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WEST VIRGINIA LEGISLATURE

SECOND REGULAR SESSION, 1998



ENROLLED

Com. Sub. for House Bill No. 4299

(By Mr. Speaker, Mr. Kiss, and Delegates Martin,
Compton, Leach, Douglas, State, and Capko)



Passed March 14, 1998

In Effect from Passage

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SENATE OF WEST VIRGINIA
STATE OF WEST VIRGINIA

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COMMITTEE SUBSTITUTE

FOR

H. B. 4299

(BY MR. SPEAKER, MR. KISS, AND DELEGATES MARTIN, COMPTON,
LEACH, DOUGLAS, STATON AND CAPITO)

[Passed March 14, 1998; in effect from passage.]

AN ACT to amend chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new article, designated article sixteen-b; to amend and reenact section two-b, article four-a, chapter nine of said code; and to further amend said article four-a by adding thereto a new section, designated section three, all relating to creating a children's health program; expanding access to health services to certain eligible children; requiring reporting; defining terms; creating division; creating a children's health policy board, specifying membership and qualifications of members, compensation and expenses, setting forth purpose, powers and duties; providing for employment of a director, setting forth powers and duties; requiring preparation of annual financial plan; creating a special revolving fund known as the West Virginia children's health fund; providing guidelines to be considered by the board and director in developing and planning the program; providing for termination and reauthorization of the program; expanding medicaid coverage to certain eligible

children; and creating a special revolving fund known as the West Virginia Title XIX-Medicaid fund.

Be it enacted by the Legislature of West Virginia:

That chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new article, designated article sixteen-b; that section two-b, article four-a, chapter nine of said code be amended and reenacted; and that said article four-a be further amended by adding thereto a new section, designated section three, all to read as follows:

**CHAPTER 5. GENERAL POWERS AND AUTHORITY OF
THE GOVERNOR, SECRETARY OF STATE AND ATTOR-
NEY GENERAL; BOARD OF PUBLIC WORKS; MISCEL-
LANEOUS AGENCIES, COMMISSIONS, OFFICES, PRO-
GRAMS, ETC.**

**ARTICLE 16B. WEST VIRGINIA CHILDREN'S HEALTH PRO-
GRAM.**

**§5-16B-1. Expansion of health care coverage to children;
creation of program; legislative directives.**

1 (a) It is the intent of the Legislature to expand access
2 to health services for eligible children and to pay for this
3 coverage by using private, state and federal funds to
4 purchase those services or purchase insurance coverage
5 for those services. To achieve this intention, the West
6 Virginia children's health program is hereby created.
7 The program shall be administered by the division of
8 children's health within the bureau for medical services of
9 the department of health and human services in
10 accordance with the provisions of this article and the
11 applicable provisions of Title XXI of the Social Security
12 Act of 1997. Participation in the program may be made
13 available to families of eligible children, subject to
14 eligibility criteria and processes to be established, which
15 shall not create an entitlement to coverage in any person.
16 Nothing in this article may be construed to require any
17 appropriation of state general revenue funds for the
18 payment of any benefit provided for in this article. In the

19 event that this article conflicts with the requirements of
20 federal law, federal law shall govern.

21 (b) In developing a children's health program that
22 operates with the highest degree of simplicity and
23 governmental efficiency, the board shall avoid duplicating
24 functions available in existing agencies and may enter into
25 interagency agreements for the performance of specific
26 tasks or duties at a specific or maximum contract price.

27 (c) In developing benefit plans, the board may
28 consider any cost savings, administrative efficiency or
29 other benefit to be gained by considering existing
30 contracts for services with state health plans and
31 negotiating modifications of those contracts to meet the
32 needs of the program.

§5-16B-2. Definitions.

1 As used in this article, unless the context clearly
2 requires a different meaning:

3 (a) "Board" means the children's health policy
4 board;

5 (b) "Director" means the director of the children's
6 health program;

7 (c) "Division" means the division of children's health
8 created within the bureau for medical services in the
9 department of health and human services;

10 (d) "Essential community health service provider"
11 means a health care provider that:

12 (1) Has historically served medically needy or
13 medically indigent patients and demonstrates a
14 commitment to serve low-income and medically indigent
15 populations which make up a significant portion of its
16 patient population, or, in the case of a sole community
17 provider, serves medically indigent patients within its
18 medical capability; and

19 (2) Either waives service fees or charges fees based on
20 a sliding scale and does not restrict access or services
21 because of a client's financial limitations including, but

22 not limited to, community mental health centers, school
23 health clinics, primary care centers, pediatric health clinics
24 or rural health clinics.

25 (e) "Program" means the West Virginia children's
26 health program.

§5-16B-3. Reporting requirements.

1 (a) On the first day of January, one thousand nine
2 hundred ninety-nine and annually thereafter, the director
3 shall report to the governor and the Legislature regarding
4 the number of children enrolled in the program or
5 programs; the average annual cost per child per program;
6 the number of children enrolled in the Medicaid program,
7 pursuant to Title XIX of the Social Security Act, the
8 public employees insurance agency and private sector
9 insurance programs; the number of remaining uninsured
10 children; and the effectiveness of the outreach activities
11 for the previous year. The report shall include any
12 information that can be obtained regarding the prior
13 insurance and health status of the children enrolled in
14 programs created pursuant to this article. Beginning with
15 the second annual report, the director shall include
16 information regarding the cost, quality and effectiveness
17 of the health care delivered to enrollees of this program;
18 satisfaction surveys; and health status improvement
19 indicators. The board, in conjunction with other state
20 health and insurance agencies, shall develop indicators
21 designed to measure the quality and effectiveness of
22 children's health programs, which information shall be
23 included in the annual report.

24 (b) On a quarterly basis, the director shall provide
25 reports to the legislative oversight commission on health
26 and human resources accountability on the number of
27 children served, including the number of newly enrolled
28 children for the reporting period and current projections
29 for future enrollees; outreach efforts and programs;
30 statistical profiles of the families served and health status
31 indicators of covered children; the average annual cost of
32 coverage per child, the total cost of children served by
33 provider type, service type and contract type; outcome
34 measures for children served; reductions in

35 uncompensated care; performance with respect to the
36 financial plan and any other information as the legislative
37 oversight commission on health and human resources
38 accountability may require.

39 (c) The director shall report initial statistical
40 information on the children's health program to the
41 legislative oversight commission on health and human
42 resources accountability. The report shall include, but not
43 be limited to, the number of uninsured children eligible
44 for the program, statistical information regarding the
45 families of eligible children, and the projected average
46 annual cost of coverage per child.

**§5-16B-4. Children's health policy board created; qualifica-
tions and removal of members; powers; duties;
meetings; and compensation.**

1 (a) There is hereby created the West Virginia
2 children's health policy board, which shall consist of the
3 director of the public employees insurance agency, the
4 secretary of the department of health and human
5 resources or his or her designee, and five citizen members
6 appointed by the governor, one of whom shall represent
7 childrens' interests and one of whom shall be a certified
8 public accountant, to assume the duties of the office
9 immediately upon appointment, pending the advice and
10 consent of the senate. A member of the senate, as
11 appointed by the senate president and a member of the
12 house of delegates, as appointed by the speaker of the
13 house of delegates, shall serve as nonvoting members. Of
14 the citizen members first appointed, one shall serve one
15 year, two shall serve two years and two shall serve three
16 years. All future appointments shall be for terms of three
17 years, except that an appointment to fill a vacancy shall be
18 for the unexpired term only. Three of the citizen
19 members shall have at least a bachelor's degree and
20 experience in the administration or design of public or
21 private employee or group benefit programs and the
22 children's representative shall have experience that
23 demonstrates knowledge in the health, educational and
24 social needs of children. No more than three citizen
25 members may be members of the same political party and

26 no board member shall represent or have a pecuniary
27 interest in an entity reasonably expected to compete for
28 contracts under this article. Members of the board shall
29 assume the duties of the office immediately upon
30 appointment and shall hold an initial meeting not later
31 than the thirtieth day of June, one thousand nine hundred
32 ninety-eight. The members shall elect a chairperson. No
33 member may be removed from office by the governor
34 except for official misconduct, incompetence, neglect of
35 duty, neglect of fiduciary duty or other specific
36 responsibility imposed by this article, or gross immorality.
37 Vacancies in the board shall be filled in the same manner
38 as the original appointment.

39 (b) The purpose of the board is to develop plans for
40 health services or health insurance that are specific to the
41 needs of children and to bring fiscal stability to this
42 program through development of an annual financial plan
43 designed in accordance with the provisions of this article.

44 (c) Notwithstanding any other provisions of this code
45 to the contrary, any insurance benefits offered as a part of
46 the programs designed by the board are exempt from the
47 minimum benefits and coverage requirements of articles
48 fifteen and sixteen, chapter thirty-three of this code.

49 (d) The board may consider adopting the maximum
50 period of continuous eligibility permitted by applicable
51 federal law, regardless of changes in a family's economic
52 status, so long as other group insurance does not become
53 available to a covered child.

54 (e) The board shall meet at the time and place as
55 specified by the call of the chairperson or upon the written
56 request to the chairperson by at least two members.
57 Notice of each meeting shall be given in writing to each
58 member by the chairperson at least three days in advance
59 of the meeting. Four voting members shall constitute a
60 quorum.

61 (f) For each day or portion of a day spent in the
62 discharge of duties pursuant to this article, the board shall
63 pay each of its citizen members the same compensation

64 and expense reimbursement as is paid to members of the
65 Legislature for their interim duties.

**§5-16B-5. Director of the children's health program;
qualifications; powers and duties.**

1 (a) A division director shall be appointed by the
2 governor, with the advice and consent of the senate, and
3 shall be responsible for the implementation,
4 administration and management of the children's health
5 insurance program created under this article. The director
6 shall have at least a bachelor's degree and a minimum of
7 three years experience in health insurance administration.

8 (b) The director shall employ any administrative,
9 technical and clerical employees as are required for the
10 proper administration of the program and for the work of
11 the board. He or she shall present recommendations and
12 alternatives for the design of the initial and annual plans
13 and other actions undertaken by the board in furtherance
14 of this article.

15 (c) The director, under the supervision of the board, is
16 responsible for the administration and management of the
17 program and shall have the power and authority to make
18 all rules necessary to effectuate the provisions of this
19 article. Nothing in this article shall limit the director's
20 ability to manage the program on a day-to-day basis.

21 (d) The director shall have exclusive authority to
22 execute any contracts as are necessary to effectuate the
23 provisions of this article: *Provided*, That the board shall
24 approve all contracts for the provision of services or
25 insurance coverage under the program. The provisions of
26 article three, chapter five-a of this code, relating to the
27 division of purchases of the department of finance and
28 administration, shall not apply to any contracts for any
29 health insurance coverage, health services, or professional
30 services authorized to be executed under the provisions of
31 this article: *Provided, however*, That before entering into
32 any such contract the director shall invite competitive bids
33 from all qualified entities and shall deal directly with those
34 entities in presenting specifications and receiving
35 quotations for bid purposes. The director shall award

36 those contracts on a competitive basis taking into account
37 the experience of the offering agency, corporation,
38 insurance company or service organization. Before any
39 proposal to provide benefits or coverage under the plan is
40 selected, the offering agency, corporation, insurance
41 company or service organization shall provide assurances
42 of utilization of essential community health service
43 providers to the greatest extent practicable. In evaluating
44 these factors, the director may employ the services of
45 independent, professional consultants. The director shall
46 then award the contracts on a competitive basis.

47 (e) The director shall issue requests for proposals from
48 essential community health service providers for defined
49 portions of services under the children's health plan
50 regionally or statewide, and shall, to the greatest extent
51 practicable, either directly contract with, or require
52 participating providers to, contract with essential
53 community health service providers to provide the services
54 under the plan.

55 (f) Subject to the advice and consent of the board, the
56 director may require reinsurance of primary contracts, as
57 contemplated in the provisions of sections fifteen and
58 fifteen-a, article four, chapter thirty-three of this code.

§5-16B-6. Financial plans requirements.

1 (a) *Benefit plan design* — All financial plans required
2 by this section shall establish (1) the design of a benefit
3 plan or plans, (2) the maximum levels of reimbursement
4 to categories of health care providers, (3) any cost
5 containment measures for implementation during the
6 applicable fiscal year, and, (4) the types and levels of cost
7 to families of covered children. To the extent compatible
8 with simplicity of administration, fiscal stability and other
9 goals of the program established in this article, the
10 financial plans may provide for different levels of costs
11 based on ability to pay.

12 (b) *Initial plan* — For presentation to the board at the
13 first meeting, the governor shall prepare (1) a statement of
14 goals and objectives of the children's health program; and
15 (2) an estimate of the total amount of general and special

16 revenues available to fund the program for the fiscal year
17 ending on the thirtieth day of June, one thousand nine
18 hundred ninety-nine. The initial plan is subject to the
19 following guidelines:

20 (1) The board shall establish a target date for
21 implementation of the program during the state fiscal year
22 one thousand nine hundred ninety-nine and may offer the
23 same benefit package as that offered to children of state
24 employees insured through the public employees
25 insurance agency.

26 (2) During state fiscal year one thousand nine
27 hundred ninety-nine, benefits under this program shall be
28 made available to children ages six through eighteen
29 whose custodial parents or guardians have an income
30 equal to or less than one hundred fifty percent of the
31 federal poverty level as determined according to eligibility
32 standards and other criteria approved by the board.

33 (3) All program costs, including the administration of
34 the program and incurred but unreported claims, shall not
35 exceed eighty-five percent of the funding available to the
36 program for the state fiscal year one thousand nine
37 hundred ninety-nine.

38 (4) The board shall afford interested and affected
39 persons an opportunity to offer comment on the plan at a
40 public meeting of the board and, in developing any
41 proposed plan under this article, shall solicit comments in
42 writing from interested and affected persons.

43 (c) *Actuary requirements* — Beginning with state fiscal
44 year two thousand, any financial plan, or modifications,
45 approved or proposed by the board shall be submitted to
46 and reviewed by an actuary before final approval. The
47 financial plan shall be submitted to the governor and the
48 Legislature with the actuary's written professional opinion
49 that all estimated program and administrative costs of the
50 agency under the plan, including incurred but unreported
51 claims, will not exceed ninety percent of the funding
52 available to the program for the fiscal year for which the
53 plan is proposed; and, that the financial plan allows for no
54 more than thirty days of accounts payable to be carried

55 over into the next fiscal year. This actuarial requirement
56 is in addition to any requirement imposed by Title XXI
57 of the Social Security Act of 1997.

58 (d) *Subsequent annual plans* — The board shall
59 review implementation of its initial or current financial
60 plan in light of actual experience and shall prepare an
61 annual financial plan for fiscal year two thousand and
62 each fiscal year thereafter during which the board remains
63 in existence. For each fiscal year, the governor shall
64 provide an estimate of requested appropriations and total
65 funding available to the board no later than the first day
66 of July of the preceding fiscal year. The board shall
67 submit its final, approved financial plan, subject to the
68 actuarial and public hearing requirements of this article, to
69 the governor and to the Legislature no later than the first
70 day of January preceding the fiscal year. The financial
71 plan for a fiscal year shall become effective and shall be
72 implemented by the director on the first day of July of
73 such fiscal year. Annual plans developed pursuant to this
74 subsection are subject to the provisions of subsections (a)
75 and (c) of this section and the following guidelines:

76 (1) The aggregate actuarial value of the plan
77 established as the benchmark plan should be considered as
78 a targeted maximum or limitation in developing the
79 benefits package.

80 (2) All estimated program and administrative costs,
81 including incurred but not reported claims, shall not
82 exceed ninety percent of the funding available to the
83 program for the applicable fiscal year.

84 (3) The state's interest in achieving health care
85 services for all its children at less than two hundred
86 percent of the federal poverty level shall take precedence
87 over enhancing the benefits available under this program.

88 (e) The provisions of chapter twenty-nine-a of this
89 code do not apply to the preparation, approval and
90 implementation of the financial plans required by this
91 section.

92 (f) The board shall meet no less than once each
93 quarter to review implementation of its current financial
94 plan and, using actuarial data, shall make those
95 modifications to the plan that are necessary to ensure its
96 fiscal stability and effectiveness of service. The board
97 may not increase the types and levels of cost to families of
98 covered children during its quarterly review except in the
99 event of a true emergency. The board may not expand
100 the population of children to whom the program is made
101 available except in its annual plan.

102 (g) For any fiscal year in which legislative
103 appropriations differ from the governor's estimate of
104 general and special revenues available to the agency, the
105 board shall, within thirty days after passage of the budget
106 bill, make any modifications to the plan necessary to
107 ensure that the total financial requirements of the agency
108 for the current fiscal year are met.

§5-16B-7. West Virginia children's health fund.

1 (a) There is hereby created in the state treasury a
2 special revolving fund to be known as the "West Virginia
3 children's health fund", which shall be an interest-bearing
4 account. All moneys deposited or accrued in this fund
5 shall be used exclusively:

6 (1) To provide the state's share of the children's health
7 fund;

8 (2) To cover administrative costs associated with the
9 children's health program; and

10 (3) To cover outreach activities.

11 (b) Moneys from the following sources may be placed
12 into the fund:

13 (1) All public funds appropriated by the Legislature
14 or transferred by any public agency as contemplated or
15 permitted by applicable federal program laws;

16 (2) All private moneys contributed by corporations,
17 individuals or other entities to the fund as contemplated
18 and permitted by applicable federal and state laws;

19 (3) Any accrued interest; and

20 (4) Federal financial participation matching the
21 amounts referred to in subdivisions (1), (2) and (3) of this
22 subsection, in accordance with Section 1902 (a) (2) of the
23 Social Security Act.

24 (c) Any balance remaining in the children's health
25 fund at the end of any state fiscal year shall not revert to
26 the state treasury but shall remain in this fund and shall be
27 used only in a manner consistent with this article.

28 (d) Notwithstanding the provisions of section two,
29 article two, chapter twelve of this code, funds of the West
30 Virginia children's health fund may not be redesignated
31 for any purpose other than those set forth in this
32 subsection. All state and private moneys received by the
33 program shall be deposited in the West Virginia
34 consolidated investment pool with the West Virginia
35 investment management board, with the interest income a
36 proper credit to all such funds.

§5-16B-8. Termination and reauthorization.

1 (a) The program established in this article abrogates
2 and shall be of no further force and effect, without further
3 action by the Legislature, upon the occurrence of any of
4 the following:

5 (1) The date of entry of a final judgment or order by
6 a court of competent jurisdiction which disallows the
7 program;

8 (2) The effective date of any reduction in annual
9 federal funding levels below the amounts allocated and/or
10 projected in Title XXI of the Social Security Act of 1997;
11 or

12 (3) The effective date of any federal rule or regulation
13 negating the purposes or effect of this article.

14 (4) For purposes of subdivisions (2) and (3) of this
15 section, if a later effective date for such reduction or
16 negation is specified, such date will control.

17 (b) Pursuant to the provisions of article ten, chapter
18 four of this code, the board shall terminate on the first day
19 of July, two thousand four, unless extended by legislation
20 enacted before the termination date.

21 (c) Upon termination of the board and
22 notwithstanding any provisions to the contrary, the
23 director may change the levels of costs to covered families
24 only in accordance with rules proposed to the Legislature
25 pursuant to the provisions of chapter twenty-nine-a of this
26 code.

§5-16B-9. Public-private partnerships.

1 The board and the director are authorized to work in
2 conjunction with a nonprofit corporation organized
3 pursuant to the corporate laws of the state, structured to
4 permit qualification pursuant to section 501(c) of the
5 Internal Revenue Code for purposes of assisting the
6 children's health program and funded from sources other
7 than the state or federal government. Members of the
8 board may sit on the board of directors of the private
9 nonprofit corporation.

CHAPTER 9. HUMAN SERVICES.

ARTICLE A. MEDICAID UNCOMPENSATED CARE FUND.

§9-4A-2b. Expansion of coverage to children and terminally ill; West Virginia children's health plan.

1 (a) It is the intent of the Legislature that steps be taken
2 to expand coverage to children and the terminally ill and
3 to pay for this coverage by fully utilizing federal funds.
4 To achieve this intention, the department of health and
5 human resources shall undertake the following:

6 (1) The department shall provide a streamlined
7 application form, which shall be no longer than two pages,
8 for all families applying for medical coverage for children
9 under any of the programs set forth in this section.

10 (2) The department shall provide the option of
11 hospice care to terminally ill West Virginians who
12 otherwise qualify for medicaid. The department shall
13 provide quarterly reports to the legislative oversight

14 commission on health and human resources accountability
15 created pursuant to section four, article twenty-nine-e,
16 chapter sixteen of this code regarding the program
17 provided for in this subdivision. The report shall include,
18 but not be limited to, the total number, by age, of newly
19 eligible clients served, the average annual cost of coverage
20 per client, and the total cost, by provider type, to serve all
21 clients.

22 (3) The department shall accelerate the medicaid
23 option for coverage of medicaid to all West Virginia
24 children whose family income is below one hundred
25 percent of the federal poverty level. The department shall
26 provide quarterly reports to the legislative oversight
27 commission on health and human resources accountability
28 regarding the program acceleration provided for in this
29 subdivision. The report shall include, but not be limited
30 to, the number of newly eligible clients, by age, served as a
31 result of the acceleration, the average annual cost of
32 coverage per client and the total cost of all clients served
33 by provider type.

34 (4) Effective the first day of July, one thousand nine
35 hundred ninety-eight, the department shall expand
36 medicaid coverage for only those West Virginia children
37 below the age of six years whose family income is below
38 one hundred fifty percent of the federal poverty level.
39 This program will be known as the Title XXI-Medicaid
40 program and administered in accordance with the
41 applicable provisions contained in Titles XIX and XXI of
42 the Social Security Act. The department shall coordinate
43 the eligibility determination, outreach efforts, purchasing
44 strategies, service delivery system and reporting
45 requirements with the Title XXI program created pursuant
46 to provisions of article sixteen-b, chapter five of this code.

47 (b) Notwithstanding the provisions of section two-a of
48 this article, the accruing interest in the medical services
49 trust fund may be utilized to pay for the programs
50 specified in subdivisions (2) and (3) of subsection (a) of
51 this section: *Provided*, That to the extent the accrued
52 interest is not sufficient to fully fund the specified
53 programs, the disproportionate share hospital funds paid

54 into the medical services trust fund after the thirtieth day
55 of June, one thousand nine hundred ninety-four, may be
56 applied to cover the cost of the specified programs.

57 (c) On the first day of January, one thousand nine
58 hundred ninety-five and annually thereafter, the
59 department shall report to the governor and to the
60 Legislature information regarding the number of children
61 and elderly covered by the programs in subdivisions (2)
62 and (3) of subsection (a), the cost of services by type of
63 service provided, a cost-benefit analysis of the acceleration
64 and expansion on other insurers and the reduction of
65 uncompensated care in hospitals as a result of the
66 programs.

67 (d) On the first day of January, one thousand nine
68 hundred ninety-nine, and annually thereafter, the
69 department shall report to the governor and to the
70 Legislature information regarding the number of children
71 enrolled in the Title XIX-Medicaid program as a result of
72 implementation of the provisions of subdivision (4),
73 subsection (a) of this section; the number of children
74 enrolled in the new Title XXI-Medicaid program; the
75 estimated number of children eligible for enrollment in
76 either program; the cost of services by type of service
77 provided in both programs; an analysis of the impact of
78 the programs on other insurers; and the reduction of
79 uncompensated care in hospitals as a result of the
80 programs. The annual report filed by the department
81 shall also include information relating to any proposed
82 expansion of the population to be served under the state's
83 medicaid program, other than the expansions specifically
84 authorized in this section. The department may not
85 expand the population to be served until sixty days
86 following the filing of the report required in this
87 subsection. The department shall make quarterly reports
88 to the legislative oversight commission on health and
89 human resources accountability, established pursuant to
90 section four, article twenty-nine-e, chapter sixteen of this
91 code regarding the development, implementation and
92 monitoring of the program.

§9-4A-3. West Virginia Title XXI-Medicaid fund.

1 (a) There is hereby created in the state treasury a
2 special revolving fund to be known as the "West Virginia
3 Title XXI-Medicaid Fund", which shall be an interest-
4 bearing account established and maintained to purchase
5 health services for low-income children.

6 (b) Funds paid into this account shall be derived from
7 the following sources:

8 (1) Any appropriations by the Legislature;

9 (2) All public funds transferred by any public agency
10 as permitted by applicable federal law;

11 (3) Any private funds contributed, donated or
12 bequeathed by corporations, individuals or other entities
13 to the fund as contemplated and permitted by applicable
14 federal law; and

15 (4) All interest or return on investments accruing to
16 the fund.

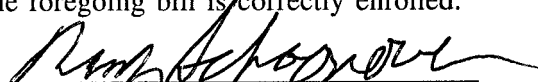
17 (c) Moneys from this fund shall be used exclusively
18 for the following purposes:

19 (1) To purchase health care services for the program
20 defined in subdivision (4), subsection (a) of this section,
21 associated administrative costs, outreach activities and
22 eligibility determination costs; and

23 (2) To provide the state's share of the enhanced
24 federal medical assistance percentage funds.

25 (d) Notwithstanding the provisions of section two,
26 article two, chapter twelve of this code, moneys with the
27 Title XXI- Medicaid program may not be redesignated for
28 any purpose other than those set forth in this subsection.

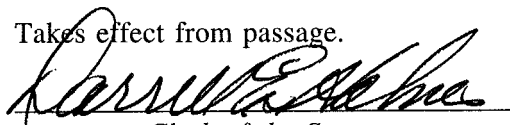
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.


Chairman Senate Committee

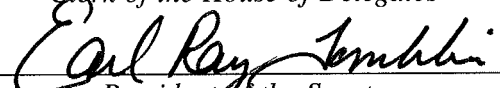

Chairman House Committee


Originating in the House.

Takes effect from passage.

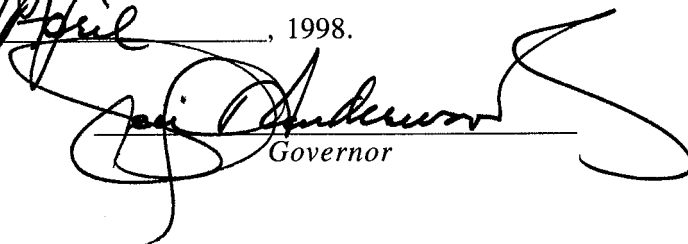

Clerk of the Senate


Clerk of the House of Delegates


President of the Senate


Speaker of the House of Delegates

The within approved this the 8th
day of April, 1998.


Governor

PRESENTED TO THE

GOVERNOR

Date 3/31/98

Time 2:34 pm