

1 State of Arkansas  
2 90th General Assembly  
3 Second Extraordinary Session, 2016  
4

Call Item 2

# A Bill

HOUSE BILL 1001

5 By: Representatives Collins, Brown, Lowery, Neal, Ratliff  
6 By: Senators J. Hendren, E. Cheatham, J. Dismang, J. English, J. Hutchinson, B. Pierce, D. Sanders,  
7 Standridge

## For An Act To Be Entitled

10 AN ACT TO AMEND TITLE 23 OF THE ARKANSAS CODE TO  
11 PROVIDE HEALTH INSURANCE TO QUALIFYING INDIVIDUALS;  
12 TO CREATE THE ARKANSAS WORKS PROGRAM; TO DECLARE AN  
13 EMERGENCY; AND FOR OTHER PURPOSES.

## Subtitle

16 TO AMEND TITLE 23 OF THE ARKANSAS CODE TO  
17 PROVIDE HEALTH INSURANCE TO QUALIFYING  
18 INDIVIDUALS; TO CREATE THE ARKANSAS WORKS  
19 PROGRAM; AND TO DECLARE AN EMERGENCY.  
20

21  
22  
23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

24  
25 WHEREAS, the State of Arkansas continues to seek strategies to provide  
26 health insurance for low-income and other vulnerable populations in a manner  
27 that will encourage employer-based insurance, incentivize program  
28 beneficiaries to work or seek work opportunities, promote personal  
29 responsibility, and enhance program integrity; and  
30

31 WHEREAS, the General Assembly affirms its responsibility to safeguard  
32 consumers and businesses from federal mandates by asserting local control and  
33 implementation of modernized health insurance policies and programs that  
34 utilize the private market to improve access to health insurance, enhance the  
35 quality of health insurance, and reduce health insurance costs; and  
36



1 WHEREAS, Arkansas recognizes the need to encourage employment among  
 2 beneficiaries of public assistance programs, offer enhanced opportunities for  
 3 beneficiaries to obtain jobs and job training, and endow beneficiaries with  
 4 the tools to achieve economic advancement; and

5  
 6 WHEREAS, the Health Care Independence Program will terminate on  
 7 December 31, 2016; and

8  
 9 WHEREAS, the General Assembly hereby creates the Arkansas Works Act of  
 10 2016 to provide health insurance to qualifying individuals,

11  
 12 NOW THEREFORE,

13 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

14  
 15 SECTION 1. Arkansas Code Title 23, Chapter 61, is amended to create a  
 16 new subchapter to read as follows:

17 Subchapter 10 – Arkansas Works Act of 2016

18  
 19 23-61-1001. Title.

20 This subchapter shall be known and may be cited as the "Arkansas Works  
 21 Act of 2016".

22  
 23 23-61-1002. Legislative intent.

24 Notwithstanding any general or specific laws to the contrary, it is the  
 25 intent of the General Assembly for the Arkansas Works Program to be a  
 26 fiscally sustainable, cost-effective, and opportunity-driven program that:

27 (1) Empowers individuals to improve their economic security and  
 28 achieve self-reliance;

29 (2) Builds on private insurance market competition and value-  
 30 based insurance purchasing models;

31 (3) Strengthens the ability of employers to recruit and retain  
 32 productive employees; and

33 (4) Achieves comprehensive and innovative healthcare reform that  
 34 reduce state and federal obligations for entitlement spending.

35  
 36 23-61-1003. Definitions.

1 As used in this subchapter:

2 (1) "Cost-effective" means that the cost of covering employees  
3 who are:

4 (A) Program participants, either individually or together  
5 within an employer health insurance coverage, is the same or less than the  
6 cost of providing comparable coverage through individual qualified health  
7 insurance plans; or

8 (B) Eligible individuals who are not program participants,  
9 either individually or together within an employer health insurance coverage,  
10 is the same or less than the cost of providing comparable coverage through a  
11 program authorized under Title XIX of the Social Security Act, 42 U.S.C. §  
12 1396 et seq., as it existed on January 1, 2016;

13 (2) "Cost sharing" means the portion of the cost of a covered  
14 medical service that is required to be paid by or on behalf of an eligible  
15 individual;

16 (3) "Eligible individual" means an individual who is in the  
17 eligibility category created by section 1902(a)(10)(A)(i)(VIII) of the Social  
18 Security Act, 42 U.S.C. § 1396a;

19 (4) "Employer health insurance coverage" means a health  
20 insurance benefit plan offered by an employer or, as authorized by this  
21 subchapter, an employer self-funded insurance plan governed by the Employee  
22 Retirement Income Security Act of 1974, Pub. L. No. 93-406, as amended;

23 (5) "Health insurance benefit plan" means a policy, contract,  
24 certificate, or agreement offered or issued by a health insurer to provide,  
25 deliver, arrange for, pay for, or reimburse any of the costs of healthcare  
26 services, but not including excepted benefits as defined under 42 U.S.C. §  
27 300gg-91(c), as it existed on January 1, 2016;

28 (6) "Health insurance marketplace" means the applicable entities  
29 that were designed to help individuals, families, and businesses in Arkansas  
30 shop for and select health insurance benefit plans in a way that permits  
31 comparison of available plans based upon price, benefits, services, and  
32 quality, and refers to either:

33 (A) The Arkansas Health Insurance Marketplace created  
34 under the Arkansas Health Insurance Marketplace Act, § 23-61-801 et seq., or  
35 a successor entity; or

36 (B) The federal health insurance marketplace or federal

1 health benefit exchange created under Pub. L. No. 111-148;

2 (7) "Health insurer" means an insurer authorized by the State  
 3 Insurance Department to provide health insurance or a health insurance  
 4 benefit plan in the State of Arkansas, including without limitation:

5 (A) An insurance company;

6 (B) A medical services plan;

7 (C) A hospital plan;

8 (D) A hospital medical service corporation;

9 (E) A health maintenance organization;

10 (F) A fraternal benefits society; or

11 (G) Any other entity providing health insurance or a  
 12 health insurance benefit plan subject to state insurance regulation;

13 (8) "Individual qualified health insurance plan" means an  
 14 individual health insurance benefit plan offered by a health insurer through  
 15 the health insurance marketplace that covers only essential health benefits  
 16 as defined by Arkansas rule and 45 C.F.R. § 156.110 and any federal insurance  
 17 regulations, as they existed on January 1, 2016;

18 (9) "Premium" means a monthly fee that is required to be paid to  
 19 maintain some or all health insurance benefits;

20 (10) "Program participant" means an eligible individual who:

21 (A) Is at least nineteen (19) years of age and no more  
 22 than sixty-four (64) years of age with an income that is equal to or less  
 23 than one hundred thirty-eight percent (138%) of the federal poverty level;

24 (B) Is authenticated to be a United States citizen or  
 25 documented qualified alien according to the Personal Responsibility and Work  
 26 Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193;

27 (C) Is not eligible for Medicare or advanced premium tax  
 28 credits through the health insurance marketplace; and

29 (D) Is not determined to be more effectively covered  
 30 through the traditional Arkansas Medicaid Program, including without  
 31 limitation:

32 (i) An individual who is medically frail; or

33 (ii) An individual who has exceptional medical needs  
 34 for whom coverage offered through the health insurance marketplace is  
 35 determined to be impractical, overly complex, or would undermine continuity  
 36 or effectiveness of care; and

1           (11)(A) "Small group plan" means a health insurance benefit plan  
2 for a small employer that employed an average of at least two (2) but no more  
3 than fifty (50) employees during the preceding calendar year.

4           (B) "Small group plan" does not include a grandfathered  
5 health insurance plan as defined in 45 C.F.R. § 147.140(a)(1)(i), as it  
6 existed on January 1, 2016.

7  
8           23-61-1004. Administration of Arkansas Works Program.

9           (a)(1) The Department of Human Services, in coordination with the  
10 State Insurance Department and other necessary state agencies, shall:

11           (A) Provide health insurance or medical assistance under  
12 this subchapter to eligible individuals;

13           (B) Create and administer the Arkansas Works Program;

14           (C) Submit and apply for any federal waivers, Medicaid  
15 state plan amendments, or other authority necessary to implement the Arkansas  
16 Works Program in a manner consistent with this subchapter;

17           (D) Offer incentive benefits to promote personal  
18 responsibility; and

19           (E) Seek a waiver to eliminate retroactive eligibility for  
20 an eligible individual under this subchapter.

21           (2) The Governor shall request the assistance and involvement of  
22 other state agencies that he or she deems necessary for the implementation of  
23 the Arkansas Works Program.

24           (b) Health insurance benefits under this subchapter shall be provided  
25 through:

26           (1) Individual premium assistance for enrollment of Arkansas  
27 Works Program participants in individual qualified health insurance plans;

28           (2) Employer-sponsored premium assistance for certain eligible  
29 individuals who enroll in employer health insurance coverage; and

30           (3) Supplemental benefits to incentivize personal  
31 responsibility.

32           (c) The Department of Human Services, the State Insurance Department,  
33 the Department of Workforce Services, and other necessary state agencies  
34 shall promulgate and administer rules to implement the Arkansas Works  
35 Program.

36           (d)(1) Within thirty (30) days of a reduction in federal medical

1 assistance percentages as described in this section, the Department of Human  
 2 Services shall present to the Centers of Medicare and Medicaid Services a  
 3 plan to terminate the Arkansas Works Program and transition eligible  
 4 individuals out of the Arkansas Works Program within one hundred twenty (120)  
 5 days of a reduction in any of the following federal medical assistance  
 6 percentages:

7 (A) Ninety-five percent (95%) in the year 2017;

8 (B) Ninety-four percent (94%) in the year 2018;

9 (C) Ninety-three percent (93%) in the year 2019; and

10 (D) Ninety percent (90%) in the year 2020 or any year  
 11 after the year 2020.

12 (2) An eligible individual shall maintain coverage during the  
 13 process to implement the plan to terminate the Arkansas Works Program and the  
 14 transition of eligible individuals out of the Arkansas Works Program.

15 (e) State obligations for uncompensated care shall be tracked and  
 16 reported to identify potential incremental future decreases.

17 (f) The Department of Human Services shall track the hospital  
 18 assessment fee imposed by § 20-77-1902 and report to the General Assembly  
 19 subsequent decreases based upon reduced uncompensated care.

20 (g)(1) On a quarterly basis, the Department of Human Services, the  
 21 State Insurance Department, the Department of Workforce Services, and other  
 22 necessary state agencies shall report to the Legislative Council, or to the  
 23 Joint Budget Committee if the General Assembly is in session, available  
 24 information regarding the overall Arkansas Works Program, including without  
 25 limitation:

26 (A) Eligibility and enrollment;

27 (B) Utilization;

28 (C) Premium and cost sharing reduction costs;

29 (D) Health insurer participation and competition;

30 (E) Avoided uncompensated care; and

31 (F) Participation in job training and job search programs.

32 (2)(A) A health insurer who is providing an individual qualified  
 33 health insurance plan or employer health insurance coverage for an eligible  
 34 individual shall submit claims and enrollment data to the State Insurance  
 35 Department to facilitate reporting required under this subchapter or other  
 36 state or federally required reporting or evaluation activities.

1           (B) A health insurer may utilize existing mechanisms with  
2 supplemental enrollment information to fulfill requirements under this  
3 subchapter, including without limitation the state's all-payer claims  
4 database established under the Arkansas Healthcare Transparency Initiative  
5 Act of 2015, § 23-61-901 et seq., for claims and enrollment data submission.

6           (h) The Governor shall request a block grant under relevant federal  
7 law and regulations for the funding of the Arkansas Medicaid Program as soon  
8 as practical if the federal law or regulations change to allow the approval  
9 of a block grant for this purpose.

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11           23-61-1005. Requirements for eligible individuals.

12           (a)(1) To promote health, wellness, and healthcare education about  
13 appropriate healthcare-seeking behaviors, an eligible individual shall  
14 receive a wellness visit from a primary care provider within:

15                   (A) The first year of enrollment in health insurance  
16 coverage for an eligible individual who is not a program participant and is  
17 enrolled in employer health insurance coverage; and

18                   (B) The first year of, and thereafter annually:

19                           (i) Enrollment in an individual qualified health  
20 insurance plan or employer health insurance coverage for a program  
21 participant; or

22                           (ii) Notice of eligibility determination for an  
23 eligible individual who is not a program participant and is not enrolled in  
24 employer health insurance coverage.

25           (2) Failure to meet the requirement in subdivision (a)(1) of  
26 this section shall result in the loss of incentive benefits for a period of  
27 up to one (1) year, as incentive benefits are defined by the Department of  
28 Human Services in consultation with the State Insurance Department.

29           (b)(1) An eligible individual who has up to fifty percent (50%) of the  
30 federal poverty level at the time of an eligibility determination shall be  
31 referred to the Department of Workforce Services to:

32                   (A) Incentivize and increase work and work training  
33 opportunities; and

34                   (B) Participate in job training and job search programs.

35           (2) The Department of Human Services, or its designee, shall  
36 provide work training opportunities, outreach, and education about work and

1 work training opportunities through the Department of Workforce Services to  
2 all eligible individuals regardless of income at the time of an eligibility  
3 determination.

4 (c) An eligible individual shall receive notice that:

5 (1) The Arkansas Works Program is not a perpetual federal or  
6 state right or a guaranteed entitlement;

7 (2) The Arkansas Works Program is subject to cancellation upon  
8 appropriate notice; and

9 (3) The Arkansas Works Program is not an entitlement program.

10  
11 23-61-1006. Requirements for program participants.

12 (a) A program participant who is twenty-one (21) years of age or older  
13 shall enroll in employer health insurance coverage if the employer health  
14 insurance coverage meets the standards in § 23-61-1008(a).

15 (b)(1) A program participant who has income of at least one hundred  
16 percent (100%) of the federal poverty level shall pay a premium of no more  
17 than two percent (2%) of the income to a health insurer.

18 (2) Failure by the program participant to meet the requirement  
19 in subdivision (b)(1) of this section may result in:

20 (A) The accrual of a debt to the State of Arkansas; and

21 (B)(i) The loss of incentive benefits in the event of  
22 failure to pay premiums for three (3) consecutive months, as incentive  
23 benefits are defined by the Department of Human Services in consultation with  
24 the State Insurance Department.

25 (ii) However, incentive benefits shall be restored  
26 if a program participant pays all premiums owed.

27  
28 23-61-1007. Insurance standards for individual qualified health  
29 insurance plans.

30 (a) Insurance coverage for a program participant enrolled in an  
31 individual qualified health insurance plan shall be obtained through silver-  
32 level metallic plans as provided in 42 U.S.C. § 18022(d) and § 18071, as they  
33 existed on January 1, 2016, that restrict out-of-pocket costs to amounts that  
34 do not exceed applicable out-of-pocket cost limitations.

35 (b) The Department of Human Services shall pay premiums and  
36 supplemental cost sharing reductions directly to a health insurer for a

1 program participant enrolled in an individual qualified health insurance  
2 plan.

3 (c) All participating health insurers offering individual qualified  
4 health insurance plans in the health insurance marketplace shall:

5 (1)(A) Offer individual qualified health insurance plans  
6 conforming to the requirements of this section and applicable insurance  
7 rules.

8 (B) The individual qualified health insurance plans shall  
9 be approved by the State Insurance Department; and

10 (2) Maintain a medical-loss ratio of at least eighty percent  
11 (80%) for an individual qualified health insurance plan as required under 45  
12 C.F.R. § 158.210(c), as it existed on January 1, 2016, or rebate the  
13 difference to the Department of Human Services for program participants.

14 (d) The State of Arkansas shall assure that at least two (2)  
15 individual qualified health insurance plans are offered in each county in the  
16 state.

17 (e) A health insurer offering individual qualified health insurance  
18 plans for program participants shall participate in the Arkansas Patient-  
19 Centered Medical Home Program, including:

20 (1) Attributing enrollees in individual qualified health  
21 insurance plans, including program participants, to a primary care physician;

22 (2) Providing financial support to patient-centered medical  
23 homes to meet practice transformation milestones; and

24 (3) Supplying clinical performance data to patient-centered  
25 medical homes, including data to enable patient-centered medical homes to  
26 assess the relative cost and quality of healthcare providers to whom patient-  
27 centered medical homes refer patients.

28 (f) On or before January 1, 2017, the State Insurance Department and  
29 the Department of Human Services may implement through certification  
30 requirements or rule, or both, the applicable provisions of this section.

31  
32 23-61-1008. Insurance standards for employer health insurance  
33 coverage.

34 (a) A program participant shall enroll in employer health insurance  
35 coverage if:

36 (1) The employer of the program participant elects to

1 participate;

2 (2) Except as authorized under subsection (c) of this section,  
3 the employer health insurance coverage is a small group plan that provides  
4 essential health benefits as defined by 45 C.F.R. § 156.110, as it existed on  
5 January 1, 2016, and has no less than a seventy percent (70%) actuarial  
6 value;

7 (3) The employer health insurance coverage is deemed cost-  
8 effective; and

9 (4) The employer and health insurer providing the employer  
10 health insurance coverage are willing to meet the reporting obligations under  
11 § 23-61-1004(g)(2).

12 (b) The Department of Human Services may pay premiums and supplemental  
13 cost sharing reductions for employer health insurance coverage meeting the  
14 standards in subsection (a) of this section.

15 (c) The Department of Human Services, in coordination with the State  
16 Insurance Department and the Arkansas Health Insurance Marketplace, shall  
17 explore and seek any necessary waivers or other authority necessary to:

18 (1) Offer incentives for employers of program participants who  
19 enroll in employer health insurance coverage; and

20 (2) Expand opportunities for eligible individuals to obtain  
21 employer health insurance coverage providing coverage through:

22 (A) The fully insured large group insurance market; or

23 (B) Employers with self-funded insurance plans.

24 (d) The Department of Human Services, in coordination with the State  
25 Insurance Department and the Arkansas Health Insurance Marketplace, shall  
26 develop methods to ensure the continuation of health insurance coverage for a  
27 program participant with employer health insurance coverage if the program  
28 participant:

29 (1) Loses employment with an employer who is offering the  
30 employer health insurance coverage; or

31 (2) Switches employment to a different employer who does not  
32 offer employer health insurance coverage that meets the standards in  
33 subsection (a) of this section.

34 (e) This subchapter does not:

35 (1) Modify the authority of the Department of Human Services to  
36 enroll eligible individuals who are not program participants in employer

1 health insurance coverage where cost-effective;

2 (2) Preclude the state from exploring the expanded utility and  
 3 functionality of the state-administered small business health options program  
 4 created by the Arkansas Health Insurance Marketplace Act, § 23-61-801 et  
 5 seq.; or

6 (3) Exempt any plans offered in the small group insurance  
 7 market, large group insurance market, or individual insurance market from  
 8 complying with state and federal requirements regarding medical loss ratio.

9 (e) On or before January 1, 2017, the State Insurance Department, the  
 10 Department of Human Services, and other necessary state agencies may  
 11 implement the applicable provisions of this section through certification  
 12 requirements or rule, or both.

13  
 14 23-61-1009. Sunset.

15 This subchapter shall expire on December 31, 2021.

16  
 17 SECTION 2. Arkansas Code § 20-77-2408 is amended to read as follows:  
 18 20-77-2408. Effective Date.

19 This subchapter shall be in effect until ~~June 30, 2017, unless amended~~  
 20 ~~or extended by the General Assembly December 31, 2016, upon which date the~~  
 21 Health Care Independence Program established by the Health Care Independence  
 22 Act of 2013, § 20-77-2401 et seq., shall terminate, provided however that the  
 23 Department of Human Services shall cease collection of contributions to  
 24 independence accounts no later than July 1, 2016.

25  
 26 SECTION 3. Arkansas Code § 23-61-805(b), concerning an offset of an  
 27 assessment fee within the Arkansas Health Insurance Marketplace, is repealed.

28 ~~(b)(1) An assessment may be offset in an amount equal to the amount of~~  
 29 ~~the assessment paid to the Arkansas Health Insurance Marketplace against the~~  
 30 ~~premium tax payable for the year in which the assessment is levied.~~

31 ~~(2) An offset shall not be allowed for a penalty assessed under~~  
 32 ~~subsection (c) of this section.~~

33  
 34 SECTION 4. Arkansas Code § 26-57-604(a)(1)(B)(ii), concerning the  
 35 allowance of a credit to be applied against the insurance premium tax, is  
 36 amended to read as follows:

1 (ii) However, the credit shall not be applied as an  
 2 offset against the premium tax on collections resulting from an eligible  
 3 individual insured under the Health Care Independence Act of 2013, § 20-77-  
 4 2401 et seq., ~~or the Arkansas Health Insurance Marketplace Act, § 23-61-801~~  
 5 ~~et seq.~~ the Arkansas Works Act of 2016, § 23-61-1001 et seq., the Arkansas  
 6 Health Insurance Marketplace Act, § 23-61-801 et seq., or individual  
 7 qualified health insurance plans, including without limitation stand-alone  
 8 dental plans, issued through the health insurance marketplace as defined by §  
 9 23-61-1003.

10  
 11 SECTION 5. Arkansas Code § 26-57-610(b)(2), concerning the disposition  
 12 of the insurance premium tax, is amended to read as follows:

13 (2) The taxes based on premiums collected under the Health Care  
 14 Independence Act of 2013, § 20-77-2401 et seq., ~~and the Arkansas Health~~  
 15 ~~Insurance Marketplace Act, § 23-61-801 et seq.~~ the Arkansas Works Act of  
 16 2016, § 23-61-1001 et seq., the Arkansas Health Insurance Marketplace Act, §  
 17 23-61-801 et seq., or individual qualified health insurance plans, including  
 18 without limitation stand-alone dental plans, issued through the health  
 19 insurance marketplace as defined by § 23-61-1003 shall be:

20 (A) At the time of deposit, separately certified by the  
 21 commissioner to the Treasurer of State for classification and distribution  
 22 under this section; and

23 (B)(i) ~~Transferred~~ On or before December 31, 2016,  
 24 transferred to the Health Care Independence Program Trust Fund and used as  
 25 provided by § 19-5-1141; and

26 (ii) On and after January 1, 2017, transferred to  
 27 the Arkansas Works Program Trust Fund and used as required by the Arkansas  
 28 Works Program Trust Fund;

29  
 30 SECTION 6. Arkansas Code Title 19, Chapter 5, Subchapter 11, is  
 31 amended to add an additional section to read as follows:

32 19-5-1146. Arkansas Works Program Trust Fund.

33 (a) There is created on the books of the Treasurer of State, the  
 34 Auditor of State, and the Chief Fiscal Officer of the State a trust fund to  
 35 be known as the "Arkansas Works Program Trust Fund".

36 (b) The fund shall consist of:

1           (1) Moneys saved and accrued under the Arkansas Works Act of  
2 2016, § 23-61-1001 et seq., including without limitation:

3                   (A) Increases in premium tax collections; and

4                   (B) Other spending reductions resulting from the Arkansas  
5 Works Act of 2016, § 23-61-1001 et seq.; and

6                   (2) Other revenues and funds authorized by law.

7           (c) The Department of Human Services shall use the fund to pay for  
8 future obligations under the Arkansas Works Program created by the Arkansas  
9 Works Act of 2016, § 23-61-1001 et seq.

10  
11           SECTION 7. Arkansas Code § 19-5-1141, concerning the Health Care  
12 Independence Program Trust Fund, is amended to add an additional subsection  
13 to read as follows:

14           (d)(1) The Health Care Independence Program Trust Fund expires on  
15 January 1, 2017.

16           (2) Any balance in the Health Care Independence Program Trust  
17 Fund on January 1, 2017, shall be transferred by the Chief Fiscal Officer of  
18 the State on his or her books and the books of the Treasurer of State and the  
19 Auditor of the State to the Arkansas Works Program Trust Fund.

20  
21           SECTION 8. EFFECTIVE DATE.

22           Section 3 and Section 4 of this act are effective on and after January  
23 1, 2017.

24  
25           SECTION 9. EMERGENCY CLAUSE. It is found and determined by the  
26 General Assembly of the State of Arkansas that the federal laws established  
27 by Pub. L. No. 111-148, have caused disruptive challenges to the State of  
28 Arkansas in the health insurance industry and the medical assistance  
29 industry; that the Arkansas Works Program utilizes the private insurance  
30 market to improve access to health insurance, enhances quality of health  
31 insurance, and reduces health insurance and medical assistance costs; that  
32 the Arkansas Works Program requires private insurance companies and employers  
33 to create, present, implement, and market a new type of health insurance  
34 policy; and that this act is immediately necessary because the private  
35 insurance companies and employers need certainty about the law creating the  
36 Arkansas Works Program before fully investing time, funds, personnel, and

1 other resources into the development of new health insurance policies.  
2 Therefore, an emergency is declared to exist, and this act being immediately  
3 necessary for the preservation of the public peace, health, and safety shall  
4 become effective on:

5 (1) The date of its approval by the Governor;

6 (2) If the bill is neither approved nor vetoed by the Governor,  
7 the expiration of the period of time during which the Governor may veto the  
8 bill; or

9 (3) If the bill is vetoed by the Governor and the veto is  
10 overridden, the date the last house overrides the veto.

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