

HOUSE OF REPRESENTATIVES

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM
2020 REGULAR SESSION
Unofficial Document

Amend printed copy of **HB 1/HCS 1**

On page 2, line 8, after "who" by inserting "*as determined by the Cabinet for Health and Family Services beyond reasonable doubt.*"; and

On page 10, line 1, after "If" by inserting "*as determined by the Cabinet for Health and Family Services beyond reasonable doubt.*".

Amendment No. HFA 6

Rep. Rep. Joni L. Jenkins

Committee Amendment _____

Floor Amendment _____

Adopted: _____

Rejected: _____

Signed: _____

LRC Drafter: _____

Date: _____

Doc. ID: XXXX

Not for Filing