



General Assembly

Amendment

January Session, 2025

LCO No. 7244



Offered by:
SEN. SAMPSON, 16th Dist.

To: Subst. Senate Bill No. 985

File No. 165

Cal. No. 129

(As Amended)

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2025*) (a) The Commissioner of
4 Social Services shall submit any proposal to change the fee-for-service
5 Medicaid payment model to a managed care payment model to the joint
6 standing committees of the General Assembly having cognizance of
7 matters relating to human services and appropriations and the budgets
8 of state agencies for approval, denial or modifications of such proposal
9 and the committees shall submit their recommendations for the
10 approval, denial or modifications of such proposal for the advice and
11 consent of the General Assembly. Not later than thirty days after the
12 date of receipt of such proposal, such joint standing committees shall
13 hold a public hearing on the proposal. At the conclusion of such hearing,

14 such joint standing committees shall advise the commissioner of their
15 approval, denial or modifications, if any, of the commissioner's proposal
16 and transmit such recommendations for the approval, denial or
17 modifications of such proposal for the advice and consent of the General
18 Assembly. Unless the General Assembly approves such proposal, the
19 commissioner shall not implement the proposal or seek any necessary
20 federal approval to implement the proposal. If the General Assembly
21 approves such proposal with modifications, the commissioner shall
22 only submit such proposal as modified by the General Assembly.

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 and transmitted for the advice and consent of the General
33 Assembly of such denial. If such joint standing committees accept the
34 report, the committee having cognizance of matters relating to
35 appropriations and the budgets of state agencies shall advise the
36 commissioner of their approval, with any modifications, of the
37 commissioner's proposal and transmit such recommendation for the
38 advice and consent of the General Assembly. If such joint standing
39 committees do not so advise the commissioner during the thirty-day
40 period, the proposal shall be transmitted for the advice and consent of
41 the General Assembly at the conclusion of the thirty-day period.

42 (c) Any application for a federal waiver, waiver renewal or proposed
43 Medicaid state plan amendment submitted to the federal government
44 by the commissioner to implement a proposal under subsection (a) of
45 this section shall be in accordance with the approval or modifications, if
46 any, of the General Assembly in accordance with subsections (a) and (b)

47 of this section.

48 (d) Thirty days prior to submission of such proposal to such joint
49 standing committees pursuant to subsection (a) of this section, the
50 Commissioner of Social Services shall post a notice that the
51 commissioner intends to seek approval for such proposal on the
52 Department of Social Services' Internet web site, along with a summary
53 of the provisions of such proposal and the manner in which individuals
54 may submit comments. The commissioner shall allow thirty days for
55 written comments on such proposal and shall include all written
56 comments with the submission of such proposal to such joint standing
57 committees.

58 (e) The commissioner shall include with any application for federal
59 approval of such proposal: (1) Any written comments received pursuant
60 to subsection (d) of this section; (2) any additional written comments
61 submitted to such joint standing committees at the hearing held in
62 accordance with subsection (a) of this section; and (3) any testimony
63 from any proceedings of the General Assembly on such proposal.

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

78 Sec. 3. Subsection (a) of section 17a-460c of the general statutes is

79 repealed and the following is substituted in lieu thereof (*Effective July 1,*
80 *2025*):

81 (a) The center, when authorized by the commissioner, may enter into
82 provider agreements and other contractual arrangements with the
83 Medicaid fee-for-service program and Medicare managed care plans,
84 governmental health plans, health maintenance organizations, health
85 insurance plans, employer and union health plans, preferred provider
86 organizations, physician-hospital organizations, managed care plans,
87 networks and other similar arrangements or plans offered by insurers,
88 third-party payers or other entities offering health care plans to their
89 members or employees and their dependents.

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

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

102 [(b) On or before June 30, 2011, the council shall be composed of the
103 chairpersons and ranking members of the joint standing committees of
104 the General Assembly having cognizance of matters relating to human
105 services, public health and appropriations and the budgets of state
106 agencies, or their designees; two members of the General Assembly, one
107 to be appointed by the president pro tempore of the Senate and one to
108 be appointed by the speaker of the House of Representatives; the
109 director of the Commission on Aging, or a designee; the director of the
110 Commission on Children, or a designee; a representative of each

111 organization that has been selected by the state to provide managed care
112 and a representative of a primary care case management provider, to be
113 appointed by the president pro tempore of the Senate; two
114 representatives of the insurance industry, to be appointed by the
115 speaker of the House of Representatives; two advocates for persons
116 receiving Medicaid, one to be appointed by the majority leader of the
117 Senate and one to be appointed by the minority leader of the Senate; one
118 advocate for persons with substance use disorders, to be appointed by
119 the majority leader of the House of Representatives; one advocate for
120 persons with psychiatric disabilities, to be appointed by the minority
121 leader of the House of Representatives; two advocates for the
122 Department of Children and Families foster families, one to be
123 appointed by the president pro tempore of the Senate and one to be
124 appointed by the speaker of the House of Representatives; two members
125 of the public who are currently recipients of Medicaid, one to be
126 appointed by the majority leader of the House of Representatives and
127 one to be appointed by the minority leader of the House of
128 Representatives; two representatives of the Department of Social
129 Services, to be appointed by the Commissioner of Social Services; two
130 representatives of the Department of Public Health, to be appointed by
131 the Commissioner of Public Health; two representatives of the
132 Department of Mental Health and Addiction Services, to be appointed
133 by the Commissioner of Mental Health and Addiction Services; two
134 representatives of the Department of Children and Families, to be
135 appointed by the Commissioner of Children and Families; two
136 representatives of the Office of Policy and Management, to be appointed
137 by the Secretary of the Office of Policy and Management; and one
138 representative of the office of the State Comptroller, to be appointed by
139 the State Comptroller.]

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

142 (1) The chairpersons and ranking members of the joint standing
143 committees of the General Assembly having cognizance of matters

144 relating to aging, human services, public health and appropriations and
145 the budgets of state agencies, or their designees;

146 (2) Five appointed by the speaker of the House of Representatives,
147 one of whom shall be a member of the General Assembly, one of whom
148 shall be a community provider of adult Medicaid health services, one of
149 whom shall be a recipient of Medicaid benefits for the aged, blind and
150 disabled or an advocate for such a recipient, one of whom shall be a
151 representative of the state's federally qualified health clinics and one of
152 whom shall be a member of the Connecticut Hospital Association;

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

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

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

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

174 (7) Three appointed by the minority leader of the Senate, one of

175 whom shall be a low-income adult recipient of Medicaid benefits or an
176 advocate for such a recipient, one of whom shall be a representative of
177 hospitals and one of whom shall be a representative of the business
178 community with experience in cost efficiency management;

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

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

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

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

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

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

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

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

200 [(e)] (d) The council shall monitor and make recommendations
201 concerning: (1) An enrollment process that ensures access for the
202 HUSKY Health program and effective outreach and client education for
203 said program; (2) available services comparable to those already in the

204 Medicaid state plan, including those guaranteed under the federal Early
205 and Periodic Screening, Diagnostic and Treatment Services Program
206 under 42 USC 1396d; (3) the sufficiency of accessible adult and child
207 primary care providers, specialty providers and hospitals in Medicaid
208 provider networks; (4) the sufficiency of provider rates to maintain the
209 Medicaid network of providers and service access; (5) funding and
210 agency personnel resources to guarantee timely access to services and
211 effective management of the Medicaid program; (6) participation in care
212 management programs including, but not limited to, medical home and
213 health home models by existing community Medicaid providers; (7) the
214 linguistic and cultural competency of providers and other program
215 facilitators and data on the provision of Medicaid linguistic translation
216 services; (8) program quality, including outcome measures and
217 continuous quality improvement initiatives that may include provider
218 quality performance incentives and performance targets for
219 administrative services organizations; (9) timely, accessible and
220 effective client grievance procedures; (10) coordination of the Medicaid
221 care management programs with state and federal health care reforms;
222 (11) eligibility levels for inclusion in the programs; (12) enrollee cost-
223 sharing provisions; (13) a benefit package for the HUSKY Health
224 program; (14) coordination of coverage continuity among Medicaid
225 programs and integration of care, including, but not limited to,
226 behavioral health, dental and pharmacy care provided through
227 programs administered by the Department of Social Services; and (15)
228 the need for program quality studies within the areas identified in this
229 section and the department's application for available grant funds for
230 such studies. The chairperson of the council shall ensure that sufficient
231 members of the council participate in the review of any contract entered
232 into by the Department of Social Services and an administrative services
233 organization.

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

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

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

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

271 occurring mental health conditions:

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

280 (B) Not later than January 1, 2018, an assessment of: (i) Early
281 intervention services available to such children and young adults in this
282 state; (ii) the system of community-based services for such children and
283 young adults; (iii) the treatment provided by congregate care settings
284 that are operated privately or by the state and provide residential
285 supports and services to such children and young adults and how the
286 quality of care is measured; and (iv) how the state Department of
287 Education, local boards of education, the Department of Children and
288 Families, the Department of Developmental Services and other
289 appropriate agencies can work collaboratively to improve educational,
290 developmental, medical and behavioral health outcomes for such
291 children and young adults and reduce the number at risk of entering
292 institutional care. As used in this subsection, "developmental disability"
293 means a severe, chronic disability of an individual, as defined in 42 USC
294 15002, as amended from time to time.

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

297 The Commissioner of Social Services may, to the extent permitted by
298 federal law, amend the Medicaid state plan to establish a pilot program
299 that serves not more than five hundred persons served by Oak Hill - The
300 Connecticut Institute for the Blind, Inc. who are eligible for Medicare
301 and who voluntarily agree to participate in the program. Such program
302 shall be designed to demonstrate the feasibility and cost effectiveness of

303 delivering comprehensive health insurance coverage [in a managed care
304 setting] to such persons. The commissioner may include medical
305 assistance services in the program not covered on October 5, 2009, in the
306 state medical assistance program or other modifications to the state
307 medical assistance program to encourage voluntary participation in the
308 pilot program.

309 Sec. 6. Subsection (b) of section 17b-90 of the general statutes is
310 repealed and the following is substituted in lieu thereof (*Effective July 1,*
311 *2025*):

312 (b) No person shall, except for purposes directly connected with the
313 administration of programs of the Department of Social Services and in
314 accordance with the regulations of the commissioner, solicit, disclose,
315 receive or make use of, or authorize, knowingly permit, participate in or
316 acquiesce in the use of, any list of the names of, or any information
317 concerning, persons applying for or receiving assistance from the
318 Department of Social Services or persons participating in a program
319 administered by said department, directly or indirectly derived from
320 the records, papers, files or communications of the state or its
321 subdivisions or agencies, or acquired in the course of the performance
322 of official duties. The Commissioner of Social Services shall disclose (1)
323 to any authorized representative of the Labor Commissioner such
324 information directly related to unemployment compensation,
325 administered pursuant to chapter 567 or information necessary for
326 implementation of sections 17b-112l, 17b-688b, 17b-688c and 17b-688h
327 and section 122 of public act 97-2 of the June 18 special session, (2) to
328 any authorized representative of the Commissioner of Mental Health
329 and Addiction Services any information necessary for the
330 implementation and operation of the basic needs supplement program,
331 (3) to any authorized representative of the Commissioner of
332 Administrative Services or the Commissioner of Emergency Services
333 and Public Protection such information as the Commissioner of Social
334 Services determines is directly related to and necessary for the
335 Department of Administrative Services or the Department of

336 Emergency Services and Public Protection for purposes of performing
337 their functions of collecting social services recoveries and overpayments
338 or amounts due as support in social services cases, investigating social
339 services fraud or locating absent parents of public assistance recipients,
340 (4) to any authorized representative of the Commissioner of Children
341 and Families necessary information concerning a child or the immediate
342 family of a child receiving services from the Department of Social
343 Services, including safety net services, if (A) the Commissioner of
344 Children and Families or the Commissioner of Social Services has
345 determined that imminent danger to such child's health, safety or
346 welfare exists to target the services of the family services programs
347 administered by the Department of Children and Families, or (B) the
348 Commissioner of Children and Families requires access to the federal
349 Parent Locator Service established pursuant to 42 USC 653 in order to
350 identify a parent or putative parent of a child, (5) to a town official or
351 other contractor or authorized representative of the Labor
352 Commissioner such information concerning an applicant for or a
353 recipient of assistance under state-administered general assistance
354 deemed necessary by the Commissioner of Social Services and the Labor
355 Commissioner to carry out their respective responsibilities to serve such
356 persons under the programs administered by the Labor Department
357 that are designed to serve applicants for or recipients of state-
358 administered general assistance, (6) to any authorized representative of
359 the Commissioner of Mental Health and Addiction Services for the
360 purposes of the behavioral health [managed care] program established
361 by section 17a-453, (7) to any authorized representative of the
362 Commissioner of Early Childhood to carry out his or her respective
363 responsibilities under the two-generational academic achievement and
364 workforce readiness initiative established pursuant to section 17b-112l
365 and programs that regulate child care services or youth camps, (8) to a
366 health insurance provider, in IV-D support cases, as defined in
367 subdivision (13) of subsection (b) of section 46b-231, information
368 concerning a child and the custodial parent of such child that is
369 necessary to enroll such child in a health insurance plan available
370 through such provider when the noncustodial parent of such child is

371 under court order to provide health insurance coverage but is unable to
372 provide such information, provided the Commissioner of Social
373 Services determines, after providing prior notice of the disclosure to
374 such custodial parent and an opportunity for such parent to object, that
375 such disclosure is in the best interests of the child, (9) to any authorized
376 representative of the Department of Correction, in IV-D support cases,
377 as defined in subdivision (13) of subsection (b) of section 46b-231,
378 information concerning noncustodial parents that is necessary to
379 identify inmates or parolees with IV-D support cases who may benefit
380 from Department of Correction educational, training, skill building,
381 work or rehabilitation programming that will significantly increase an
382 inmate's or parolee's ability to fulfill such inmate's support obligation,
383 (10) to any authorized representative of the Judicial Branch, in IV-D
384 support cases, as defined in subdivision (13) of subsection (b) of section
385 46b-231, information concerning noncustodial parents that is necessary
386 to: (A) Identify noncustodial parents with IV-D support cases who may
387 benefit from educational, training, skill building, work or rehabilitation
388 programming that will significantly increase such parent's ability to
389 fulfill such parent's support obligation, (B) assist in the administration
390 of the Title IV-D child support program, or (C) assist in the identification
391 of cases involving family violence, (11) to any authorized representative
392 of the State Treasurer, in IV-D support cases, as defined in subdivision
393 (13) of subsection (b) of section 46b-231, information that is necessary to
394 identify child support obligors who owe overdue child support prior to
395 the Treasurer's payment of such obligors' claim for any property
396 unclaimed or presumed abandoned under part III of chapter 32, (12) to
397 any authorized representative of the Secretary of the Office of Policy and
398 Management any information necessary for the implementation and
399 operation of the renters rebate program established by section 12-170d,
400 or (13) to any authorized representative of the Department of Aging and
401 Disability Services, or to an area agency on aging contracting with said
402 department to provide services under the elderly nutrition program,
403 information on persons enrolled in the supplemental nutrition
404 assistance program who have requested or been recommended to
405 receive elderly nutrition program services. No such representative shall

406 disclose any information obtained pursuant to this section, except as
407 specified in this section. Any applicant for assistance provided through
408 the Department of Social Services shall be notified that, if and when such
409 applicant receives benefits, the department will be providing law
410 enforcement officials with the address of such applicant upon the
411 request of any such official pursuant to section 17b-16a.

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

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

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

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

437 Sec. 9. (NEW) (*Effective July 1, 2025*) Not later than January 15, 2026,
 438 and annually thereafter, the Commissioner of Social Services shall
 439 submit a report, in accordance with the provisions of section 11-4a of the
 440 general statutes, to the speaker of the House of Representatives and the
 441 president of the Senate on all cases of fraud concerning the state
 442 Medicaid program for the previous calendar year. The report shall
 443 include (1) the number of such cases, (2) a description of such cases, (3)
 444 the disposition of such cases, and (4) the amount of Medicaid funds
 445 alleged to have been fraudulently received and recovered per case and
 446 in the aggregate.

447 Sec. 10. Sections 17b-28b and 17b-266 of the general statutes are
 448 repealed. (*Effective July 1, 2025*)"

This act shall take effect as follows and shall amend the following sections:

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>	New section
Sec. 10	<i>July 1, 2025</i>	Repealer section