Under the bill, the plan instead may include (1) an assessment of the

availability of acute, emergency, and specialty hospital care; outpatient surgical care; primary care; and clinic care; (2) an evaluation of the unmet needs of at-risk and vulnerable populations as OHCA determines; (3) a projection of future demand for health care services and the impact of technology; and (4) recommendations for expanding, reducing, or modifying health care facilities or services.

The bill requires OHCA to consult with other state agencies as it deems appropriate in establishing the facilities plan and to update it by July 1, 2010 and every five years afterwards.

OHCA must consider the recommendations of any OHCA advisory bodies in developing the plan. It may also incorporate the recommendations of authoritative organizations promoting best practices or evidence-based research. The commissioner must also develop a process to encourage hospitals to incorporate the plan into long-range planning and to improve communication between state agencies on innovations or changes affecting future health care planning.

MULTIYEAR STATE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES PLAN

The bill requires DMHAS to prepare a multiyear state mental health and substance abuse services plan that assesses state residents' behavioral health and the statewide availability of behavioral health services. The initial plan must be completed by July 1, 2010 and then every five years. The plan must incorporate the existing state substance abuse plan.

The plan must include:

1. resource allocation policy recommendations;
2. public behavioral health priorities;
3. quantitative goals and objectives concerning the appropriate supply, distribution, and organization of public behavioral health resources;

4. an evaluation of the implications of new technology for the organization, delivery, and equitable distribution of services; and
5. an evaluation of the unmet needs of at-risk and vulnerable populations as determined by DMHAS.

The commissioner must consider recommendations of relevant statutory bodies and advisory bodies he establishes. He may also incorporate recommendations of authoritative organizations that promote policies based on best practices or evidence-based research.

DMHAS must submit the plan to the DPH commissioner for inclusion in the state health plan.

HEALTH CARE WORKFORCE ACTIVITIES

The bill requires the public health, higher education, and labor commissioners, or their designees, and the Office of Workforce Competitiveness director, in collaboration with health care industry representatives, to meet at least quarterly to coordinate efforts on providing and improving programs to train, recruit, and retain the health care and public health workforce. The DPH commissioner or his designee convenes and chair the meetings.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Change of Reference
 Yea 26 Nay 0 (03/10/2008)

Human Services Committee

Joint Favorable
 Yea 18 Nay 0 (03/18/2008)