

HOUSE RESEARCH

Bill

Sections 1 and 2 transfer \$325 million from the tobacco use prevention and local public health endowment fund to the general fund and adjust allocations from the endowment fund.

Summary

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Authors: Goodno
Subject: Health and Human Services Budget Provisions
Analyst: Peg Hicks, 651-296-8079 Randall Chun, 651-296-8639 Amy Petschauer, 651-296-5808 Elisabeth Loehrke, 651-296-5043

DATE:

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Section 3 modifies the commissioner of health's authority to adopt rules on the Clean Indoor Air Act.

Section 4 limits how family planning grant funds may be used and the entities eligible to receive grants.

Sections 5 to 11 establish informed consent requirements for abortions.

Sections 12 and 13 require 20 percent of family planning special projects grants to be allocated to the provision of natural family planning services.

Section 14 allows the board of dentistry to grant guest licenses or registrations to

dental providers from border states.

Sections 15 to 20 require that, after June 30, 2002, certain state-operated services revenue be deposited in the general fund.

Sections 21 to 25 and 42 repeal expanded MA eligibility standards for families and children that would have taken effect July 1, 2002.

Section 26 classifies certain nursing facilities as part of the metropolitan array for purposes of setting nursing facility rates.

Section 27 allows managed care plans to count, as admitted assets, state health care program capitation dollars withheld pending completion of performance targets.

Section 28 limits GAMC enrollment to specified groups of individuals, and requires GAMC enrollees to be referred to MinnesotaCare.

Sections 29, 30, and 35 place limits on eligibility for General Assistance, Emergency General Assistance, and Emergency Assistance.

Section 31 removes the automatic adjustment to the MFIP earned income disregard, which affects the MFIP exit level.

Sections 32 to 34 modify MFIP extension provisions.

Sections 36 and 37 generally limit the education and training programs that an MFIP job counselor may approve to programs lasting up to 12 months.

Sections 38 to 41 provide exemptions from MinnesotaCare benefit limits and cost-sharing requirements and allow coverage from the day of application for lower-income MinnesotaCare enrollees, and delay the MinnesotaCare asset standard by one year.

1

Creation. Amends § 144.395, subd. 1. Effective June 30, 2002, transfers \$325 million of the principal of the tobacco use prevention and local public endowment to the general fund.

2

Expenditures. Amends § 144.395, subd. 2. Adjusts the percentage allocations from the endowment to reflect the reduction in the principal. The effect of these adjustments is to reduce the appropriation for statewide tobacco prevention grants from approximately \$17.8 million each year to approximately \$1.5 million, and to maintain the current level of appropriations for local tobacco prevention grants and local health promotion and protection (approximately \$4.4 million each year). Makes these changes take effect beginning with grants made in fiscal year 2003.

3

Rules. Amends § 144.417, subd. 1. Amends the subdivision authorizing the commissioner of health to adopt rules to implement the Clean Indoor Air Act, to prohibit certain rules adopted after January 1, 2002 from taking effect unless the rules are approved by a law enacted after January 1, 2002. The

requirement for legislative approval does not apply to a rule or a severable portion of a rule governing smoking in office buildings, factories, warehouses, or similar places of work, or in health care facilities. The requirement for legislative approval also does not apply to a rule changing the definition of "restaurant" to make it conform with a statutory definition. Makes this section effective the day following final enactment.

Family planning grant funds not used to subsidize abortion services. Adds § 145.417. Prohibits family planning grant funds from being used in certain ways, establishes requirements for organizations that receive these funds, specifies when affiliated organizations are independent, requires organizations to conduct independent audits to receive these funds, and specifies that organizations receiving Title X funds are not prohibited from providing services required by Title X.

Subd. 1. Definitions. Defines the following terms for this section: abortion, family planning grant funds, family planning services, nondirective counseling, and public advocacy. Family planning grant funds means maternal and child health block grant funds, family planning special projects grant funds, grant funds to eliminate health disparities, and any other state grant funds that are or may be used to fund family planning services.

Subd. 2. Uses of family planning grant funds.

Prohibits family planning grant funds from being:

expended to directly or indirectly subsidize abortion services or administrative expenses;

paid or granted to an organization or affiliate of an organization that provides abortion services, unless the affiliate is independent; or

paid or granted to an organization that has a policy that abortion is part of a continuum of family planning or reproductive health services.

Subd. 3. Organizations receiving family planning grant funds.

Allows organizations that receive family planning grant funds to provide nondirective family planning, but prohibits such organizations from directly referring patients for abortion services. Also prohibits these organizations from distributing or displaying marketing materials about abortion services and from engaging in public advocacy promoting abortion, and requires them to be separately incorporated from any affiliated organization that provides abortion services.

Subd. 4. Independent affiliates that provide abortion services.

Prohibits an organization that receives family planning grant funds

from being affiliated with an organization that provides abortion services unless the organizations are independent. Lists criteria that must be met for organizations to be independent. Requires an organization that receives family planning grant funds and that has an affiliate providing abortion services to maintain financial records demonstrating compliance with this section.

Subd. 5. Independent audit.

When an organization applies for family planning grant funds, requires it to submit a copy of its most recent independent audit demonstrating compliance with this section. Requires the audit to have been conducted within the past two years.

Subd. 6. Organizations receiving title X funds.

Specifies that this section does not require an organization receiving federal Title X funds to refrain from providing services that must be provided to receive Title X funds.

Subd. 7. Severability.

Provides for severability if any provision of this section is found unconstitutional.

Definitions. Adds § 145.4241.

Defines the following terms, for a series of sections establishing informed consent requirements for abortions: abortion, attempt to perform an abortion, medical emergency, physician, and probable gestational age of the fetus.

Informed consent. Adds § 145.4242. (a) Prohibits

abortions from being performed unless the woman on whom the abortion is to be performed gives voluntary, informed consent. Except in the case of a medical emergency, specifies that consent is voluntary and informed only if the woman is told, by telephone or in person, the following at least 24 hours prior to the abortion by the physician who is to perform the abortion, the referring physician, a registered nurse, or a licensed practical nurse:

the particular medical risks associated with the procedure to be employed;

the probable gestational age of the fetus at the time the abortion is to be performed;

the medical risks associated with carrying to term;

that Medical Assistance benefits may be available for prenatal, childbirth, and neonatal care;

that the father is liable to help support the child;

that a toll-free number and Web site are available to provide information on support services and alternatives to abortion; and

that the woman may review printed materials and a Web site containing additional information.

(b) Requires the woman to be orally informed that she has the right to review printed materials provided by the state describing the unborn child and listing agencies that offer abortion alternatives.

(c) Requires the woman to be orally informed of the Web site address and toll-free number.

(d) If the woman chooses to view the materials, requires them to be provided to her at least 24 hours before the abortion or mailed at least 72 hours before the abortion.

(e) Allows revised information to be given to a woman at any time before the abortion if an examination, tests, or the availability of other information indicates revised information should be given.

Printed information. Adds § 145.4243. Requires the commissioner of health to publish the following information in English and each language that is the primary language for 2 percent or more of the population in Minnesota:

information on the probable anatomical and physiological characteristics of the fetus, describing the fetus in two-week gestational increments. The materials are required to be objective, nonjudgmental, and conveying scientific information only; and descriptions of the methods of abortion

commonly used,
medical risks
associated with each
procedure, possible
detrimental
psychological effects
of abortions, and
medical risks
associated with
carrying a child to
term.

Requires the materials to be clearly legible and to be made available to a person or facility at no cost.

8

Procedure in case of medical emergency. Adds § 145.4244. In medical emergency situations in which an abortion is required, requires the physician to inform the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert her death or that a 24-hour delay would create a serious risk of substantial injury or impairment of a major bodily function.

9

Toll-free telephone number and Web site. Adds § 145.4245. Requires the commissioner of health to establish and maintain a toll-free telephone number and Web site providing information relating to local community resources to help pregnant women and women with children, avoiding unplanned pregnancies, prenatal care, adoption, health education, social services, legal assistance in obtaining child support, and community support services. The Web site must also include the

information in the printed materials.

Enforcement penalties. Adds § 145.4246. Provides civil remedies for violations of section 145.4242.

Subd. 1. Standing. Grants standing to: (1) a woman upon whom an abortion was performed or attempted in violation of section 145.4242; (2) a parent of an unemancipated minor upon whom an abortion was performed or attempted or is about to be performed; and (3) the state attorney general.

Subd. 2. Injunctions. Permits parties to seek temporary restraining orders, preliminary injunctions, and injunctions. Provides that actions must be brought within six months. Clarifies that actions may only relate to the physician or facility where the violation occurred.

Subd. 3. Contempt. Provides that violation of an injunction constitutes civil contempt. Provides for fines of no more than \$1,000, \$5,000, and \$10,000 for a first, second and third violation, respectively. Provides that fines for further violations shall be in an amount sufficient to deter further violations. Provides that the fine is the exclusive penalty. Provides that each performance or attempted performance of an abortion in violation of section 145.4242 is a separate violation. Prohibits fines from being assessed against the woman on whom the abortion is performed or attempted.

Subd. 4. Reallocation of the fine. Provides that any fines collected will be used to help fund the production of printed materials under section 145.4243.

11

Cumulative rights. Adds § 145.4247. States that the rights provided under this law are cumulative with regard to an individual's right to consent to medical treatment and do not impair or replace other existing rights.

12

Grants for natural family planning. Adds subd. 8a to § 145.925. Each grant cycle, requires 20 percent of family planning special projects grants to be allocated to organizations that provide only natural family planning services. In evaluating applications for these grants, prohibits the commissioner from using existing service components and criteria.

13

Amount of grant; rules. Amends § 145.925, subd. 9. Amends the subdivision governing allocation of family planning special projects grants, to specify that it applies to grant funds remaining after grants for natural family planning are made under subdivision 8a.

14

Guest license or registration. Adds subd. 2c to § 150A.06. Paragraph (a) requires the board of dentistry to grant a dental or dental hygienist license or a dental assistant registration to a person who is licensed or registered in good standing in a border state; is currently practicing in a border state; wants to practice in a board-approved public health

setting that provides dental care to patients who have difficulty accessing it; agrees to treat indigent patients who meet the clinic's eligibility criteria; and applies to the board and pays a fee.

Paragraph (b) allows a dental provider with a guest license or registration to practice only at a single, specific location in Minnesota. Requires annual renewal and payment of an annual fee. If the clinic at which the provider practices closes, automatically revokes the guest license or registration.

Paragraph (c) makes a dental provider practicing under this subdivision subject to the same obligations as Minnesota-licensed providers, and subject to Minnesota law and the board's regulatory authority. Requires the board to report any disciplinary action taken against such providers to the board in the provider's home state.

15

Leases for regional treatment center and state nursing home property.

Amends § 245.037. After June 30, 2002, requires that money collected as rent for state property at any regional treatment centers or state nursing home facilities administered by the commissioner of human services be deposited in the general fund. Strikes language requiring that the money collected is dedicated to the regional treatment center or state nursing home from which it is generated.

16

Depreciation payments for

state-operated, community-based programs. Amends § 246.18, subd. 5. Strikes language establishing separate interest-bearing funded depreciation accounts for state-operated, community-based programs. After June 30, 2002, requires that, as payments for state-operated community-based services are received by the commissioner, the portion of the payment rate representing allowable depreciation expense and the capital debt reduction allowance be deposited in the general fund. Strikes language requiring these payments to be deposited in the state treasury and credited to separate interest-bearing accounts. Also strikes language appropriating the funds within the funded depreciation accounts to the commissioner for the purchase or replacement of capital assets or payment of capitalized repairs for each program.

17

Collections dedicated. Amends § 246.18, subd. 6. Requires that, after June 30, 2002, all proceeds raised under this subdivision relating to an enterprise activity that would have been deposited into accounts in the special revenue fund be deposited in the general fund.

18

Authorized. Amends § 246.57, subd. 1. After June 30, 2002, requires all receipts for shared services to be deposited in the general fund. Strikes language that permits the receipts to be retained by the regional treatment center or state-operated nursing home

that provided the services.

19

Laundry equipment. Amends § 246.57, subd. 5. After June 30, 2002, requires receipts for laundry services attributable to depreciation of laundry equipment to be deposited in the laundry depreciation account in the general fund. Strikes language that appropriates funds from the laundry equipment depreciation account within the general fund to the commissioner of human services for laundry equipment replacement.

20

Dental services. Amends § 246.57, subd. 6. After June 30, 2002, requires that receipts for dental services be deposited in the general fund. Strikes language that permits the receipts to be retained by the regional treatment center or state-operated nursing home that provides the services.

21

Income and assets generally. Amends § 256B.056, subd. 1a. Strikes language that would have established a new MA income disregard for families and children, effective July 1, 2002. (The new disregard was 17 or 21 percent of income, depending on the group, for four months. The current law disregard that is continued is \$90 ongoing, \$30 for first 12 months, and a disregard of 1/3 of remaining income for the first four months.)

22

Income. Amends § 256B.056, subd. 4. Strikes language that sets the basic MA income limit for families and children at 100 percent of the federal poverty guidelines, effective July 1, 2002. (This income

limit applies mainly to parents of children on MA. This change has the effect of continuing the current basic income limit of 133 and 1/3 percent of the 1996 AFDC standard, increased by 3 percent, which is about 67 percent of the federal poverty guidelines.)

23

Children. Amends § 256B.057, subd. 2. Strikes language that sets the MA income limit for children through 18 at 170 percent of the federal poverty guidelines, effective July 1, 2002, unless a higher income standard applies. (This has the effect of retaining the current income standards for children of: 280 percent of the federal poverty guidelines for children under age 2, 133 percent for children two through five, and 100 percent for children six through 18.)

24

Increased employment. Amends § 256B.0635, subd. 1. Reduces the income limit for receiving extended MA for persons who become ineligible for the program due to an increase in employment hours or income or loss of an earned income disregard, from 100 percent of the federal poverty guidelines (effective July 1, 2002) to the 1996 AFDC standard (about 47 percent of the federal poverty guidelines). (Extended MA provides six months of additional MA coverage, if the individual had income under the limit at the time of application and for at least three of the six months preceding the month the individual became ineligible.

Extended MA may be renewed for an additional six months if certain criteria are met.)

25

Increased child or spousal support. Amends § 256B.0635, subd. 2. Reduces the income limit for receiving extended MA for persons who become ineligible for the program due to the collection of child or spousal support, from 100 percent of the federal poverty guidelines (effective July 1, 2002) to the 1996 AFDC standard.

26

Designation of areas to receive metropolitan rates. Amends § 256B.431, by adding subd. 37. For rate years beginning on or after July 1, 2003, requires nursing facilities located in areas that are designated as metropolitan areas by the federal Office of Management and Budget using census data, to be considered as part of the metropolitan array for purposes of nursing facility payment rate calculations under any existing payment system or under any new reimbursement system.

27

Managed care contracts. Amends § 256B.69, subd. 5a. Allows managed care plans under prepaid MA and prepaid GAMC to count, as admitted assets, any amount of capitation payments withheld pending completion of performance targets, that is reasonably expected to be returned.

28

General assistance medical care eligibility effective July 1, 2002. Amends § 256D.03, by adding subd. 3c. (a) Effective July 1, 2002, allows GAMC to be paid only for

individuals who meet the program's income and asset standards and who: (1) would be eligible for MA except for residence in an institution for mental diseases (IMD); (2) are children under age 18, or adults over age 65 who are aged, blind, or disabled, who are undocumented or nonimmigrants, and who otherwise meet MA eligibility requirements; or (3) are ineligible for MA and are receiving services from a nonprofit center established to serve victims of torture.

(b) Requires the commissioner to refer current GAMC enrollees not eligible under paragraph (a) to the MinnesotaCare program over a six-month transition period ending December 31, 2002. Requires the commissioner, in consultation with county agencies, to develop a transition plan that first refers GAMC enrollees with the highest incomes, and ensures a consistent number of referrals over the transition period. Allows GAMC enrollees not eligible under paragraph (a) who have not been referred to continue to receive GAMC services during the transition period.

Eligibility. Amends § 256D.05, subd. 1. Limits the availability of general assistance for eligible persons to six months in a consecutive 24-month period, effective July 1, 2002. Specifies that only months of general assistance received after July 1, 2002 count toward the six-month limit. Clarifies that the

30

six-month limit does not apply to recipients who reside in certain facilities and who receive GRH payments.

Emergency need. Amends § 256D.06, subd. 2. Limits the availability of emergency general assistance for eligible persons to one 30-day period in a consecutive 18-month period and specifies that only months of emergency general assistance received after July 1, 2002 count toward the period of eligibility. Requires a county to issue assistance for needs that accrue before the 30-day period only when necessary to resolve emergencies arising or continuing to arise during the 30-day period of eligibility. Also strikes obsolete language.

31

Earned income disregard. Amends § 256J.24, subd. 10. Under current law, the commissioner of human services is required to annually adjust the MFIP earned income disregard so that most participants do not lose eligibility until the participant's income is 120 percent of the federal poverty guidelines. This section requires the earned income disregard to be the same as the percentage implemented in October 2000 (38 percent) for fiscal year 2003 and thereafter. (The current earned income disregard percentage is 38 percent and the exit point for a family of three is 121 percent of the 2001 federal poverty guidelines.)

32

Hard-to-employ participants. Amends § 256J.425, subd. 3. Adds a

person who is a victim of family violence to the list of participants eligible for an extension for hard-to-employ participants. Also provides that victims of family violence must be participating in an alternative employment plan to be eligible for the extension.

Employed participants.

Amends § 256J.425, subd. 4. Provides that an assistance unit may be eligible for an employed participants extension if the participant:

- (1) is participating in employment for fewer hours than the minimum hourly requirement;
- (2) provides verification from a health care provider that the number of hours the participant may work is limited due to illness or disability;
- (3) is participating in employment for at least the number of hours specified by the health care provider; and
- (4) is following the treatment recommendations of that provider.

Requires the commissioner to develop a form to be completed and signed by the health care provider. Also provides that if the participant is in a two-parent family, the other parent must be treated as a one-parent family for purposes of meeting the work requirements for an employed participants extension.

Accrual of exempt months.

Amends § 256J.425, subd. 5. Allows a participant who was placed into the employment and training exemption

category for participants who are needed in the home to care for an ill or incapacitated household member (§ 256J.56, para (a), clause (3)) to receive an extension for the number of months that they were eligible for an exemption under the special medical criteria category (§ 256J.56, para (a), clause (7)). (According to DHS, some participants may have been placed in the "needed in the home" exemption category instead of the special medical criteria category because the special medical criteria category did not exist before July 1, 2000 or because of an error.)

To be eligible for an extension under this paragraph, requires a participant to demonstrate at the case review that the participant met the criteria for an employment and training exemption under the special medical criteria category. Also requires a county agency to explain the basis for receiving a hardship extension based on the accrual of exempt months during the case review.

Requires the participant to provide documentation necessary to determine eligibility for an extension based on accrual of exempt months or the participant must authorize a county agency to verify the information.

Emergency financial assistance. Amends § 256J.48, subd. 1. Makes emergency assistance available for one 30-day period in a consecutive 18-month period. Under current law, emergency assistance is available once

every 12 months.

Initial assessment; length of program. Amends §§ 256J.52, subd. 2 and 256J.53, subd. 1. During the 2001 session, the legislature enacted a provision that allows a job counselor to approve an education and training program lasting up to 24 months. Sections 34 and 35 reinstate provisions that generally limit the education and training programs that a job counselor may approve to programs lasting up to 12 months and allow a program lasting up to 24 months to be approved only on an exception basis if certain conditions are met.

Also clarifies that a participant may not be approved for more than a total of 24 months of post-secondary education or training. Allows participants who have an approved education plan as of July 1, 2002 that includes 24 months of post-secondary education to complete the plan provided that the participants continue to meet specified requirements.

Inpatient hospital services. Amends § 256L.03, subd. 3. Effective January 1, 2003, exempts adult enrollees without children, with gross incomes that do not exceed 100 percent of the federal poverty guidelines, from the MinnesotaCare \$10,000 inpatient hospital limit.

Copayments and coinsurance. Amends § 256L.03, subd. 5. Exempts adults with incomes that do not exceed 100 percent of the federal poverty guidelines

from the Minnesota prescription drug copayments, and exempts adults without children with incomes that do not exceed 100 percent of the federal poverty guidelines from the 10 percent coinsurance requirement for inpatient hospital services (parents and relative caretakers are already exempt under current law from the 10 percent coinsurance requirement). Increases the prescription drug copayment from \$3 to \$6 per prescription for adult enrollees with incomes greater than 100 percent of the federal poverty guidelines. Provides a January 1, 2003 effective date.

40

Retroactive coverage.

Amends § 256L.05, subd. 3c. Effective January 1, 2003, provides MinnesotaCare eligibility for families and individuals with incomes that do not exceed 100 percent of the federal poverty guidelines from the day of application.

41

Limit on total assets. Amends § 256L.17, subd. 2. Delays implementation of the new MinnesotaCare asset standard by one year. Places the asset standard provisions in statute (this is a conforming change related to the repeal of the new MA asset limit for families).

42

Repealer.

Subd. 1. Medical assistance income disregard for families. Effective July 1, 2002, repeals the MA income disregard for families adopted last session that would have been effective on that date.

Subd. 2. Medical assistance

asset limit for families.

Effective July 1, 2002, repeals a new MA asset limit for families that would have been effective on that date. (This asset limit was \$15,000 in total assets for a household of one and \$30,000 for households of two or more, after specified exclusions.)

Article 2: Appropriations

Article 2 contains the appropriations, reductions, and riders for this bill. This summary briefly summarizes the riders that are included in this article.

1

Health and human services appropriations. Specifies that the appropriations and reductions are additions to or subtractions from the appropriations in Laws 2001, First Special Session, chapter 9, or other law, when specified.

2

Commissioner of human services. Specifies the total human services appropriations and reductions, for all state funds and federal TANF funds, made in this article. Contains the following riders:

General fund transfer to the health care access fund. Transfers funds in FY 2003 from the general fund to the health care access fund in an amount equal to 69 percent of the projected savings to GAMC resulting from modifications made to the program in this bill. Estimates the amounts to be transferred in FY 2003, FY 2004, and FY

2005.

U special kids program. Specifies an amount in FY 2002 that is immediately available to be transferred to the University of Minnesota for the U Special Kids program. Specifies that the money may be used to match private grants and must be used to provide physician-supervised medical case management services for up to 50 children in the program who are eligible for MA. Sets base-level funding for FY 2004 and FY 2005.

HIV/AIDS drug rebates. Provides that the general fund appropriations for HIV/AIDS grants and services that are no longer needed must be used to meet funding needs of the state prescription drug program.

Enrollment study. Repeals the study of the enrollment of children in the MinnesotaCare and medical assistance programs established during the 2001 session.

State operated services accounts. Requires the balances within certain state-operated services accounts to be

deposited into the general fund on June 30, 2002. Abolishes certain state operated services accounts on July 1, 2002.

Appropriates an amount for FY 2003 to the commissioner of human services for certain state- operated services activities. Specifies that before the funds may be expended, the commissioner must submit a spending plan to the appropriate legislative fiscal committees.

TANF transfer to social services.

Transfers an amount in FY 2003 from the federal TANF appropriation to the state's federal Title XX block grant. Of the amount transferred, allows a portion to be available in calendar year 2004. Also transfers an amount in each year of the 2004-2005 biennium from the federal TANF appropriation to the state's Title XX block grant. Specifies how the funds must be allocated and requires the commissioner to ensure that the money allocated to counties is expended according to federal requirements. Also makes this provision expire on June 30, 2005.

Consolidated chemical dependency treatment fund tier II funding. Transfers an amount of funds from the consolidated chemical dependency treatment fund general reserve account to the general fund in FY 2003.

TANF transfer to child care and development block grant. Reduces the appropriation to the commissioner of children, families, and learning for the MFIP child care assistance program in FY 2003.

3

Commissioner of health. Specifies the total health department reductions made in this article.

4

Veteran's nursing homes board. Specifies that the appropriation made in this section is for the operation of existing licensed bed capacity at the veteran's nursing homes.

5

Health-related boards. Specifies the total appropriation made in this article. Contains the following riders:

State government special revenue fund. Specifies that the appropriation in this section is from the state government special revenue fund.

Guest licensure. Specifies an amount in FY 2003 to the board of dentistry for guest licensure of dentists or

dental hygienists or
guest registration of
dental assistants.

6

Sunset of uncodified language. Provides that all uncodified language in this article expires June 30, 2003, unless there is a different expiration date explicit in the language of an uncodified provision.

7

Effective date. Makes the appropriations and reductions for FY 2002 in this article effective the day following final enactment.