



House of Representatives

File No. 610

General Assembly

January Session, 2009

(Reprint of File No. 61)

House Bill No. 6351
As Amended by House
Amendment Schedule "A"

Approved by the Legislative Commissioner
April 9, 2009

**AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS'
RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE HUMAN
SERVICES STATUTES.**

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

1 Section 1. Subsection (a) of section 17b-8 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2009*):

4 (a) The Commissioner of Social Services shall submit an application
5 for a federal waiver of any assistance program requirements, except
6 such application pertaining to routine operational issues, to the joint
7 standing committees of the General Assembly having cognizance of
8 matters relating to human services and appropriations and the budgets
9 of state agencies prior to the submission of such application to the
10 federal government. Not later than thirty days after the date of their
11 receipt of such application, the joint standing committees shall: (1)
12 Hold a public hearing on the waiver application, and (2) thereafter
13 advise the commissioner of their approval, denial or modifications, if
14 any, of the commissioner's application. If the joint standing committees

15 advise the commissioner of their denial of the commissioner's
16 application, the commissioner shall not submit the application for a
17 federal waiver to the federal government. If such committees do not
18 concur, the committee chairpersons shall appoint a committee of
19 conference which shall be [comprised] composed of three members
20 from each joint standing committee. At least one member appointed
21 from each joint standing committee shall be a member of the minority
22 party. The report of the committee of conference shall be made to each
23 joint standing committee, which shall vote to accept or reject the
24 report. The report of the committee of conference may not be
25 amended. If a joint standing committee rejects the report of the
26 committee of conference, that joint standing committee shall notify the
27 commissioner of the rejection and the commissioner's application shall
28 be deemed approved. If the joint standing committees accept the
29 report, the committee having cognizance of matters relating to
30 appropriations and the budgets of state agencies shall advise the
31 commissioner of their approval, denial or modifications, if any, of the
32 commissioner's application. If the joint standing committees do not so
33 advise the commissioner during the thirty-day period, the application
34 shall be deemed approved. Any application for a federal waiver
35 submitted by the commissioner, pursuant to this section, shall be in
36 accordance with the approval or modifications, if any, of the joint
37 standing committees of the General Assembly having cognizance of
38 matters relating to human services and appropriations and the budgets
39 of state agencies.

40 Sec. 2. Subsection (b) of section 17b-192 of the general statutes is
41 repealed and the following is substituted in lieu thereof (*Effective*
42 *October 1, 2009*):

43 (b) Each person eligible for state-administered general assistance
44 shall be entitled to receive medical care through a federally qualified
45 health center or other primary care provider as determined by the
46 commissioner. The Commissioner of Social Services shall determine
47 appropriate service areas and shall, in the commissioner's discretion,
48 contract with community health centers, other similar clinics, and

49 other primary care providers, if necessary, to assure access to primary
50 care services for recipients who live farther than a reasonable distance
51 from a federally qualified health center. The commissioner shall assign
52 and enroll eligible persons in federally qualified health centers and
53 with any other providers contracted for the program because of access
54 needs. Each person eligible for state-administered general assistance
55 shall be entitled to receive hospital services. Medical services under the
56 program shall be limited to the services provided by a federally
57 qualified health center, hospital, or other provider contracted for the
58 program at the commissioner's discretion because of access needs. The
59 commissioner shall ensure that ancillary services and specialty services
60 are provided by a federally qualified health center, hospital, or other
61 providers contracted for the program at the commissioner's discretion.
62 Ancillary services include, but are not limited to, radiology, laboratory,
63 and other diagnostic services not available from a recipient's assigned
64 primary-care provider, and durable medical equipment. Specialty
65 services are services provided by a physician with a specialty that are
66 not included in ancillary services. Ancillary or specialty services
67 provided under the program shall not exceed such services provided
68 under the state-administered general assistance program on July 1,
69 2003, except for nonemergency medical transportation and vision care
70 services which may be provided on a limited basis within available
71 appropriations. Notwithstanding any provision of this subsection, the
72 commissioner may [, when determined cost effective,] provide, or
73 require a contractor to provide, home health services or skilled nursing
74 facility coverage for state-administered general assistance recipients
75 being discharged from a chronic disease hospital when the provision
76 of such services or coverage is determined to be cost effective by the
77 commissioner.

78 Sec. 3. Subsection (a) of section 17b-261 of the general statutes is
79 repealed and the following is substituted in lieu thereof (*Effective*
80 *October 1, 2009*):

81 (a) Medical assistance shall be provided for any otherwise eligible
82 person whose income, including any available support from legally

83 liable relatives and the income of the person's spouse or dependent
84 child, is not more than one hundred forty-three per cent, pending
85 approval of a federal waiver applied for pursuant to subsection [(d)]
86 (e) of this section, of the benefit amount paid to a person with no
87 income under the temporary family assistance program in the
88 appropriate region of residence and if such person is an
89 institutionalized individual as defined in Section 1917(c) of the Social
90 Security Act, 42 USC 1396p(c), and has not made an assignment or
91 transfer or other disposition of property for less than fair market value
92 for the purpose of establishing eligibility for benefits or assistance
93 under this section. Any such disposition shall be treated in accordance
94 with Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any
95 disposition of property made on behalf of an applicant or recipient or
96 the spouse of an applicant or recipient by a guardian, conservator,
97 person authorized to make such disposition pursuant to a power of
98 attorney or other person so authorized by law shall be attributed to
99 such applicant, recipient or spouse. A disposition of property ordered
100 by a court shall be evaluated in accordance with the standards applied
101 to any other such disposition for the purpose of determining eligibility.
102 The commissioner shall establish the standards for eligibility for
103 medical assistance at one hundred forty-three per cent of the benefit
104 amount paid to a family unit of equal size with no income under the
105 temporary family assistance program in the appropriate region of
106 residence. Except as provided in section 17b-277, as amended by this
107 act, the medical assistance program shall provide coverage to persons
108 under the age of nineteen with family income up to one hundred
109 eighty-five per cent of the federal [proverty] poverty level without an
110 asset limit and to persons under the age of nineteen and their parents
111 and needy caretaker relatives, who qualify for coverage under Section
112 1931 of the Social Security Act, with family income up to one hundred
113 eighty-five per cent of the federal poverty level without an asset limit.
114 Such levels shall be based on the regional differences in such benefit
115 amount, if applicable, unless such levels based on regional differences
116 are not in conformance with federal law. Any income in excess of the
117 applicable amounts shall be applied as may be required by said federal

118 law, and assistance shall be granted for the balance of the cost of
119 authorized medical assistance. All contracts entered into on and after
120 July 1, 1997, pursuant to this section shall include provisions for
121 collaboration of managed care organizations with the Nurturing
122 Families Network established pursuant to section 17a-56. The
123 Commissioner of Social Services shall provide applicants for assistance
124 under this section, at the time of application, with a written statement
125 advising them of (1) the effect of an assignment or transfer or other
126 disposition of property on eligibility for benefits or assistance, (2) the
127 effect that having income that exceeds the limits prescribed in this
128 subsection will have with respect to program eligibility, and (3) the
129 availability of, and eligibility for, services provided by the Nurturing
130 Families Network established pursuant to section 17a-56. Persons who
131 are determined ineligible for assistance pursuant to this section shall
132 be provided a written statement notifying such persons of their
133 ineligibility and advising such persons of the availability of HUSKY
134 Plan, Part B health insurance benefits.

135 Sec. 4. Subsection (a) of section 17b-261h of the general statutes is
136 repealed and the following is substituted in lieu thereof (*Effective*
137 *October 1, 2009*):

138 (a) The Commissioner of Social Services shall, if required, seek a
139 waiver from federal law for the purpose of enhancing the enrollment
140 of HUSKY Plan, Part A recipients in available employer-sponsored
141 private health insurance. Such a waiver shall include, but shall not be
142 limited to, provisions that: (1) Require the enrollment of HUSKY Plan,
143 Part A parents, needy caretaker relatives and dependents in any
144 available employer-sponsored health insurance to the maximum extent
145 of available coverage as a condition of eligibility when determined to
146 be cost effective by the Department of Social Services; (2) require a
147 subsidy to be paid directly to the HUSKY Plan, Part A caretaker
148 relative in an amount equal to the premium payment requirements of
149 any available employer-sponsored health insurance paid by way of
150 payroll deduction; and (3) assure HUSKY Plan, Part A coverage
151 requirements for medical assistance not covered by any available

152 [employment-sponsored] employer-sponsored health insurance.

153 Sec. 5. Subsection (b) of section 17b-265 of the general statutes is
154 repealed and the following is substituted in lieu thereof (*Effective*
155 *October 1, 2009*):

156 (b) An applicant or recipient or legally liable relative, by the act of
157 the [applicant] applicant's or [recipient] recipient's receiving medical
158 assistance, shall be deemed to have made a subrogation assignment
159 and an assignment of claim for benefits to the department. The
160 department shall inform an applicant of such assignments at the time
161 of application. Any entitlements from a contractual agreement with an
162 applicant or recipient, legally liable relative or a state or federal
163 program for such medical services, not to exceed the amount expended
164 by the department, shall be so assigned. Such entitlements shall be
165 directly reimbursable to the department by third party payors. The
166 Department of Social Services may assign its right to subrogation or its
167 entitlement to benefits to a designee or a health care provider
168 participating in the Medicaid program and providing services to an
169 applicant or recipient, in order to assist the provider in obtaining
170 payment for such services. In accordance with subsection (b) of section
171 38a-472, a provider that has received an assignment from the
172 department shall notify the recipient's health insurer or other legally
173 liable third party including, but not limited to, a self-insured plan,
174 group health plan, as defined in Section 607(1) of the Employee
175 Retirement Income Security Act of 1974, service benefit plan, managed
176 care organization, health care center, pharmacy benefit manager,
177 dental benefit manager or other party that is, by statute, contract or
178 agreement, legally responsible for payment of a claim for a health care
179 item or service, of the assignment upon rendition of services to the
180 applicant or recipient. Failure to so notify the health insurer or other
181 legally liable third party shall render the provider ineligible for
182 payment from the department. The provider shall notify the
183 department of any request by the applicant or recipient or legally liable
184 relative or representative of such applicant or recipient for billing
185 information. This subsection shall not be construed to affect the right

186 of an applicant or recipient to maintain an independent cause of action
187 against such third party tortfeasor.

188 Sec. 6. Subsection (c) of section 17b-265e of the general statutes is
189 repealed and the following is substituted in lieu thereof (*Effective*
190 *October 1, 2009*):

191 (c) The Department of Social Services shall, in accordance with the
192 provisions of this section, pay claims for prescription drugs for
193 Medicare Part D beneficiaries, who are also either Medicaid or
194 ConnPACE recipients and who are denied coverage by the Medicare
195 Part D plan in which such beneficiary is enrolled because a prescribed
196 drug is not on the formulary utilized by such Medicare Part D plan.
197 Payment shall initially be made by the department for a thirty-day
198 supply, subject to any applicable copayment. Pharmaceutical
199 manufacturers shall pay rebate amounts established pursuant to
200 section 17b-491 to the department for prescriptions paid by the
201 department pursuant to this section on or after January 1, 2007. The
202 beneficiary shall appoint the commissioner as such beneficiary's
203 representative for the purpose of appealing any denial of Medicare
204 Part D benefits and for any other purpose allowed under [said act]
205 Public Law 108-173, the Medicare Prescription Drug, Improvement,
206 and Modernization Act of 2003 and deemed necessary by the
207 commissioner.

208 Sec. 7. Subsection (c) of section 17b-277 of the general statutes is
209 repealed and the following is substituted in lieu thereof (*Effective*
210 *October 1, 2009*):

211 (c) On or before September 30, 2007, the Commissioner of Social
212 Services [,] shall submit a state plan amendment or, if required by the
213 federal government, seek a waiver under federal law to provide health
214 insurance coverage to pregnant women, who do not otherwise have
215 creditable coverage, as defined in 42 USC 300gg(c), and who have
216 income above one hundred eighty-five per cent of the federal poverty
217 level but not in excess of two hundred fifty per cent of the federal

218 poverty level. Following approval of such state plan amendment or
219 approval of such waiver application, the commissioner, on or before
220 January 1, 2008, shall implement the provisions of subsections (a) and
221 (b) of this section.

222 Sec. 8. Subsection (j) of section 17b-292 of the general statutes is
223 repealed and the following is substituted in lieu thereof (*Effective*
224 *October 1, 2009*):

225 (j) Not later than ten months after the determination of eligibility for
226 benefits under the HUSKY Plan, Part A and Part B and annually
227 thereafter, the commissioner or the servicer, as the case may be, shall,
228 within existing budgetary resources, mail or, upon request of a
229 participant, electronically transmit an application form to each
230 participant in the plan for the purposes of obtaining information to
231 make a determination on continued eligibility beyond the twelve
232 months of initial eligibility. To the extent permitted by federal law, in
233 determining eligibility for benefits under the HUSKY Plan, Part A or
234 Part B with respect to family income, the commissioner or the servicer
235 shall rely upon information provided in such form by the participant
236 unless the commissioner or the servicer has reason to believe that such
237 information is inaccurate or incomplete. The Department of Social
238 Services shall annually review a random sample of cases to confirm
239 that, based on the statistical sample, relying on such information is not
240 resulting in ineligible clients receiving benefits under HUSKY Plan
241 Part A or Part B. The determination of eligibility shall be coordinated
242 with health plan open enrollment periods.

243 Sec. 9. Subsection (b) of section 17b-353 of the general statutes is
244 repealed and the following is substituted in lieu thereof (*Effective*
245 *October 1, 2009*):

246 (b) An applicant, prior to submitting a certificate of need
247 application, shall request, in writing, application forms and
248 instructions from the department. The request shall include: (1) The
249 name of the applicant or applicants; (2) a statement indicating whether

250 the application is for (A) a new, additional, expanded or replacement
251 facility, service or function, (B) a termination or reduction in a
252 presently authorized service or bed capacity, or (C) any new,
253 additional or terminated beds and their type; (3) the estimated capital
254 cost; (4) the town where the project is or will be located; and (5) a brief
255 description of the proposed project. Such request shall be deemed a
256 letter of intent. No certificate of need application shall be considered
257 submitted to the department unless a current letter of intent, specific to
258 the proposal and in accordance with the provisions of this subsection,
259 has been on file with the department for not less than ten business
260 days. For purposes of this subsection, "a current letter of intent" means
261 a letter of intent on file with the department for not more than one
262 hundred eighty days. A certificate of need application shall be deemed
263 withdrawn by the department if a department completeness letter is
264 not responded to within one hundred eighty days.

265 Sec. 10. Subsections (c), (d) and (e) of section 46a-33a of the general
266 statutes are repealed and the following is substituted in lieu thereof
267 (*Effective October 1, 2009*):

268 (c) No person shall provide interpreting services unless such person
269 is registered with the commission according to the provisions of this
270 section and (1) has passed the National Registry of Interpreters for the
271 Deaf written generalist test or the National Association of the Deaf-
272 National Registry of Interpreters for the Deaf certification knowledge
273 examination, holds a level three certification provided by the National
274 Association of the Deaf, documents the achievement of two continuing
275 education units per year for a maximum of five years of commission-
276 approved training, and on or before the fifth anniversary of having
277 passed the National Registry of Interpreters for the Deaf written
278 generalist test or the National Association of the Deaf-National
279 Registry of Interpreters for the Deaf certification knowledge
280 examination, has passed the National Registry of Interpreters for the
281 Deaf performance examination or the National Association of the
282 Deaf-National Registry of Interpreters for the Deaf national interpreter
283 certification examination, (2) has passed the National Registry of

284 Interpreters for the Deaf written generalist test or the National
285 Association of the Deaf-National Registry of Interpreters for the Deaf
286 certification knowledge examination and is a graduate of an accredited
287 interpreter training program and documents the achievement of two
288 continuing education units per year for a maximum of five years of
289 commission-approved training, and on or before the fifth anniversary
290 of having passed the National Registry of Interpreters for the Deaf
291 written generalist test or the National Association of the Deaf-National
292 Registry of Interpreters for the Deaf certification knowledge
293 examination, has passed the National Registry of Interpreters for the
294 Deaf performance examination or the National Association of the
295 Deaf-National Registry of Interpreters for the Deaf national interpreter
296 certification examination, (3) holds a level four or higher certification
297 from the National Association of the Deaf, (4) holds certification by the
298 National Registry of Interpreters for the Deaf, (5) for situations
299 requiring an oral interpreter only, holds oral certification from the
300 National Registry of Interpreters for the Deaf, (6) for situations
301 requiring a cued speech transliterator only, holds certification from the
302 National Training, Evaluation and Certification Unit and has passed
303 the National Registry of Interpreters for the Deaf written generalist
304 test, (7) holds a reverse skills certificate or is a certified deaf interpreter
305 under the National Registry of Interpreters [of] for the Deaf, or (8)
306 holds a National Association of the Deaf-National Registry of
307 Interpreters for the Deaf national interpreting certificate.

308 (d) No person shall provide interpreting services in a medical
309 setting unless such person is registered with the commission according
310 to the provisions of this section and [holds] (1) holds a comprehensive
311 skills certificate from the National Registry of Interpreters for the Deaf,
312 (2) holds a certificate of interpretation or a certificate of transliteration
313 from the National Registry of Interpreters for the Deaf, (3) holds a level
314 four or higher certification from the National Association of the Deaf,
315 (4) holds a reverse skills certificate or is a certified deaf interpreter
316 under the National Registry of Interpreters [of] for the Deaf, (5) for
317 situations requiring an oral interpreter only, holds oral certification

318 from the National Registry of Interpreters for the Deaf, (6) for
319 situations requiring a cued speech transliterator only, holds
320 certification from the National Training, Evaluation and Certification
321 Unit and has passed the National Registry of Interpreters for the Deaf
322 written generalist test, or (7) holds a National Association of the Deaf-
323 National Registry of Interpreters for the Deaf national interpreting
324 certificate.

325 (e) No person shall provide interpreting services in a legal setting
326 unless such person is registered with the commission according to the
327 provisions of this section and [holds] (1) holds a comprehensive skills
328 certificate from the National Registry of Interpreters for the Deaf, (2)
329 holds a certificate of interpretation and a certificate of transliteration
330 from the National Registry of Interpreters for the Deaf, (3) holds a level
331 five certification from the National Association of the Deaf, (4) holds a
332 reverse skills certificate or is a certified deaf interpreter under the
333 National Registry of Interpreters [of] for the Deaf, (5) for situations
334 requiring an oral interpreter only, holds oral certification from the
335 National Registry of Interpreters for the Deaf, (6) for situations
336 requiring a cued speech transliterator only, holds certification from the
337 National Training, Evaluation and Certification Unit and has passed
338 the National Registry of Interpreters for the Deaf written generalist
339 test, or (7) holds a National Association of the Deaf-National Registry
340 of Interpreters for the Deaf national interpreting certificate.

341 Sec. 11. Subdivision (3) of subsection (a) of section 46b-160 of the
342 general statutes is repealed and the following is substituted in lieu
343 thereof (*Effective October 1, 2009*):

344 (3) (A) The court, or any judge [,] or family support magistrate [,]
345 assigned to said court, shall cause a summons, signed by such judge or
346 magistrate, by the clerk of said court, or by a commissioner of the
347 Superior Court to be issued, requiring the putative father to appear in
348 court at a time and place as determined by the clerk but not more than
349 ninety days after the issuance of the summons to show cause why the
350 request for relief in such petition should not be granted.

351 (B) A state marshal, proper officer or investigator shall make due
352 return of process to the court not less than twenty-one days before the
353 date assigned for hearing. In the case of a child or expectant mother
354 being supported wholly or in part by the state, service of such petition
355 may be made by any investigator employed by the Department of
356 Social Services and any proper officer authorized by law.

357 Sec. 12. Subsection (f) of section 46b-212j of the general statutes is
358 repealed and the following is substituted in lieu thereof (*Effective*
359 *October 1, 2009*):

360 (f) The family support magistrate that determines by order which is
361 the controlling order under [subdivisions] subdivision (1) or (2) of
362 subsection (b) or subsection (c) of this section or that issues a new
363 controlling order under subdivision (3) of subsection (b) of this section,
364 shall state in the order: (1) The basis upon which the tribunal made its
365 determination; (2) the amount of prospective support, if any; and (3)
366 the total amount of consolidated arrears and accrued interest, if any,
367 under all of the orders after all payments made are credited as
368 provided by section 46b-212l.

369 Sec. 13. Subsection (b) of section 46b-212p of the general statutes is
370 repealed and the following is substituted in lieu thereof (*Effective*
371 *October 1, 2009*):

372 (b) If requested by the responding tribunal, the family support
373 magistrate shall issue a certificate or other document and make
374 findings required by the law of the responding state. If the responding
375 state is a foreign country or political subdivision, upon request, the
376 family support magistrate shall specify the amount of support sought,
377 convert that amount into the equivalent amount in the foreign
378 currency under the applicable official or market exchange rate as
379 publicly reported and provide any other documents necessary to
380 satisfy the requirements of the responding state.

381 Sec. 14. Subsection (a) of section 46b-213q of the general statutes is
382 repealed and the following is substituted in lieu thereof (*Effective*

383 *October 1, 2009*):

384 (a) Except as provided in subsection (b) of section 46b-213r, in any
385 matter where the Family Support Magistrate Division does not have
386 jurisdiction pursuant to subsection (f) of this section, upon petition a
387 family support magistrate may modify a child support order issued in
388 another state which is registered in this state if, after notice and
389 hearing, such magistrate finds that: (1) The following requirements are
390 met: (A) Neither the child, nor the obligee who is an individual nor the
391 obligor resides in the issuing state; (B) a petitioner who is a
392 nonresident of this state seeks modification; and (C) the respondent is
393 subject to the personal jurisdiction of the Family Support Magistrate
394 Division; or (2) this state is the state of residence of the child or a party
395 who is an individual is subject to the personal jurisdiction of the
396 Family Support Magistrate Division and all of the parties who are
397 individuals have filed consents in a record in the issuing tribunal for a
398 family support magistrate to modify the support order and assume
399 continuing exclusive jurisdiction.

400 Sec. 15. Subsection (d) of section 46b-213w of the general statutes is
401 repealed and the following is substituted in lieu thereof (*Effective*
402 *October 1, 2009*):

403 (d) The employer shall treat an income withholding order issued in
404 another state which appears regular on its face as if it had been issued
405 by a tribunal of this state.

406 Sec. 16. Subsection (a) of section 17b-112e of the general statutes is
407 repealed and the following is substituted in lieu thereof (*Effective July*
408 *1, 2009*):

409 (a) The Department of Social Services shall provide safety net
410 services for certain families identified as having significant barriers to
411 employment and families who are at risk of losing benefits under the
412 temporary family assistance program or no longer receiving program
413 benefits. [Such] To be eligible for safety net services, such families
414 shall: [include those:] (1) [Identified] Have been identified as having

415 significant barriers to employment during the initial assessment by the
 416 department's eligibility worker or during the first twelve months of
 417 employment services by an employment services case manager; (2)
 418 [who] have made a good faith effort to seek and maintain employment
 419 but have not been able to do so or [who are] be at risk of failing to
 420 complete the employment services program; (3) [who] have exhausted
 421 their eligibility for temporary family assistance program benefits; [and]
 422 or (4) [who are] not be eligible for six-month extensions of temporary
 423 family assistance benefits due to: (A) The receipt of two sanctions from
 424 the department during the first twenty months of the twenty-one-
 425 month time limit of said temporary family assistance program; or (B)
 426 the determination by the department that such a family has not made a
 427 good-faith effort to seek and maintain employment.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2009	17b-8(a)
Sec. 2	October 1, 2009	17b-192(b)
Sec. 3	October 1, 2009	17b-261(a)
Sec. 4	October 1, 2009	17b-261h(a)
Sec. 5	October 1, 2009	17b-265(b)
Sec. 6	October 1, 2009	17b-265e(c)
Sec. 7	October 1, 2009	17b-277(c)
Sec. 8	October 1, 2009	17b-292(j)
Sec. 9	October 1, 2009	17b-353(b)
Sec. 10	October 1, 2009	46a-33a(c), (d) and (e)
Sec. 11	October 1, 2009	46b-160(a)(3)
Sec. 12	October 1, 2009	46b-212j(f)
Sec. 13	October 1, 2009	46b-212p(b)
Sec. 14	October 1, 2009	46b-213q(a)
Sec. 15	October 1, 2009	46b-213w(d)
Sec. 16	July 1, 2009	17b-112e(a)

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 House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

This bill makes a variety of technical statutory changes that have no fiscal impact.

House "A" made an additional technical change that had no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**HB 6351 (as amended by House "A")******AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE HUMAN SERVICES STATUTES.*****SUMMARY:**

This bill makes technical corrections in certain statutes governing the Department of Social Services (DSS), the Commission on the Deaf and Hearing Impaired, and child support enforcement.

*House Amendment "A" makes a technical correction to the DSS Safety Net program.

EFFECTIVE DATE: October 1, 2009

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (02/26/2009)