

1 AN ACT relating to public assistance.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
4 READ AS FOLLOWS:

5 *For the purposes of Sections 3, 12, 15, 16, 17, 18, and 20 of this Act, unless context*
6 *requires otherwise:*

7 *(1) "Cash assistance":*

8 *(a) Means cash benefits provided under this chapter, including via an*
9 *electronic benefit transfer card; and*

10 *(b) Does not include foster care payments, kinship care payments, fictive kin*
11 *care payments, or relative placement payments made by the cabinet; and*

12 *(2) "Public Assistance" has the same meaning as in KRS 205.010 but does not*
13 *include foster care payments, kinship care payments, fictive kin care payments, or*
14 *relative placement payments made by the cabinet.*

15 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
16 READ AS FOLLOWS:

17 *(1) Within ninety (90) days of the effective date of this Act and in each biennium*
18 *thereafter, the cabinet shall conduct an analysis of state expenditures related to*
19 *the provisions of services, support, and assistance under 42 U.S.C. sec. 601 et seq.*
20 *The analysis conducted pursuant to this section shall include identification of*
21 *any unobligated funds and actions necessary to access those funds.*

22 *(2) If the cabinet, through the analysis required by this section, identifies any*
23 *unobligated funds, allocation of those funds shall prioritize:*

24 *(a) The provision of prevention services for families at risk of entering the child*
25 *welfare system; and*

26 *(b) Additional work supports and supportive services as permitted under 42*
27 *U.S.C. sec. 601 et seq.*

1 ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
2 READ AS FOLLOWS:

3 (1) As used in this section:

4 (a) "Alcoholic beverage" has the same meaning as in KRS 241.010;

5 (b) "Cash recipient of public assistance benefits" means any individual who
6 receives cash assistance via an electronic benefit transfer card or any other
7 form of cash assistance under Title IV of the Social Security Act, the
8 Supplemental Nutrition Assistance Program, or any other public assistance
9 program administered by the cabinet;

10 (c) "Tobacco product" has the same meaning as in KRS 438.305; and

11 (d) "Vapor product" has the same meaning as in KRS 438.305.

12 (2) A cash recipient of public assistance benefits shall not use any portion of his or
13 her benefits to purchase alcoholic beverages, tobacco products, vapor products,
14 or lottery tickets, or to purchase any goods or services in a casino, an
15 establishment that provides adult-oriented entertainment in which performers
16 disrobe or perform in an unclothed state, a tattoo or body piercing facility, or a
17 retail establishment the primary purpose of which is the sale of alcoholic
18 beverages, tobacco products, or vapor products.

19 (3) If a cash recipient of public assistance benefits uses an automated teller machine
20 or any other means or device to withdraw cash using an electronic benefit
21 transfer card issued by the cabinet, that cash may only be used for goods and
22 services necessary for the welfare of the family, including but not limited to food,
23 clothing, housing, utilities, child care, transportation, medicine, and medical
24 supplies.

25 (4) Any person who violates subsection (2) or (3) of this section shall be subject to the
26 following sanctions:

27 (a) Upon the first violation, the recipient shall be disqualified from receiving

1 public assistance benefits by means of a direct cash payment or an
 2 electronic benefits transfer card for one (1) month;

3 **(b) Upon the second violation, the recipient shall be disqualified from receiving**
 4 public assistance benefits by means of a direct cash payment or an
 5 electronic benefits transfer card for three (3) months; and

6 **(c) Upon the third violation, the recipient shall be disqualified from receiving**
 7 public assistance benefits by means of a direct cash payment or an
 8 electronic benefits transfer card for a period of five (5) years.

9 **(5) The cabinet shall:**

10 **(a) Within ninety (90) days after the effective date of this Act, begin utilizing a**
 11 single electronic benefit transfer card for each cash recipient of public
 12 assistance benefits regardless of in which public assistance program the
 13 individual is enrolled;

14 **(b) Through any means practical, inform all applicants for and cash recipients**
 15 of public assistance benefits of the restrictions and sanctions contained in
 16 this section;

17 **(c) Monitor the use of electronic benefit transfer cards to withdraw cash and**
 18 investigate cases in which it believes cash benefits may be being used in
 19 violation of subsection (3) of this section; and

20 **(d) Within ninety (90) days after the effective date of this Act, promulgate**
 21 administrative regulations in accordance with KRS Chapter 13A necessary
 22 to administer this section.

23 **(6) Subsection 5(a) of this section shall not apply to foster care payments, kinship**
 24 care payments, fictive kin care payments, or relative placement payments made by
 25 the cabinet.

26 ➔SECTION 4. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
 27 READ AS FOLLOWS:

1 (1) The General Assembly hereby affirms the mission of the Supplemental Nutrition
 2 Assistance Program, formerly known as the federal food stamp program, to
 3 supplement the food budgets of needy families so that they can purchase healthy
 4 food and move toward self-sufficiency. To that end, the General Assembly
 5 recommends that Supplemental Nutrition Assistance Program beneficiaries use
 6 at least seventy-five percent (75%) of their monthly benefits to purchase healthy
 7 foods, including fresh fruits, fresh vegetables, and whole grains, and that
 8 beneficiaries utilize the Kentucky Double Dollars program to enhance the
 9 purchasing power of their Supplemental Nutrition Assistance Program benefits
 10 by purchasing fresh produce from local farmers' markets.

11 (2) To the extent that surplus Supplemental Nutrition Assistance Program Education
 12 funds are available at the end of each federal fiscal year, the cabinet shall
 13 coordinate with the Department of Agriculture to provide support to expand
 14 access by Supplemental Nutrition Assistance Program beneficiaries to farmers'
 15 markets across the Commonwealth.

16 ➔SECTION 5. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
 17 READ AS FOLLOWS:

18 In order to improve access to the Supplemental Nutrition Assistance Program, reduce
 19 administrative costs associated with the program, and enhance program integrity, the
 20 cabinet shall, within ninety (90) days after the effective date of this Act:

21 (1) Establish a transitional benefit alternative as described in 7 C.F.R. secs. 273.26 to
 22 273.32;

23 (2) Request a waiver from the United States Department of Agriculture to
 24 implement:

25 (a) An Elderly Simplified Application Project for individuals who have no
 26 earned income and who are over sixty (60) years of age or who are
 27 disabled; and

- 1 **(b) A standard medical deduction waiver for individuals who are over**
2 **sixty (60) years of age or are disabled;**
- 3 **(3) Establish procedures to allow Supplemental Nutrition Assistance Program**
4 **beneficiaries to recertify eligibility online;**
- 5 **(4) Request a waiver from the United States Department of Agriculture relating to**
6 **Supplemental Nutrition Assistance time limit exception established in 7 C.F.R.**
7 **sec. 273.24(c)(4);**
- 8 **(5) Require all households receiving Supplemental Nutrition Assistance benefits,**
9 **except for those households described in subsection (2) of this section, to comply**
10 **with the certified change reporting requirements established in 7 C.F.R. sec.**
11 **273.12(a); and**
- 12 **(6) Promulgate administrative regulations in accordance with KRS Chapter 13A**
13 **necessary for the purpose of carrying out this section.**

14 ➔SECTION 6. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
15 READ AS FOLLOWS:

- 16 **(1) If at any time after the effective date of this Act, fifty percent (50%) or more of the**
17 **general fund budget request for the provision of services under the state's**
18 **medical assistance program is needed to provide the state match required to**
19 **support the expanded Medicaid population, the cabinet, to the extent permitted**
20 **under federal law, shall implement a community engagement program that**
21 **requires all able-bodied adults without dependents who have been in the state's**
22 **medical assistance program for more than twelve (12) months to participate in at**
23 **least eighty (80) hours of qualifying activities each month.**
- 24 **(2) If the cabinet implements a community engagement program pursuant to**
25 **subsection (1) of this section, the program shall utilize the requirements**
26 **established in 7 C.F.R. sec. 273.24.**
- 27 **(3) As used in this section:**

1 (a) "Able-bodied adult without dependents" means an individual who is:

2 1. Over eighteen (18) years of age but under sixty (60) years of age;

3 2. Physically and mentally able to work as determined by the cabinet;

4 and

5 3. Not primarily responsible for the care of a dependent child under the
6 age of eighteen (18) or a dependent disabled adult relative; and

7 (b) "Expanded Medicaid population" means individuals made eligible for
8 Medicaid pursuant to Pub. L. No. 111-148.

9 ➔SECTION 7. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
10 READ AS FOLLOWS:

11 Notwithstanding any provision of law to the contrary, the cabinet shall not exercise the
12 state's option to develop a basic health program as permitted under 42 U.S.C. sec.
13 18051 without first obtaining specific authorization from the General Assembly to do
14 so.

15 ➔SECTION 8. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
16 READ AS FOLLOWS:

17 When the Department for Medicaid Services receives federal funding for the state's
18 medical assistance program which is contingent on temporary maintenance of effort
19 restrictions, such as those restrictions imposed under Pub. L. No. 116-127 sec. 6008, or
20 is, for any reason, limited in its ability to disenroll individuals from the state's medical
21 assistance program, the department shall:

22 (1) (a) Continue to conduct eligibility redeterminations as in the normal course of
23 business; and

24 (b) Act on those redeterminations to the fullest extent permitted under federal
25 law; and

26 (2) Within sixty (60) days after the expiration of any federally imposed restrictions,
27 complete a full audit in which the department shall:

1 (a) Complete and act on eligibility redeterminations for all cases that have not
 2 had a redetermination within the previous twelve (12) months; and

3 (b) 1. Request approval from the federal Centers for Medicare and Medicaid
 4 Services to conduct and act on eligibility redeterminations for each
 5 individual who was enrolled during the period of federally imposed
 6 restrictions and has been enrolled for more than three (3) months.

7 2. If the department receives the federal approval requested pursuant to
 8 this paragraph, the department shall, within sixty (60) days of
 9 receiving federal approval, conduct and act on eligibility
 10 determinations for individuals described in subparagraph (1) of this
 11 paragraph.

12 ➔SECTION 9. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
 13 READ AS FOLLOWS:

14 Unless expressly required under federal law, neither the cabinet nor the Department
 15 for Medicaid Services shall be designated as a qualified health entity for the purpose of
 16 making presumptive eligibility determinations for the state's medical assistance
 17 program.

18 ➔SECTION 10. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
 19 READ AS FOLLOWS:

20 (1) When making presumptive eligibility determinations for the state's medical
 21 assistance program, it shall be the responsibility of a hospital to:

22 (a) Notify the Department for Medicaid Services of each presumptive eligibility
 23 determination within five (5) business days from the date the determination
 24 was made;

25 (b) Assist individuals determined to be presumptively eligible with completing
 26 and submitting a full Medicaid application;

27 (c) Notify the presumptively eligible individual in writing and on all relevant

1 forms, in plain language and large print, that if he or she does not file a full
2 Medicaid application with the department before the last day of the
3 following month, presumptive eligibility will end on that day; and

4 (d) Notify the presumptively eligible individual that if he or she files a full
5 Medicaid application with the department before the last day of the
6 following month, presumptive eligibility coverage will continue until an
7 eligibility determination is made on the application.

8 (2) The Department for Medicaid Services shall use the following standards to
9 ensure an accurate presumptive eligibility determination for each presumptive
10 eligibility determination made by a hospital:

11 (a) The hospital notified the department by submitting a Medicaid presumptive
12 eligibility card to the department within five (5) business days from the date
13 of determination;

14 (b) A full Medicaid application was completed by the presumptively eligible
15 individual and received by the department before the expiration of the
16 presumptive eligibility period; and

17 (c) If a full Medicaid application was received by the department, the individual
18 was determined to be eligible for full Medicaid coverage.

19 (3) (a) The first time a hospital fails to meet any of the standards established in
20 subsection (2) of this section for any presumptive eligibility determination
21 made by the hospital during the previous twelve (12) months, the
22 Department for Medicaid Services shall notify the hospital, in writing and
23 within five (5) business days from when the standard was not met, of the
24 following:

25 1. A description of the standard that was not met and an explanation of
26 how it was not met; and

27 2. Confirmation that a second finding of failure to meet any of the

1 standards established in subsection (2) of this section during the next
2 twelve (12) months will result in a requirement that all applicable
3 hospital staff participate in mandatory training on hospital
4 presumptive eligibility rules and regulations to be conducted by the
5 department.

6 (b) The second time a hospital fails to meet any of the standards established in
7 subsection (2) of this section for any presumptive eligibility determination
8 made by the hospital in a twelve (12) month period, the Department for
9 Medicaid Services shall notify the hospital, in writing and within five (5)
10 business days from when the standard was not met, of the following:

11 1. A description of the standard that was not met and an explanation of
12 how it was not met;

13 2. Confirmation that all applicable hospital staff will be required to
14 participate in mandatory training on hospital presumptive eligibility
15 rules and regulations to be conducted by the department, including the
16 date, time, and location of the training as determined by the
17 department;

18 3. A description of available appellate procedures by which the hospital
19 may dispute the finding of failure and remove the finding by providing
20 clear and convincing evidence that the standard was met; and

21 4. Confirmation that if the hospital again fails to meet the standards
22 established in subsection (2) of this section during the next twelve (12)
23 months, the hospital will no longer be permitted to make presumptive
24 eligibility determinations.

25 (c) The third time a hospital fails to meet any of the standards established in
26 subsection (2) of this section for any presumptive eligibility determination
27 made by the hospital in a twelve (12) month period, the Department for

1 Medicaid Services shall notify the hospital, in writing and within five (5)
 2 business days from when the standard was not met, of the following:

3 1. A description of the standard that was not met and an explanation of
 4 how it was not met;

5 2. A description of available appellate procedures by which the hospital
 6 may dispute the finding of failure and remove the finding by providing
 7 clear and convincing evidence that the standard was met; and

8 4. Confirmation that, effective immediately, the hospital is no longer
 9 permitted to make presumptive eligibility determinations.

10 (4) Within ninety (90) days after the effective date of this Act, the cabinet shall, in
 11 accordance with KRS Chapter 13A, promulgate administrative regulations
 12 necessary for the purpose of carrying out this section.

13 ➔SECTION 11. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
 14 READ AS FOLLOWS:

15 To the extent permitted under federal law, the state's medical assistance program shall
 16 provide coverage for substance use disorder treatment, including peer support services
 17 and substance use disorder treatment and patient navigation provided by a licensed
 18 clinical social worker, for incarcerated individuals.

19 ➔SECTION 12. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
 20 READ AS FOLLOWS:

21 (1) If a custodial parent of a dependent child is disqualified from receiving cash
 22 assistance benefits pursuant to Section 3 or 17 of this Act, the dependent child's
 23 eligibility and any other adult family member's eligibility for cash assistance
 24 benefits shall not be affected, and the custodial parent may choose to designate
 25 another person as a protective payee to receive benefits on behalf of the
 26 dependent child. The protective payee shall be an adult immediate family member
 27 of the dependent child, if such a person is available. The protective payee shall be

1 approved by the cabinet.

2 (2) Within ninety (90) days after the effective date of this Act, the cabinet shall
 3 promulgate administrative regulations, in accordance with KRS Chapter 13A,
 4 necessary for the purpose of carrying out this section.

5 ➔SECTION 13. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
 6 READ AS FOLLOWS:

7 The Cabinet for Health and Family Services shall report to the Public Assistance
 8 Oversight and Advisory Committee, established in Section 15 of this Act, on efforts to
 9 implement Sections 2, 3, 5, 7, 8, 9, 10, 11, 12, 16, 17, 20, 22, 23, 24, and 28 of this Act
 10 no later than December 1, 2022, within one (1) year after the effective date of this Act,
 11 and at any time thereafter upon request from the Public Assistance Oversight and
 12 Advisory Committee or any other legislative committee.

13 ➔SECTION 14. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
 14 READ AS FOLLOWS:

15 The Attorney General shall:

16 (1) On behalf of the Commonwealth of Kentucky, have jurisdiction to enforce this
 17 chapter; and

18 (2) Bring an action against the Cabinet for Health and Family Services if any
 19 provision of Sections 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 16, 17, 20, 22, 23, 24, and 28
 20 are not fully implemented as required by this Act.

21 ➔Section 15. KRS 6.940 is amended to read as follows:

22 (1) There is hereby established a Public Assistance~~Medicaid~~ Oversight and Advisory
 23 Committee, consisting of ten (10) members appointed as follows: four (4) members
 24 of the Senate appointed by the President of the Senate; one (1) member of the
 25 minority party in the Senate appointed by the Minority Floor Leader in the Senate;
 26 four (4) members of the House of Representatives appointed by the Speaker of the
 27 House of Representatives; and one (1) member of the minority party in the House of

1 Representatives appointed by the Minority Floor Leader in the House of
2 Representatives.

3 **(2)** Members appointed from each chamber shall elect one (1) member from their
4 chamber to serve as co-chair. The co-chairs shall have joint responsibilities for
5 committee meeting agendas and presiding at committee meetings.

6 **(3)** The committee shall meet at least four (4) times annually.

7 **(4)** *The committee* ~~[and]~~ shall provide oversight on the implementation *and*
8 *administration* of *all public assistance programs* ~~[Medicaid]~~ within the
9 Commonwealth, including access to services *and benefits*, utilization of services
10 *and benefits*, quality of services *and benefits*, and cost containment. *The committee*
11 *shall also examine strategies to promote participation in the workforce by public*
12 *assistance beneficiaries.*

13 **(5)** ~~[(2)]~~ A majority of the entire membership of the *Public Assistance* ~~[Medicaid]~~
14 Oversight and Advisory Committee shall constitute a quorum, and all actions of the
15 committee shall be by vote of a majority of its entire membership.

16 ➔Section 16. KRS 205.178 is amended to read as follows:

17 (1) At a regularly scheduled interval, each enrollment or benefit tracking agency
18 associated with the Medicaid program or the *Supplemental Nutrition Assistance*
19 *Program* ~~[food stamps program]~~ of the cabinet shall receive and review information
20 from the Kentucky Lottery Corporation concerning individuals enrolled as
21 recipients in the Medicaid program or the *Supplemental Nutrition Assistance*
22 *Program* ~~[food stamps program]~~ that indicates a change in circumstances that may
23 affect eligibility, including but not limited to changes in income or resources.

24 (2) On at least a monthly basis, each enrollment or benefit tracking agency associated
25 with the Medicaid program or the *Supplemental Nutrition Assistance Program*
26 ~~[food stamps program]~~ of the cabinet shall receive and review information from the
27 Vital Statistics Branch concerning individuals enrolled in the Medicaid program or

1 the Supplemental Nutrition Assistance Program ~~[food stamps program]~~ that
2 indicates a change in circumstances that may affect eligibility.

3 (3) On at least a monthly basis, each enrollment or benefit tracking agency
4 associated with the Supplemental Nutrition Assistance Program of the cabinet
5 shall receive and review information from the Administrative Office of the Courts
6 concerning individuals enrolled in the Supplemental Nutrition Assistance
7 Program that indicates a change in circumstances that may affect eligibility,
8 including but not limited to incarceration status.

9 (4) On at least a quarterly basis, each enrollment or benefit tracking agency associated
10 with the Medicaid program or the Supplemental Nutrition Assistance Program
11 ~~[food stamps program]~~ of the cabinet shall receive and review information from the
12 Kentucky Office of Unemployment Insurance concerning individuals enrolled in the
13 Medicaid program or the Supplemental Nutrition Assistance Program ~~[food~~
14 ~~stamps program]~~ that indicates a change in circumstances that may affect eligibility,
15 including but not limited to changes in employment or wages.

16 (5)~~(4)~~ On at least a quarterly basis, each enrollment or benefit tracking agency
17 associated with the Medicaid program or the Supplemental Nutrition Assistance
18 Program ~~[food stamps program]~~ of the cabinet shall receive and review information
19 concerning individuals enrolled in the Medicaid program or the Supplemental
20 Nutrition Assistance Program ~~[food stamps program]~~ that indicates a change in
21 circumstances that may affect eligibility, including but not limited to potential
22 changes in residency as identified by out-of-state electronic benefit transfer
23 transactions.

24 (6) On at least a quarterly basis, each enrollment or benefit tracking agency
25 associated with the Supplemental Nutrition Assistance Program of the cabinet
26 shall receive and review information the Department of Revenue concerning
27 individuals enrolled in the Supplemental Nutrition Assistance Program that

1 *indicates a change in circumstances that may affect eligibility, including but not*
 2 *limited to changes in income, wages, or residency as identified in tax records.*

3 ~~(7)(5) — (a) —~~ Notwithstanding any other provision of law to the contrary: ~~[-]~~

4 (a) Each enrollment or benefit tracking agency associated with the Medicaid
 5 program or the *Supplemental Nutrition Assistance Program* ~~[food stamps~~
 6 ~~program]~~ of the cabinet shall enter into a memorandum of understanding with
 7 any department, agency, or division for information detailed in this section;
 8 and ~~[-]~~

9 ~~(b) [Notwithstanding any other provision of law to the contrary,]~~ Any department,
 10 agency, or division for information detailed in this section, including but not
 11 limited to the Kentucky Lottery Corporation, the Vital Statistics Branch, the
 12 Office of Unemployment Insurance, and the Department for Community
 13 Based Services, shall enter into any necessary memoranda of understanding
 14 with the enrollment or benefit tracking agency associated with the Medicaid
 15 program or the *Supplemental Nutrition Assistance Program* ~~[food stamps~~
 16 ~~program]~~ requesting an agreement pursuant to paragraph (a) of this
 17 subsection.

18 ~~(8)(6)~~ Each enrollment or benefit tracking agency associated with the Medicaid
 19 program or the *Supplemental Nutrition Assistance Program* ~~[food stamps~~
 20 ~~program]~~ of the cabinet may contract with one (1) or more independent vendors to
 21 provide additional data or information that may indicate a change in circumstances
 22 that may affect eligibility.

23 ~~(9)(7)~~ Each enrollment or benefit tracking agency associated with the Medicaid
 24 program or the *Supplemental Nutrition Assistance Program* ~~[food stamps program~~
 25 ~~] of the cabinet shall explore joining any multistate cooperative to identify~~
 26 individuals who are also enrolled in public assistance programs outside of this state.

27 ~~(10)(8)~~ If an enrollment or benefit tracking agency associated with the Medicaid

1 program or the **Supplemental Nutrition Assistance Program** ~~{food stamps program~~
 2 ~~}~~ of the cabinet receives information concerning an individual enrolled in the
 3 Medicaid program or the **Supplemental Nutrition Assistance Program** ~~{food~~
 4 ~~stamps program}~~ that indicates a change in circumstances that may affect eligibility,
 5 the enrollment or benefit tracking agency or other appropriate agency shall review
 6 the individual's case.

7 **(11) (a) Unless expressly required by federal law, the cabinet shall not seek, apply**
 8 **for, accept, or renew any waiver of work requirements established by the**
 9 **Supplemental Nutrition Assistance Program under 7 U.S.C. sec. 2015(o)**
 10 **without first obtaining specific authorization from the General Assembly to**
 11 **do so.**

12 **(b) The cabinet shall not exercise the state's option under 7 U.S.C. sec.**
 13 **2015(o)(6).**

14 **(c) The cabinet shall assign all individuals who are subject to work**
 15 **requirements under 7 U.S.C. sec. 2015(d)(1) to an employment and training**
 16 **program as defined in 7 U.S.C. sec. 2015(d)(4).**

17 ~~{(9) The food stamps program of the cabinet shall not seek, apply for, accept, or renew~~
 18 ~~any waiver of requirements established under 7 U.S.C. sec. 2015(o) unless there is~~
 19 ~~an economic downturn resulting in an unemployment rate of ten percent (10%) or~~
 20 ~~more or the Cabinet for Health and Family Services determines an increase in the~~
 21 ~~unemployment rate in any particular county is severe enough to necessitate a~~
 22 ~~waiver.}~~

23 **(12){(10)}** The cabinet shall promulgate all rules and regulations necessary for the
 24 purposes of carrying out this section.

25 **(13){(11)}** Upon request **from the Legislative Research Commission**, the Cabinet for
 26 Health and Family Services shall submit a report relating to the number of
 27 individuals discovered utilizing services inappropriately, the number of individuals

1 who were removed from one (1) or more public assistance programs as a result of a
2 review pursuant to this section, and the amount of public funds preserved in total
3 and by public assistance program and aggregated by prior years.

4 ➔Section 17. KRS 205.200 is amended to read as follows:

5 (1) A needy aged person, a needy blind person, a needy child, a needy permanently and
6 totally disabled person, or a person with whom a needy child lives shall be eligible
7 to receive a public assistance grant only if he *or she* has made a proper application
8 or an application has been made on his *or her* behalf in the manner and form
9 prescribed by administrative regulation. No individual shall be eligible to receive
10 public assistance under more than one (1) category of public assistance for the same
11 period of time.

12 (2) The secretary shall, by administrative regulations, prescribe the conditions of
13 eligibility for public assistance in conformity with the public assistance titles of the
14 Social Security Act, its amendments, and other federal acts and regulations. The
15 secretary shall also promulgate administrative regulations to allow for between a
16 forty percent (40%) and a forty-five percent (45%) ratable reduction in the method
17 of calculating eligibility and benefits for public assistance under Title IV-A of the
18 Federal Social Security Act. In no instance shall grants to families with no income
19 be less than the appropriate grant maximum used for public assistance under Title
20 IV-A of the Federal Social Security Act. As used in this section, "ratable reduction"
21 means the percentage reduction applied to the deficit between the family's countable
22 income and the standard of need for the appropriate family size.

23 (3) The secretary may by administrative regulation prescribe as a condition of eligibility
24 that a needy child regularly attend school, and may further by administrative
25 regulation prescribe the degree of relationship of the person or persons in whose
26 home such needy child must reside.

27 (4) The secretary may by administrative regulation prescribe conditions for bringing

1 paternity proceedings or actions for support in cases of out of wedlock birth or
2 nonsupport by a parent in the public assistance under Title IV-A of the Federal
3 Social Security Act program.

4 (5) Public assistance shall not be payable to or in behalf of any individual who has
5 taken any legal action in his or her own behalf or in the behalf of others with the
6 intent and purpose of creating eligibility for the assistance.

7 (6) The cabinet shall promptly notify the appropriate law enforcement officials of the
8 furnishing of public assistance under Title IV-A of the Federal Social Security Act
9 in respect to a child who has been deserted or abandoned by a parent.

10 (7) No person shall be eligible for public assistance payments if, after having been
11 determined to be potentially responsible, and afforded notice and opportunity for
12 hearing, he refuses without good cause:

13 (a) To register for employment with the state employment service,

14 (b) To accept suitable training, or

15 (c) To accept suitable employment.

16 The secretary may prescribe by administrative regulation, subject to the provisions
17 of KRS Chapter 13A, standards of suitability for training and employment.

18 (8) To the extent permitted by federal law, scholarships, grants, or other types of
19 financial assistance for education shall not be considered as income for the purpose
20 of determining eligibility for public assistance.

21 (9) To the extent permitted by federal law, any money received because of a settlement
22 or judgment in a lawsuit brought against a manufacturer or distributor of "Agent
23 Orange" for damages resulting from exposure to "Agent Orange" by a member or
24 veteran of the Armed Forces of the United States or any dependent of such person
25 who served in Vietnam shall not be considered as income for the purpose of
26 determining eligibility or continuing eligibility for public assistance and shall not be
27 subject to a lien or be available for repayment to the Commonwealth for public

1 assistance received by the recipient.

2 (10) (a) Categorical eligibility as described in 7 U.S.C. sec. 2014(a) and 7 C.F.R.
3 sec. 273.2(j) shall not be granted for any noncash benefits, in-kind benefits,
4 or any other benefit administered under this chapter, unless expressly
5 required by federal law.

6 (b) The cabinet shall not apply gross income standards for assistance that are
7 higher than the standards established in 7 U.S.C. sec. 2014(c), unless
8 expressly required by federal law. Categorical eligibility exempting
9 households from such gross income standards requirements shall not be
10 granted for any noncash benefits, in-kind benefits, or any other benefit
11 administered under this chapter, unless expressly required by federal law.

12 (11) For the purpose of determining eligibility for medical assistance under Title XIX
13 of the Social Security Act, the cabinet shall not, unless expressly required by
14 federal law, accept self-attestation of income, residency, age, household
15 composition, caretaker or relative status, or receipt of other coverage without
16 verification prior to enrollment, and the cabinet shall not request federal
17 authorization or approval to waive or decline to periodically check any available
18 income-related data source to verify eligibility.

19 (12) When determining whether an applicant for services or assistance provided under
20 this chapter meets the applicable income eligibility guidelines, the cabinet shall
21 only use the most recent income verification data available.

22 (13) To the extent permitted under federal law, if an individual traffics, sells,
23 distributes, gives, or otherwise transfers an electronic benefit transfer card issued
24 by the department for money, service, or other valuable consideration, the
25 individual may be deemed ineligible for all public assistance programs
26 administered by the cabinet under this chapter for a period of not more than six
27 (6) months for a first offense and may be deemed permanently ineligible for all

1 public assistance programs administered by the cabinet under this chapter for
2 subsequent offenses.

3 ~~(14)~~[(10)] (a) Notwithstanding any other provision of Kentucky law, the following
4 shall be disregarded for the purposes of determining an individual's eligibility
5 for a means-tested public assistance program, and the amount of assistance or
6 benefits the individual is eligible to receive under the program:

- 7 1. Any amount in an ABLE account;
- 8 2. Any contributions to an ABLE account; and
- 9 3. Any distribution from an ABLE account for qualified disability
10 expenses.

11 (b) For purposes of this subsection:

- 12 1. "ABLE account" means an account established within any state having a
13 qualified ABLE program as provided in 26 U.S.C. sec. 529A, as
14 amended;
- 15 2. "Kentucky law" includes:
 - 16 a. All provisions of the Kentucky Revised Statutes;
 - 17 b. Any contract to provide Medicaid managed care established
18 pursuant to this chapter;
 - 19 c. Any agreement to operate a Medicaid program established
20 pursuant to this chapter; and
 - 21 d. Any administrative regulation promulgated pursuant to this
22 chapter; and
- 23 3. "Qualified disability expenses" means expenses described in 26 U.S.C.
24 sec. 529A of a person who is the beneficiary of an ABLE account.

25 ➔Section 18. KRS 205.231 is amended to read as follows:

- 26 (1) The secretary shall appoint one (1) or more impartial hearing officers to hear and
27 decide upon appealed decisions.

- 1 (2) Any applicant or recipient who is dissatisfied with the decision or delay in action on
2 his or her application for public assistance or the amount granted to him or her and
3 any applicant or recipient who was deemed ineligible or disqualified from public
4 assistance benefits under Section 3 or 17 of this Act may appeal to a hearing
5 officer, except that an appeal and a hearing need not be granted if the sole issue is a
6 federal or state law requiring an automatic change adversely affecting some or all
7 recipients of the Kentucky medical assistance program so long as advance notice of
8 the change, with an explanation of appeal rights, is provided to all affected
9 recipients. However, a recipient may appeal whether the cabinet is accurately
10 interpreting a change in federal or state law which may adversely affect the
11 recipient. On receipt of an appeal, an administrative hearing shall be conducted in
12 accordance with KRS Chapter 13B.
- 13 (3) The secretary may appoint an Appeal Board for Public Assistance composed of the
14 secretary and two (2) other members. The secretary shall be chairman, and he or she
15 and one (1) other member constitute a quorum.
- 16 (4) Any applicant or recipient who is dissatisfied with the decision of a hearing officer
17 may appeal to the appeal board in the manner and form prescribed by administrative
18 regulation. The board may on its own motion affirm, modify, or set aside any
19 decision of a hearing officer on the basis of the evidence previously submitted in the
20 case, or direct the taking of additional evidence, or may permit any of the parties to
21 the decision to initiate further appeals before it. The board may remove itself or
22 transfer to another hearing officer the proceedings on any appeal pending before a
23 hearing officer. The board shall promptly notify the parties to any proceedings of its
24 findings and decisions.
- 25 (5) The manner in which appeals are presented and hearings and appeals conducted
26 under subsection (4) of this section shall be in accordance with administrative
27 regulations promulgated by the secretary.

1 (6) After a decision by the appeal board, any party aggrieved by the decision may seek
2 judicial review of the decision by filing a petition in the Circuit Court of the county
3 in which the petitioner resides, in accordance with KRS 13B.140, 13B.150, and
4 13B.160.

5 ➔Section 19. KRS 205.525 is amended to read as follows:

6 (1) Concurrent with submitting an application for a waiver or waiver amendment or a
7 request for a plan amendment to any federal agency that approves waivers, waiver
8 amendments, and plan amendments, the Cabinet for Health and Family Services
9 shall provide to the Interim Joint Committee on Health, ~~and~~ Welfare, *and Family*
10 *Services*, ~~and~~ to the Interim Joint Committee on Appropriations and Revenue, *and*
11 *to the Public Assistance Oversight and Advisory Committee* a copy, summary, and
12 statement of benefits of the application for a waiver or waiver amendment or
13 request for a plan amendment.

14 (2) The cabinet shall provide an update on the status of the application for a waiver or
15 waiver amendment or request for a plan amendment upon request.

16 ➔Section 20. KRS 205.725 is amended to read as follows:

17 (1) Whenever the cabinet receives an application for public assistance on behalf of a
18 needy dependent child or reviews the records of those currently receiving public
19 assistance on behalf of a needy dependent child and it appears to the satisfaction of
20 the cabinet that either or both parents have failed to provide support to the child, the
21 cabinet *shall* ~~may~~ take appropriate action under this chapter, or any other
22 appropriate state and federal laws and regulations *including but not limited to*
23 *enforcement of 7 C.F.R. sec. 273.11(o) and (p)*, to assure that the responsible
24 parent or parents provide support to the child.

25 (2) *Subsection (1) of this section shall not apply if the:*

26 *(a) Cabinet has reason to believe allegations of child abuse or domestic*
27 *violence and that enforcement of subsection (1) of this section could be*

- 1 *harmful to the custodial parent or needy dependent child;*
 2 *(b) Cabinet believes that enforcement of subsection (1) of this section may not*
 3 *be in the best interest of the needy dependent child; or*
 4 *(c) Custodial parent is the needy dependent child's mother, and she did not*
 5 *identify a father on the child's birth certificate at the time of birth.*

6 *(3) The cabinet may, pursuant to 7 C.F.R. sec. 273.11(q), disqualify an individual*
 7 *from public assistance granted under this chapter during any month in which the*
 8 *individual is delinquent in any payment due under a court order for the support*
 9 *of a child of the individual.*

10 *(4)* As used in KRS 205.730, 205.735, 205.765, and 205.785, the term "child" includes
 11 a child of an individual who is not receiving public assistance and who is eligible to
 12 receive child support services in accordance with Title IV-D of the Social Security
 13 Act.

14 ➔Section 21. KRS 441.045 is amended to read as follows:

15 (1) The county governing body shall prescribe rules for the government, security,
 16 safety, and cleanliness of the jail and the comfort and treatment of prisoners,
 17 provided such rules are consistent with state law. The county judge/executive may
 18 inspect the jail at any reasonable time.

19 (2) Willful violation of the rules promulgated pursuant to subsection (1) of this section
 20 shall be deemed a violation.

21 (3) Except as provided in subsections (4) and (5) of this section, the cost of providing
 22 necessary medical, dental, and psychological care for indigent prisoners in the jail
 23 shall be paid from the jail budget.

24 (4) The cost of providing necessary medical, dental, or psychological care for prisoners
 25 of the United States government shall be paid as provided by contract between the
 26 United States government and the county or as may otherwise be provided by
 27 federal law.

- 1 (5) (a) The cost of providing necessary medical, dental, or psychological care,
2 beyond routine care and diagnostic services, for prisoners held pursuant to a
3 contractual agreement with the state shall be paid as provided by contract
4 between the state and county. The costs of necessary medical, dental, or
5 psychological care, beyond routine care and diagnostic services, of prisoners
6 held in the jail for which the county receives a per diem payment shall be paid
7 by the state.
- 8 (b) To the extent that federal law allows and federal financial participation is
9 available, for the limited purpose of implementing this section, the jail, the
10 department, or the department's designee is authorized to act on behalf of an
11 inmate for purposes of applying for Medicaid eligibility.
- 12 (6) The cost of providing necessary medical, dental, or psychological care for prisoners
13 held pursuant to a contractual agreement with another county or a city shall be paid
14 as provided by contract between the county or city and county.
- 15 (7) (a) When the cost of necessary medical, dental, or psychological care for a
16 prisoner exceeds one thousand dollars (\$1,000), as calculated by using the
17 maximum allowable costs to similar persons or facilities for the same or
18 similar services under the Kentucky Medical Assistance Program, the state
19 shall reimburse the county for that portion of the costs that exceeds one
20 thousand dollars (\$1,000). The reimbursement shall be subject to the
21 following terms and conditions:
- 22 1. The care is necessary as defined in subsection (10) of this section;
 - 23 2. The prisoner is indigent as defined in subsection (8) of this section, or is
24 uninsured; and
 - 25 3. No state reimbursement to the county for care provided by physicians,
26 hospitals, laboratories, or other health care providers shall exceed the
27 maximum payments allowed to similar persons or facilities for the same

1 or similar services under the Kentucky Medical Assistance Program,
2 except as provided in subsection (11) of this section.

3 (b) A county may assign its ability to receive payment from the state under this
4 subsection to the person providing the medical, dental, or psychological care
5 to the prisoner, which assignment shall be accepted by the provider for the
6 purposes of submitting billing directly to the state. The state shall pay or deny
7 a claim submitted to it within ninety (90) days of receiving the claim. The
8 county shall include with the assignment the information required by
9 subsection (8) of this section necessary to qualify the prisoner as indigent. The
10 provider shall bill for any other public or private health benefit plan or health
11 insurance benefits available to the prisoner prior to billing the state under this
12 subsection, and shall bill the state prior to billing the county. The county shall
13 retain ultimate payment responsibility as established under subsection (3) of
14 this section, and the provider may bill the county for payment after the
15 expiration of ninety (90) days from the date the provider submitted the claim
16 to the state for payment if the claim remains unpaid at that time.

17 (8) (a) The determination of whether a prisoner is indigent shall be made pursuant to
18 KRS 31.120, and may be evidenced by the affidavit of indigency required by
19 that statute or the appointment of a public defender under that statute. The
20 prisoner shall not be considered indigent, in the case of prisoner medical care,
21 if:

- 22 1. The prisoner has funds on his or her inmate account to cover all or a
23 portion of his or her medical expenses;
- 24 2. The prisoner's medical expenses are covered on a medical insurance
25 policy; or
- 26 3. The prisoner has the private resources to pay for the use of the medical
27 facilities.

- 1 (b) Prisoners who are later determined not to have been indigent, or who at a time
2 following treatment are no longer indigent, shall be required to repay the costs
3 of payments made pursuant to this section to the unit of government which
4 made the payment.
- 5 (9) The terms and conditions relating to any determination of nonindigency and
6 demands for repayment shall be under the same terms and conditions as are
7 provided under KRS Chapters 31 and 431 relating to similar circumstances in the
8 program for defense of indigents by the public advocate.
- 9 (10) For the purposes of this section, "necessary care" means care of a nonelective nature
10 that cannot be postponed until after the period of confinement without hazard to the
11 life or health of the prisoner.
- 12 (11) Any money appropriated for a given fiscal year to fund the state's obligation under
13 subsection (7) of this section which remains unspent at the end of the year shall not
14 lapse but shall be made available to satisfy, to the maximum extent possible, that
15 portion of each catastrophic claim made during said year above the threshold
16 amount for which the county did not receive state assistance pursuant to subsection
17 (7) of this section. In the event there is an insufficient surplus to satisfy said balance
18 of all such catastrophic claims which are made during that year, the state shall pay
19 to those qualified counties, on a per claim basis, an amount equal to each claim's
20 percentage of the total surplus. Should the surplus be sufficient to satisfy all such
21 catastrophic claims, the amount remaining, if any, shall not lapse but shall be
22 carried forward to the next fiscal year to be made available for future catastrophic
23 claims.
- 24 (12) Notwithstanding other provisions of this section to the contrary, a jail may impose a
25 reasonable fee for the use of jail medical facilities by a prisoner who has the ability
26 to pay for the medical care. These funds may be deducted from the prisoner's inmate
27 account. A prisoner shall not be denied medical treatment because he or she has

1 insufficient funds on his or her inmate account. This subsection shall not preclude
2 other recovery of funds as provided in this section.

3 (13) (a) Notwithstanding any other provision of this section to the contrary, a jail may
4 impose a reasonable fee for the use of jail medical facilities by a state prisoner
5 who has been placed in a jail pursuant to a contract with the Department of
6 Corrections under KRS 532.100 or other statute, and who has the ability to
7 pay for medical care.

8 (b) Funds may be deducted from the state prisoner's inmate account at the jail.

9 (c) A state prisoner shall not be denied medical treatment because he or she has
10 insufficient funds in his or her inmate account.

11 (d) This subsection shall not preclude other recovery of funds as provided in this
12 section.

13 (e) This subsection does not authorize recovery of funds from a prisoner for
14 medical care which has been paid or reimbursed by the state pursuant to this
15 section.

16 (14) Except as provided in subsection (4) of this section, all payments for necessary
17 medical, dental, or psychological care for jail, regional jail, or holdover prisoners
18 shall be made at a rate not to exceed the Medicaid rate for the same or similar
19 services, which shall be paid within thirty (30) days under the provisions of KRS
20 65.140 of receiving a claim from the health facility or provider for the item or
21 service. This subsection shall not obligate the Medicaid program to pay for services
22 provided to a prisoner.

23 (15) (a) A peace officer or correctional officer having custody of a person shall not
24 release the person from custody so that the person may receive treatment from
25 a health care facility or health care provider, except pursuant to an order
26 issued by a court of competent jurisdiction which specifically names the
27 person to receive treatment.

- 1 (b) A peace officer or correctional officer having custody of a person may take the
2 person to a health care facility or health care provider for the purpose of
3 receiving treatment if a correctional officer remains with the person during the
4 time the person is on the premises of the health care facility or health care
5 provider, unless the facility or provider consents to the absence of the officer.
- 6 (c) A county, urban-county, consolidated local government, charter county,
7 unified local government, jail, regional jail, holdover, local detention center,
8 or other local correctional facility shall not be responsible for paying for the
9 medical or other health care costs of a person who is released by a court of
10 competent jurisdiction, except where the release is for the purpose of
11 receiving medical or other health care services as evidenced by an order
12 requiring the person to return to custody upon completion of treatment.
- 13 (d) When a county, urban-county, consolidated local government, charter county,
14 unified local government, jail, regional jail, holdover, local detention center,
15 or other local correctional facility is responsible for paying for medical or
16 other health care costs under paragraph (c) of this subsection, payment shall
17 be made only at the Medicaid rate for same or similar services.
- 18 (e) For the purposes of this subsection, "correctional officer" includes a:
19 1. Jailer or deputy jailer;
20 2. Director or other person in charge of a local detention center, local
21 correctional facility, or regional jail; and
22 3. Correctional officer employed by a local detention center, local
23 correctional facility, or regional jail.
- 24 **(16) (a) The jailer shall notify the Cabinet for Health and Family Services,**
25 **Department for Community Based Services:**
26 **1. When a county prisoner, if not released within forty-eight (48) hours**
27 **of arrest, is incarcerated; and**

1 **2. At least forty-eight (48) hours prior to a county prisoner's release from**
 2 **incarceration unless the county prisoner is ordered to be released in**
 3 **fewer than forty-eight (48) hours, in which case the county jailer shall**
 4 **immediately notify the Department for Community Based Services.**

5 **(b) For the purposes of this subsection, "county prisoner" means any prisoner**
 6 **not held pursuant to a contractual agreement with the state or the United**
 7 **States government.**

8 ➔Section 22. Within 90 days after the effective date of this Act, the Cabinet for
 9 Health and Family Services shall report the following information to the Interim Joint
 10 Committee on Health, Welfare, and Family Services and the Public Assistance and
 11 Oversight Advisory Committee:

12 (1) The number of additional families served by the Child Care Assistance
 13 Program following the increase in eligibility to 200% of the federal poverty level

14 (2) An assessment of the additional cost to the state incurred by increasing Child
 15 Care Assistance Program eligibility to 200% of the federal poverty level; and

16 (3) An assessment of what the fiscal impact of discounting multiple copayments
 17 for families with more than one child in the Child Care Assistance Program would be.

18 ➔Section 23. Within 90 days after the effective date of this Act, the Cabinet for
 19 Health and Family Services shall prepare and submit a Section 1115 demonstration
 20 waiver request to the federal Centers for Medicare and Medicaid Services seeking
 21 approval to eliminate mandatory hospital presumptive eligibility and to restrict
 22 presumptive eligibility determinations to children and pregnant women eligibility groups.
 23 If federal approval for the waiver is denied, the cabinet shall resubmit a Section 1115
 24 demonstration waiver request for approval within 6 months of each denial.

25 ➔Section 24. If the Cabinet for Health and Family Services determines that a state
 26 plan amendment, waiver, or any other form of approval or authorization from a federal
 27 agency is necessary prior to the implementation of any provision of this Act, the cabinet

1 shall, within 90 days after the effective date of this Act, request the state plan amendment,
2 waiver, approval, or authorization and shall only delay full implementation of those
3 provisions for which a state plan amendment, waiver, approval, or authorization was
4 deemed necessary until the state plan amendment, waiver, approval, or authorization is
5 granted. The cabinet shall, in accordance with KRS 205.525, provide a copy of any state
6 plan amendment, waiver, or other approval or authorization application submitted
7 pursuant to this Section to the Inter Joint Committee on Health, Welfare, and Family
8 Service, the Interim Joint Committee on Appropriations and Revenue, and the Public
9 Assistance Oversight and Advisory Committee and provide an update on the status of any
10 application submitted pursuant to this section upon request.

11 ➔Section 25. The General Assembly hereby directs the Education and Workforce
12 Development Cabinet to design and launch an online portal or Web site where private
13 employers in the Commonwealth can post available job openings. Employment
14 opportunities posted to the portal or Web site shall be accessible and searchable by the
15 general public.

16 ➔Section 26. The Legislative Oversight and Investigations Committee shall
17 conduct an in-depth analysis of Temporary Assistance for Needy Families (TANF) and
18 the Kentucky Transition Assistance Program (K-TAP) spending by the Cabinet for Health
19 and Family Services and seek to identify alternative sources of funding for child welfare
20 programs and services currently funded by the federal TANF block grant and state
21 maintenance-of-effort dollars, including possible strategies for securing additional Title
22 IV-E funds, so that future K-TAP expenditures may be allocated in a manner that
23 prioritizes assisting recipients of public assistance in transitioning off of public assistance
24 by finding and maintaining sustainable, gainful employment.

25 ➔Section 27. The Legislative Research Commission shall establish a Basic
26 Health Program Task Force to study and make recommendations on the development of a
27 basic health program as permitted under 42 U.S.C sec. 18051 for low-income individuals

1 who are not eligible for the state's medical assistance program. The duties of the task
2 force shall include but are not limited to making recommendations for the monthly
3 premiums and co-payments associated with health insurance options available under a
4 basic health program and eligibility guidelines for health insurance options available
5 under a basic health program.

6 ➔Section 28. The Basic Health Program Task Force shall be composed of the
7 following members with final membership of the task force being subject to the
8 consideration and approval of the Legislative Research Commission:

9 (1) Four members of the House of Representatives appointed by the Speaker of
10 the House of Representatives, one of whom shall be designated by the Speaker of the
11 House of Representatives as a co-chair of the task force;

12 (2) One member of the House of Representatives appointed by the Minority Floor
13 Leader of the House of Representatives;

14 (3) Four members of the Senate appointed by the President of the Senate, one of
15 whom shall be designated by the President of the Senate as a co-chair of the task force;
16 and

17 (4) One member of the Senate appointed by the Minority Floor Leader of the
18 Senate.

19 ➔Section 29. The task force shall meet at least four times during the 2022 Interim
20 of the General Assembly, and the task force shall submit its findings and
21 recommendations to the Legislative Research Commission by December 1, 2022.

22 ➔Section 30. Provisions of Sections 27, 28, and 29 of this Act to the contrary
23 notwithstanding, the Legislative Research Commission shall have the authority to
24 alternatively assign the issues identified therein to an interim joint committee or a
25 subcommittee thereof, and to designate a study completion date.

26 ➔Section 31. Sections 26 to 30 of this Act shall have the same legal status as a
27 House Concurrent Resolution.

1 ➔Section 32. If any section, any subsection, or any provision of this Act is found
2 by a court of competent jurisdiction in a final, unappealable order to be invalid or
3 unconstitutional, the decision of the court shall not affect or impair any of the remaining
4 sections, subsections, or provisions of this Act.