



General Assembly

Substitute Bill No. 985

January Session, 2025



***AN ACT CONCERNING LEGISLATIVE APPROVAL FOR CHANGES TO
THE HUSKY HEALTH PROGRAM REIMBURSEMENT AND CARE
DELIVERY MODEL.***

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

1 Section 1. (NEW) (*Effective July 1, 2025*) (a) The Commissioner of
2 Social Services shall submit any proposal to change the fee-for-service
3 Medicaid payment model to a managed care payment model to the joint
4 standing committees of the General Assembly having cognizance of
5 matters relating to human services and appropriations and the budgets
6 of state agencies for approval, denial or modification before
7 implementing such change or seeking any necessary federal approval to
8 implement such change. Not later than thirty days after the date of their
9 receipt of such proposal, such joint standing committees shall hold a
10 public hearing on the proposal. Not later than thirty days before such
11 hearing, such joint standing committees shall inform the commissioner,
12 in writing, of the date and time of such hearing and invite the
13 commissioner to testify on the reasons for such proposal, including, but
14 not limited to, (1) any costs or benefits to the state, (2) the expected
15 impact on care provided to Medicaid recipients, and (3) the expected
16 impact on Medicaid reimbursements to providers of such care. At the
17 conclusion of such hearing, such joint standing committees shall advise
18 the commissioner of their approval, denial or modifications, if any, of

19 the commissioner's proposal. If such joint standing committees advise
20 the commissioner of their denial, the commissioner shall not implement
21 the proposal or seek any necessary federal approval to implement the
22 proposal.

23 (b) If such joint standing committees do not concur, the committee
24 chairpersons shall appoint a committee of conference, which shall be
25 composed of three members from each joint standing committee. At
26 least one member appointed from each joint standing committee shall
27 be a member of the minority party. The report of the committee of
28 conference shall be made to each joint standing committee, which shall
29 vote to accept or reject the report. The report of the committee of
30 conference may not be amended. If one joint standing committee rejects
31 the report of the committee of conference, the proposal shall be deemed
32 denied. If such joint standing committees accept the report, the
33 committee having cognizance of matters relating to appropriations and
34 the budgets of state agencies shall advise the commissioner of their
35 approval, denial or modifications, if any, of the commissioner's
36 proposal. If such joint standing committees do not so advise the
37 commissioner during the thirty-day period, the proposal shall be
38 deemed denied.

39 (c) Any application for a federal waiver, waiver renewal or proposed
40 Medicaid state plan amendment submitted to the federal government
41 by the commissioner to implement a proposal under subsection (a) of
42 this section shall be in accordance with the approval or modifications, if
43 any, of the joint standing committees of the General Assembly having
44 cognizance of matters relating to human services and appropriations
45 and the budgets of state agencies.

46 (d) Thirty days prior to submission of such proposal to such joint
47 standing committees pursuant to subsection (a) of this section, the
48 Commissioner of Social Services shall post a notice that the
49 commissioner intends to seek approval for such proposal on the
50 Department of Social Services' Internet web site, along with a summary
51 of the provisions of such proposal and the manner in which individuals

52 may submit comments. The commissioner shall allow thirty days for
53 written comments on such proposal and shall include all written
54 comments with the submission of such proposal to such joint standing
55 committees.

56 (e) The commissioner shall include with any application for federal
57 approval of such proposal: (1) Any written comments received pursuant
58 to subsection (d) of this section; and (2) any additional written
59 comments submitted to such joint standing committees at such
60 proceedings. Such joint standing committees shall transmit any such
61 materials to the commissioner for inclusion with any such application
62 for federal approval.

63 Sec. 2. (NEW) (*Effective July 1, 2025*) Not later than December 1, 2025,
64 and annually thereafter, the Commissioner of Social Services shall file
65 reports with the Council on Medical Assistance Program Oversight,
66 established pursuant to section 17b-28 of the general statutes, as
67 amended by this act, concerning (1) the financial performance of the
68 Medicaid program, and (2) access to and quality of care for Medicaid
69 members. The financial performance report shall minimally include
70 updated data similar to the data in the report on financial trends in the
71 HUSKY Health program filed with the council by the commissioner in
72 February 2023, and the report concerning access to and quality of care
73 shall minimally include updated data similar to the data included in the
74 reports filed with the council by the commissioner on physical health
75 measures in January 2023 and behavioral health quality indicators in
76 April 2023 in the HUSKY Health program.

77 Sec. 3. Subsection (a) of section 17a-460c of the general statutes is
78 repealed and the following is substituted in lieu thereof (*Effective July 1,*
79 *2025*):

80 (a) The center, when authorized by the commissioner, may enter into
81 provider agreements and other contractual arrangements with the
82 Medicaid fee-for-service program and Medicare managed care plans,
83 governmental health plans, health maintenance organizations, health

84 insurance plans, employer and union health plans, preferred provider
85 organizations, physician-hospital organizations, managed care plans,
86 networks and other similar arrangements or plans offered by insurers,
87 third-party payers or other entities offering health care plans to their
88 members or employees and their dependents.

89 Sec. 4. Section 17b-28 of the general statutes is repealed and the
90 following is substituted in lieu thereof (*Effective July 1, 2025*):

91 (a) There is established a Council on Medical Assistance Program
92 Oversight which shall advise the Commissioner of Social Services on the
93 planning and implementation of the health care delivery system for the
94 HUSKY Health program. The council shall monitor planning and
95 implementation of matters related to Medicaid care management
96 initiatives including, but not limited to, (1) eligibility standards, (2)
97 benefits, (3) access, (4) quality assurance, (5) outcome measures, and (6)
98 the issuance of any request for proposal by the Department of Social
99 Services for utilization of an administrative services organization in
100 connection with such initiatives.

101 [(b) On or before June 30, 2011, the council shall be composed of the
102 chairpersons and ranking members of the joint standing committees of
103 the General Assembly having cognizance of matters relating to human
104 services, public health and appropriations and the budgets of state
105 agencies, or their designees; two members of the General Assembly, one
106 to be appointed by the president pro tempore of the Senate and one to
107 be appointed by the speaker of the House of Representatives; the
108 director of the Commission on Aging, or a designee; the director of the
109 Commission on Children, or a designee; a representative of each
110 organization that has been selected by the state to provide managed care
111 and a representative of a primary care case management provider, to be
112 appointed by the president pro tempore of the Senate; two
113 representatives of the insurance industry, to be appointed by the
114 speaker of the House of Representatives; two advocates for persons
115 receiving Medicaid, one to be appointed by the majority leader of the
116 Senate and one to be appointed by the minority leader of the Senate; one

117 advocate for persons with substance use disorders, to be appointed by
118 the majority leader of the House of Representatives; one advocate for
119 persons with psychiatric disabilities, to be appointed by the minority
120 leader of the House of Representatives; two advocates for the
121 Department of Children and Families foster families, one to be
122 appointed by the president pro tempore of the Senate and one to be
123 appointed by the speaker of the House of Representatives; two members
124 of the public who are currently recipients of Medicaid, one to be
125 appointed by the majority leader of the House of Representatives and
126 one to be appointed by the minority leader of the House of
127 Representatives; two representatives of the Department of Social
128 Services, to be appointed by the Commissioner of Social Services; two
129 representatives of the Department of Public Health, to be appointed by
130 the Commissioner of Public Health; two representatives of the
131 Department of Mental Health and Addiction Services, to be appointed
132 by the Commissioner of Mental Health and Addiction Services; two
133 representatives of the Department of Children and Families, to be
134 appointed by the Commissioner of Children and Families; two
135 representatives of the Office of Policy and Management, to be appointed
136 by the Secretary of the Office of Policy and Management; and one
137 representative of the office of the State Comptroller, to be appointed by
138 the State Comptroller.]

139 [(c) On and after October 31, 2017, the] (b) The council shall be
140 composed of the following members:

141 (1) The chairpersons and ranking members of the joint standing
142 committees of the General Assembly having cognizance of matters
143 relating to aging, human services, public health and appropriations and
144 the budgets of state agencies, or their designees;

145 (2) Five appointed by the speaker of the House of Representatives,
146 one of whom shall be a member of the General Assembly, one of whom
147 shall be a community provider of adult Medicaid health services, one of
148 whom shall be a recipient of Medicaid benefits for the aged, blind and
149 disabled or an advocate for such a recipient, one of whom shall be a

150 representative of the state's federally qualified health clinics and one of
151 whom shall be a member of the Connecticut Hospital Association;

152 (3) Five appointed by the president pro tempore of the Senate, one of
153 whom shall be a member of the General Assembly, one of whom shall
154 be a representative of the home health care industry, one of whom shall
155 be a primary care medical home provider, one of whom shall be an
156 advocate for Department of Children and Families foster families and
157 one of whom shall be a representative of the business community with
158 experience in cost efficiency management;

159 (4) Three appointed by the majority leader of the House of
160 Representatives, one of whom shall be an advocate for persons with
161 substance abuse disabilities, one of whom shall be a Medicaid dental
162 provider and one of whom shall be a representative of the for-profit
163 nursing home industry;

164 (5) Three appointed by the majority leader of the Senate, one of whom
165 shall be a representative of school-based health centers, one of whom
166 shall be a recipient of benefits under the HUSKY Health program and
167 one of whom shall be a physician who serves Medicaid clients;

168 (6) Three appointed by the minority leader of the House of
169 Representatives, one of whom shall be an advocate for persons with
170 disabilities, one of whom shall be a dually eligible Medicaid-Medicare
171 beneficiary or an advocate for such a beneficiary and one of whom shall
172 be a representative of the not-for-profit nursing home industry;

173 (7) Three appointed by the minority leader of the Senate, one of
174 whom shall be a low-income adult recipient of Medicaid benefits or an
175 advocate for such a recipient, one of whom shall be a representative of
176 hospitals and one of whom shall be a representative of the business
177 community with experience in cost efficiency management;

178 (8) The executive director of the Commission on Women, Children,
179 Seniors, Equity and Opportunity, or the executive director's designee;

180 (9) A member of the Commission on Women, Children, Seniors,
181 Equity and Opportunity, designated by the executive director of said
182 commission;

183 (10) A representative of the Long-Term Care Advisory Council;

184 (11) The Commissioners of Social Services, Children and Families,
185 Public Health, Developmental Services, Aging and Disability Services
186 and Mental Health and Addiction Services, or their designees, who shall
187 be ex-officio nonvoting members;

188 (12) The Comptroller, or the Comptroller's designee, who shall be an
189 ex-officio nonvoting member;

190 (13) The Secretary of the Office of Policy and Management, or the
191 secretary's designee, who shall be an ex-officio nonvoting member; and

192 (14) One representative of an administrative services organization
193 which contracts with the Department of Social Services in the
194 administration of the Medicaid program, who shall be a nonvoting
195 member.

196 [(d)] (c) The council shall choose a chairperson from among its
197 members. The Joint Committee on Legislative Management shall
198 provide administrative support to such chairperson.

199 [(e)] (d) The council shall monitor and make recommendations
200 concerning: (1) An enrollment process that ensures access for the
201 HUSKY Health program and effective outreach and client education for
202 said program; (2) available services comparable to those already in the
203 Medicaid state plan, including those guaranteed under the federal Early
204 and Periodic Screening, Diagnostic and Treatment Services Program
205 under 42 USC 1396d; (3) the sufficiency of accessible adult and child
206 primary care providers, specialty providers and hospitals in Medicaid
207 provider networks; (4) the sufficiency of provider rates to maintain the
208 Medicaid network of providers and service access; (5) funding and
209 agency personnel resources to guarantee timely access to services and

210 effective management of the Medicaid program; (6) participation in care
211 management programs including, but not limited to, medical home and
212 health home models by existing community Medicaid providers; (7) the
213 linguistic and cultural competency of providers and other program
214 facilitators and data on the provision of Medicaid linguistic translation
215 services; (8) program quality, including outcome measures and
216 continuous quality improvement initiatives that may include provider
217 quality performance incentives and performance targets for
218 administrative services organizations; (9) timely, accessible and
219 effective client grievance procedures; (10) coordination of the Medicaid
220 care management programs with state and federal health care reforms;
221 (11) eligibility levels for inclusion in the programs; (12) enrollee cost-
222 sharing provisions; (13) a benefit package for the HUSKY Health
223 program; (14) coordination of coverage continuity among Medicaid
224 programs and integration of care, including, but not limited to,
225 behavioral health, dental and pharmacy care provided through
226 programs administered by the Department of Social Services; and (15)
227 the need for program quality studies within the areas identified in this
228 section and the department's application for available grant funds for
229 such studies. The chairperson of the council shall ensure that sufficient
230 members of the council participate in the review of any contract entered
231 into by the Department of Social Services and an administrative services
232 organization.

233 ~~[(f)]~~ (e) The Commissioner of Social Services may, in consultation
234 with an educational institution, apply for any available funding,
235 including federal funding, to support Medicaid care management
236 programs.

237 ~~[(g)]~~ (f) The Commissioner of Social Services shall provide monthly
238 reports to the council on the matters described in subsection ~~[(e)]~~ (d) of
239 this section, including, but not limited to, policy changes and proposed
240 regulations that affect Medicaid health services. The commissioner shall
241 also provide the council with quarterly financial reports for each
242 covered Medicaid population which reports shall include a breakdown
243 of sums expended for each covered population.

244 [(h)] (g) The council shall biannually report on its activities and
245 progress to the General Assembly.

246 [(i)] (h) There is established, within the Council on Medical
247 Assistance Program Oversight, a standing subcommittee to study and
248 make recommendations to the council on children and adults who have
249 complex health care needs. The subcommittee shall consist of council
250 members appointed by the chairpersons of the council and other
251 individuals who shall serve for terms prescribed by the cochairpersons
252 to advise the council on specific needs of children and adults with
253 complex health care needs. For the purposes of completing the reports
254 required pursuant to subparagraphs (A) and (B) of this subsection, such
255 individuals shall include, but need not be limited to: (1) The Child
256 Advocate, or the Child Advocate's designee; (2) a family or child
257 advocate; (3) the executive director of the Council on Developmental
258 Disabilities, or the executive director's designee; (4) the executive
259 director of the Connecticut Association of Public School
260 Superintendents, or the executive director's designee; (5) an expert in
261 the diagnosis, evaluation, education and treatment of children and
262 young adults with developmental disabilities; and (6) the Healthcare
263 Advocate, or the Healthcare Advocate's designee. The subcommittee
264 shall submit the following reports, in accordance with section 11-4a to
265 the council, the Governor and the joint standing committees of the
266 General Assembly having cognizance of matters relating to children,
267 human services and public health regarding the efficacy of support
268 systems for children and young adults, not older than twenty-one years
269 of age, with developmental disabilities and with or without co-
270 occurring mental health conditions:

271 (A) Not later than July 1, 2017, recommendations including, but not
272 limited to: (i) Metrics for evaluating the quality of state-funded services
273 to such children and young adults that can be utilized by state agencies
274 that fund such services; (ii) statutory changes needed to promote
275 effective service delivery for such children and young adults and their
276 families; and (iii) any other changes needed to address gaps in services
277 identified by the subcommittee or council with respect to such children,

278 young adults and their families; and

279 (B) Not later than January 1, 2018, an assessment of: (i) Early
280 intervention services available to such children and young adults in this
281 state; (ii) the system of community-based services for such children and
282 young adults; (iii) the treatment provided by congregate care settings
283 that are operated privately or by the state and provide residential
284 supports and services to such children and young adults and how the
285 quality of care is measured; and (iv) how the state Department of
286 Education, local boards of education, the Department of Children and
287 Families, the Department of Developmental Services and other
288 appropriate agencies can work collaboratively to improve educational,
289 developmental, medical and behavioral health outcomes for such
290 children and young adults and reduce the number at risk of entering
291 institutional care. As used in this subsection, "developmental disability"
292 means a severe, chronic disability of an individual, as defined in 42 USC
293 15002, as amended from time to time.

294 Sec. 5. Section 17b-28h of the general statutes is repealed and the
295 following is substituted in lieu thereof (*Effective July 1, 2025*):

296 The Commissioner of Social Services may, to the extent permitted by
297 federal law, amend the Medicaid state plan to establish a pilot program
298 that serves not more than five hundred persons served by Oak Hill - The
299 Connecticut Institute for the Blind, Inc. who are eligible for Medicare
300 and who voluntarily agree to participate in the program. Such program
301 shall be designed to demonstrate the feasibility and cost effectiveness of
302 delivering comprehensive health insurance coverage [in a managed care
303 setting] to such persons. The commissioner may include medical
304 assistance services in the program not covered on October 5, 2009, in the
305 state medical assistance program or other modifications to the state
306 medical assistance program to encourage voluntary participation in the
307 pilot program.

308 Sec. 6. Subsection (b) of section 17b-90 of the general statutes is
309 repealed and the following is substituted in lieu thereof (*Effective July 1,*

310 2025):

311 (b) No person shall, except for purposes directly connected with the
312 administration of programs of the Department of Social Services and in
313 accordance with the regulations of the commissioner, solicit, disclose,
314 receive or make use of, or authorize, knowingly permit, participate in or
315 acquiesce in the use of, any list of the names of, or any information
316 concerning, persons applying for or receiving assistance from the
317 Department of Social Services or persons participating in a program
318 administered by said department, directly or indirectly derived from
319 the records, papers, files or communications of the state or its
320 subdivisions or agencies, or acquired in the course of the performance
321 of official duties. The Commissioner of Social Services shall disclose (1)
322 to any authorized representative of the Labor Commissioner such
323 information directly related to unemployment compensation,
324 administered pursuant to chapter 567 or information necessary for
325 implementation of sections 17b-112l, 17b-688b, 17b-688c and 17b-688h
326 and section 122 of public act 97-2 of the June 18 special session, (2) to
327 any authorized representative of the Commissioner of Mental Health
328 and Addiction Services any information necessary for the
329 implementation and operation of the basic needs supplement program,
330 (3) to any authorized representative of the Commissioner of
331 Administrative Services or the Commissioner of Emergency Services
332 and Public Protection such information as the Commissioner of Social
333 Services determines is directly related to and necessary for the
334 Department of Administrative Services or the Department of
335 Emergency Services and Public Protection for purposes of performing
336 their functions of collecting social services recoveries and overpayments
337 or amounts due as support in social services cases, investigating social
338 services fraud or locating absent parents of public assistance recipients,
339 (4) to any authorized representative of the Commissioner of Children
340 and Families necessary information concerning a child or the immediate
341 family of a child receiving services from the Department of Social
342 Services, including safety net services, if (A) the Commissioner of
343 Children and Families or the Commissioner of Social Services has

344 determined that imminent danger to such child's health, safety or
345 welfare exists to target the services of the family services programs
346 administered by the Department of Children and Families, or (B) the
347 Commissioner of Children and Families requires access to the federal
348 Parent Locator Service established pursuant to 42 USC 653 in order to
349 identify a parent or putative parent of a child, (5) to a town official or
350 other contractor or authorized representative of the Labor
351 Commissioner such information concerning an applicant for or a
352 recipient of assistance under state-administered general assistance
353 deemed necessary by the Commissioner of Social Services and the Labor
354 Commissioner to carry out their respective responsibilities to serve such
355 persons under the programs administered by the Labor Department
356 that are designed to serve applicants for or recipients of state-
357 administered general assistance, (6) to any authorized representative of
358 the Commissioner of Mental Health and Addiction Services for the
359 purposes of the behavioral health [managed care] program established
360 by section 17a-453, (7) to any authorized representative of the
361 Commissioner of Early Childhood to carry out his or her respective
362 responsibilities under the two-generational academic achievement and
363 workforce readiness initiative established pursuant to section 17b-112/
364 and programs that regulate child care services or youth camps, (8) to a
365 health insurance provider, in IV-D support cases, as defined in
366 subdivision (13) of subsection (b) of section 46b-231, information
367 concerning a child and the custodial parent of such child that is
368 necessary to enroll such child in a health insurance plan available
369 through such provider when the noncustodial parent of such child is
370 under court order to provide health insurance coverage but is unable to
371 provide such information, provided the Commissioner of Social
372 Services determines, after providing prior notice of the disclosure to
373 such custodial parent and an opportunity for such parent to object, that
374 such disclosure is in the best interests of the child, (9) to any authorized
375 representative of the Department of Correction, in IV-D support cases,
376 as defined in subdivision (13) of subsection (b) of section 46b-231,
377 information concerning noncustodial parents that is necessary to
378 identify inmates or parolees with IV-D support cases who may benefit

379 from Department of Correction educational, training, skill building,
380 work or rehabilitation programming that will significantly increase an
381 inmate's or parolee's ability to fulfill such inmate's support obligation,
382 (10) to any authorized representative of the Judicial Branch, in IV-D
383 support cases, as defined in subdivision (13) of subsection (b) of section
384 46b-231, information concerning noncustodial parents that is necessary
385 to: (A) Identify noncustodial parents with IV-D support cases who may
386 benefit from educational, training, skill building, work or rehabilitation
387 programming that will significantly increase such parent's ability to
388 fulfill such parent's support obligation, (B) assist in the administration
389 of the Title IV-D child support program, or (C) assist in the identification
390 of cases involving family violence, (11) to any authorized representative
391 of the State Treasurer, in IV-D support cases, as defined in subdivision
392 (13) of subsection (b) of section 46b-231, information that is necessary to
393 identify child support obligors who owe overdue child support prior to
394 the Treasurer's payment of such obligors' claim for any property
395 unclaimed or presumed abandoned under part III of chapter 32, (12) to
396 any authorized representative of the Secretary of the Office of Policy and
397 Management any information necessary for the implementation and
398 operation of the renters rebate program established by section 12-170d,
399 or (13) to any authorized representative of the Department of Aging and
400 Disability Services, or to an area agency on aging contracting with said
401 department to provide services under the elderly nutrition program,
402 information on persons enrolled in the supplemental nutrition
403 assistance program who have requested or been recommended to
404 receive elderly nutrition program services. No such representative shall
405 disclose any information obtained pursuant to this section, except as
406 specified in this section. Any applicant for assistance provided through
407 the Department of Social Services shall be notified that, if and when such
408 applicant receives benefits, the department will be providing law
409 enforcement officials with the address of such applicant upon the
410 request of any such official pursuant to section 17b-16a.

411 Sec. 7. Section 17b-265c of the general statutes is repealed and the
412 following is substituted in lieu thereof (*Effective July 1, 2025*):

413 The Commissioner of Social Services, to the extent permitted by
 414 federal law, shall amend the Medicaid state plan to establish a pilot
 415 program serving not more than five hundred elderly or disabled state
 416 medical assistance recipients who are also eligible for Medicare and who
 417 voluntarily opt to participate in the program. Such program shall
 418 demonstrate the feasibility and cost effectiveness of delivering
 419 comprehensive health insurance coverage [in a managed care setting] to
 420 such recipients. The commissioner may include medical assistance
 421 services in the pilot program not presently covered in the state medical
 422 assistance program or other modifications to the state medical assistance
 423 program to encourage voluntary participation in the pilot program.

424 Sec. 8. Section 17b-10a of the general statutes is repealed and the
 425 following is substituted in lieu thereof (*Effective July 1, 2025*):

426 The Commissioner of Social Services, pursuant to section 17b-10, may
 427 implement policies and procedures necessary to administer [section
 428 17b-197, subsection (d) of section 17b-266, section] sections 17b-197, 17b-
 429 280a and subsection (a) of section 17b-295, while in the process of
 430 adopting such policies and procedures as regulation, provided the
 431 commissioner prints notice of intent to adopt regulations on the
 432 department's Internet web site and the eRegulations System not later
 433 than twenty days after the date of implementation. Policies and
 434 procedures implemented pursuant to this section shall be valid until the
 435 time final regulations are adopted.

436 Sec. 9. Sections 17b-28b and 17b-266 of the general statutes are
 437 repealed. (*Effective July 1, 2025*)

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>July 1, 2025</i>	New section
Sec. 2	<i>July 1, 2025</i>	New section
Sec. 3	<i>July 1, 2025</i>	17a-460c(a)
Sec. 4	<i>July 1, 2025</i>	17b-28
Sec. 5	<i>July 1, 2025</i>	17b-28h

Sec. 6	<i>July 1, 2025</i>	17b-90(b)
Sec. 7	<i>July 1, 2025</i>	17b-265c
Sec. 8	<i>July 1, 2025</i>	17b-10a
Sec. 9	<i>July 1, 2025</i>	Repealer section

Statement of Legislative Commissioners:

In Section 1, "Not later than sixty days after" was changed to "Not later than thirty days after" for accuracy and internal consistency. In Section 2, in the first sentence, "on financial trends in the HUSKY Health program", "on physical health measures", "behavioral health quality indicators in" and "in the HUSKY Health program" were added for clarity; and in the second sentence, provisions concerning the reporting of data similar to data previously reported were redrafted for clarity.

HS *Joint Favorable Subst.*