Services shall, to the extent permitted by federal law, impose cost 980 981 sharing requirements on Medicaid recipients, except copayments shall 982 not be imposed for the following services: (1) Inpatient hospitalization; 983 (2) hospital emergency; (3) home health care; (4) those under a home 984 and community-based waiver; (5) laboratory; (6) emergency 985 ambulance; and (7) nonemergency medical transportation. The 986 aggregate cost-sharing requirements for prescription drugs shall not 987 exceed twenty dollars per month.

Sec. 35. Subsection (c) of section 17b-265d of the 2010 supplement to
the general statutes is repealed and the following is substituted in lieu
thereof (*Effective July 1, 2010*):

991 (c) A full benefit dually eligible Medicare Part D beneficiary shall be 992 responsible for any Medicare Part D prescription drug copayments 993 imposed pursuant to Public Law 108-173, the Medicare Prescription 994 Drug, Improvement, and Modernization Act of 2003, in amounts not to 995 exceed [fifteen] twenty dollars per month. The department shall be 996 responsible for payment, on behalf of such beneficiary, of any 997 Medicare Part D prescription drug copayments in any month in which 998 such copayment amounts exceed [fifteen] twenty dollars in the 999 aggregate.

1000 Sec. 36. (NEW) (Effective from passage) (a) The terms "medically 1001 necessary" and "medical necessity", as used by the Department of 1002 Social Services to administer the department's medical assistance 1003 program, mean those health services required to prevent, identify, 1004 diagnose, treat, rehabilitate or ameliorate a health problem or its 1005 effects, or to maintain health and functioning, provided such services 1006 are: (1) Consistent with generally accepted standards of medical 1007 practice; (2) clinically appropriate in terms of type, frequency, timing, 1008 site and duration; (3) demonstrated through scientific evidence to be 1009 safe and effective and the least costly among similarly effective 1010 alternatives, where adequate scientific evidence exists; and (4) efficient 1011 in regard to avoidance of waste and refraining from provision of services that, on the basis of the best available scientific evidence, arenot likely to produce benefits.

1014 (b) Not later than July 1, 2010, the Department of Social Services 1015 shall apply the definition of "medically necessary" and "medical 1016 necessity" in subsection (a) of this section in administering the medical 1017 assistance program. The department may amend or repeal any 1018 inconsistent definitions in the regulations of Connecticut state agencies 1019 that are used in administering the department's medical assistance 1020 program.

1021 Sec. 37. Section 17b-28e of the 2010 supplement to the general 1022 statutes is repealed and the following is substituted in lieu thereof 1023 (*Effective July 1, 2010*):

(a) The Commissioner of Social Services shall amend the Medicaid
state plan to include, on and after January 1, 2009, hospice services as
optional services covered under the Medicaid program. Said state plan
amendment shall supersede any regulations of Connecticut state
agencies concerning such optional services.

1029 (b) Not later than February 1, 2011, the Commissioner of Social 1030 Services shall [amend the Medicaid state plan to include] enter into a 1031 contract to provide foreign language interpreter services [provided] to 1032 any Medicaid beneficiary with limited English proficiency. [as a 1033 covered service under the Medicaid program. Not later than February 1034 1, 2011, the commissioner shall develop and implement the use of 1035 medical billing codes for foreign language interpreter services for the 1036 HUSKY Plan, Part A and Part B, and for the fee-for-services Medicaid 1037 programs.]

1038 [(c) Each managed care organization that enters into a contract with 1039 the Department of Social Services to provide foreign language 1040 interpreter services under the HUSKY Plan, Part A shall report, semi-1041 annually, to the department on the interpreter services provided to 1042 recipients of benefits under the program. Such written reports shall be

2182	under section [46a-27] <u>46a-28</u> ;
2183 2184	(7) Advisory and planning councils for regional centers for the mentally retarded, established under section 17a-273;
2185	(8) Repealed by P.A. 01-141, S. 15, 16;
2186	(9) Repealed by P.A. 94-245, S. 45, 46;
2187	(10) Repealed by P.A. 85-613, S. 153, 154;
2188	(11) State Library Board, established under section 11-1;
2189 2190	(12) Advisory Council for Special Education, established under section 10-76i;
2191	(13) Repealed by June 30 Sp. Sess. P.A. 03-6, S. 248;
2192	(14) Repealed by June 30 Sp. Sess. P.A. 03-6, S. 248;
2193	(15) Repealed by P.A. 89-362, S. 4, 5;
2194	(16) Repealed by June Sp. Sess. P.A. 91-14, S. 28, 30;
2195	(17) Repealed by P.A. 90-230, S. 100, 101;
2196	(18) State Commission on Capitol Preservation and Restoration,
2197	established under section 4b-60;
2198	(19) Repealed by P.A. 90-230, S. 100, 101; and
2199	(20) Examining Board for Crane Operators, established under
2200	section 29-222.
2201	Sec. 67. Section 81 of public act 09-3 of the June special session and
2202	section 107 of public act 09-7 of the September special session are
2203	repealed. (Effective from passage)
2204	Sec. 68. Sections 17b-28, 17b-266a, 17b-294, 17b-296, 17b-298, 17b-
2205	302, 17b-423, 46a-27, 46a-29, 46a-30 and 46a-32 of the general statutes