NEWS FROM THE HILL

"A Legislative Report"

By the Legal Services Advocacy Project

2005 Special Session

Introduction

For the 9th time in 11 years, the Legislature was unable to complete its work within the time frame mandated by the State constitution, resulting in a Special Session. The Governor called the Legislature back into session immediately after the regular session ended on May 23rd. Legislators met as 'working groups" and continued to work on pending budget bills while legislative leaders met with the Governor to work out a "global agreement" on the state's budget. Progress was slow, with major differences in health care funding one of the biggest issues to contend with. Without a budget in place at midnight on June 30th, state agencies and services that had not been funded during the regular session, and that had not been deemed "essential services," were forced to shut down. Over 9,000 state workers were out of work. On July 8th, leadership reached an agreement on spending and key policy issues, and legislators passed a "lights on" bill to get state employees back to work.

In the end, a $.75 fee/tax on cigarettes, and other increases in fees/taxes on certain tobacco products, formed the basis of the agreement on spending for health care and k-12 education. The final agreement preserved MinnesotaCare for working adults without children, and made some progress in restoring previous benefit levels that were reduced in the 2003 budget. The $5,000 benefit cap and $500 dental cap in MinnesotaCare were repealed, and some adjustments were made to Medical Assistance (MA) and General Assistance Medical Care (GAMC) copayments. The agreement also included major changes to GAMC that is intended to provide more seamless health care coverage for adults without children.

Other notable outcomes include: no changes to the Renter's Credit Property Tax Refund; MFIP grant reductions for families with more than one household member on Supplemental Security Income (SSI) are capped at $125 total, and childcare co-pays were reduced slightly.

Table of Contents

Consumer Law
Disability Law
Health Care Law
- **Health Care Programs – Eligibility Changes General Assistance Medical Care (GAMC) Reform Health Care Programs – Benefit Changes**
- **Drug Coverage Changes**
- **Copayments and Premiums**
- **Long Term Care Services**
- **DHS Requirements**
- **Miscellaneous Health Care Changes**

Public Benefits/Child Care Assistance/Food Support Tax Law
Utilities

News From The Hill is produced by the Legal Services Advocacy Project (LSAP). The summaries in this newsletter are organized by subject area and are intended to be very general. They provide highlights only of many issues affecting low-income Minnesotans but do not necessarily cover all the legislation passed in any subject area. Each bill passed by the legislature and signed by the Governor is called an "act" and is assigned a chapter number by the Secretary of State. Senate information (651-296- 0504) or House index (651-296-6646) offices can help you locate the actual language of a new law. Information regarding new laws and other legislative matters is available online through the Minnesota Legislature at www.leg.state.mn.us. You may always call LSAP for information about the bills highlighted in this newsletter.

Consumer Law

Housing for Permanent Farm Workers – *Chapter 1, First Special Session, Article 1, Section 89* (August 1, 2005). Where two or fewer manufactured homes are placed on a farm to house family or nonfamily workers, the farm is not subject to regulation as a manufactured home park. However, the housing must meet state regulatory standards for health and sanitary conditions, and must comply with the Minnesota Manufactured Housing Code.

Service Contracts – *Chapter 1, First Special Session, Article 5* (January 1, 2006 and applicable to all service contracts issued on or after that date). This new law regulates certain service contracts. It requires business that provide service contracts to consumers to register with the Department of Commerce and provide financial guarantees (like a bond) to ensure fulfillment of the service contracts. The law requires that consumers may cancel a service contract within 20 days of its mailing (or 10 days if the contract was given to the consumer at the point of sale), provided that no claims were made within that period. It requires that consumers receive full disclosure (in plain language) of the price and terms of the contract, and the responsibilities of the buyer. Businesses offering service contracts cannot use deceptive names or make false or misleading statements.

Disability Law

A summary of 2005 legislative changes affecting persons with disabilities is available from the Minnesota Disability Law Center at www.mndlc.org.

Health Care Law

Health Care Programs – Eligibility Changes

The 2005 Legislature made numerous eligibility changes including clarifying and expanding income and asset reporting requirements, increasing Minnesota Care insurance barriers and allowing health care coverage for conditionally released inmates of a correctional facility.

Medical Assistance for Conditionally Released Prisoners – *First Special Session, Chapter 4, Article 8, Section 19* (Effective retroactive to July 1, 2005). Allows Medical Assistance eligibility for inmates of a correctional facility who are conditionally released if the individual does not require the security of a public detention facility and lives in a halfway house or community correction center or is under house arrest.

Reducing Excess Assets for Medical Assistance Eligibility – *First Special Session, Chapter 4, Article 8, Section 20* (Effective retroactive to July 1, 2005). When assets exceed Medical Assistance eligibility limits, they may be reduced in any of the three months before application by (1) designating burial funds up to $1,500; and (2) paying health care bills incurred in the 3-month retroactive period. Beginning in the month of application, assets may be reduced by (1) paying bills for health services that would otherwise be paid by Medical Assistance; and (2) using any means other than a transfer of assets for less than fair market value.

Medical Assistance Eligibility Determinations – *First Special Session Chapter 4, Article 8, Section 24* (Effective August 1, 2007 or upon HealthMatch implementation, whichever is later). Medical Assistance eligibility for months prior to application is now determined independently from eligibility for the month of application and future months.

Notice of Claims for Cost of Medical Care – *First Special Session, Chapter 4, Article 8, Section 25* (Effective August 1, 2005) Medical Assistance applicants and recipients must notify the state or local agency of any possible claims against a person, entity or corporation that may be liable to pay for the cost of medical care.

Public Health Care Program Requirements – *First Special Session, Chapter 4, Article 8, Section 26* (Effective September 1, 2005 or upon federal approval, whichever is later). (1) Women who apply for continuation of Medical Assistance after the 60-day postpartum period must now verify income and assets. (2) DHS must now pay for cost-effective coverage for infants less than one year of age who are eligible for automatic newborn coverage. (3) DHS must modify the health care application to require more detailed information about income and assets. (4) Recipients who fail to report and verify increases in income or assets will be disenrolled from public health care programs.

Health Care Coverage for Non-Citizen Pregnant Women – *First Special Session, Chapter 4, Article 8, Section 28* (Effective September 1, 2005). Clarifies that pregnant women who are (i) undocumented immigrants, (ii) nonimmigrants or (iii) immigrants who are not "qualified" according to federal Medicaid law are all eligible for pre & post natal care to the extent federal State Children's Health Insurance Program (SCHIP) funds are available, if they are not covered by private health insurance.

Social Security Numbers – *First Special Session, Chapter 4, Article 8, Sections 54 & 61* (Effective August 1, 2007 or upon implementation of HealthMatch, whichever is later). An individual who refuses to provide a Social Security Number because of a well-established religious objection may be eligible for General Assistance Medical Care or MinnesotaCare. Also clarifies that eligibility can not be denied because a person is awaiting issuance of a Social Security Number.

MinnesotaCare Requirement to Apply for Other Benefits – *First Special Session, Chapter 4, Article 8, Section 63* (Effective August 1, 2007 or upon implementation of HealthMatch, whichever is later). Persons enrolled in or applying for MinnesotaCare must take all necessary steps to obtain other benefits for which they may be eligible within 30 days of notification.

MinnesotaCare Verification Requirements – *First Special Session, Chapter 4, Article 8, Section 65* (Effective September 1, 2005). Applicants and enrollees are required to 1) verify earned and unearned income; and 2) submit the name and telephone number of their employer for determination of eligibility for employer-subsidized insurance.

Access to Health Care Through Postsecondary Education Institution – *First Special Session, Chapter 4, Article 8, Section 70* (Effective September 1, 2005 or upon federal approval, whichever is later). Individuals under age 21 are not eligible for MinnesotaCare if they have access to health coverage through a postsecondary education institution.

General Assistance Medical Care (GAMC) Reform

As part of the agreement to retain MinnesotaCare coverage for adults without children and remove the $5, 000 MinnesotaCare cap on services and the $500 dental cap, the 2005 Legislature designed a plan to reform GAMC intended to save money and preserve the safety-net for Minnesota's most needy individuals.

Eligibility for GAMC – ***First Special Session, Article 8, Section 52*** **(Effective September 1, 2006).** GAMC may only be paid for a temporary period of six months unless the person is (a) receiving General Assistance or Group Residential Housing; (b) has applied for and is awaiting a determination of blindness or disability by the State Medical Review Team, Supplemental Security Income or Social Security Disability, or (c) does not meet MinnesotaCare residency requirements.

MinnesotaCare Applications & Renewals – ***First Special Session, Article 8, Section 64*** **(Effective September 1, 2006).** Immediately following GAMC approval, enrollees shall be enrolled in MinnesotaCare. Counties must process MinnesotaCare applications and renewals submitted by GAMC enrollees.

Premiums – ***First Special Session, Article 8, Sections 76*** **(Effective September 1, 2006).** County agencies must pay MinnesotaCare premiums for adults without children who were previously enrolled in GAMC for six months. Counties have the option of continuing to pay the premiums after the six- month renewal.

Health Care Program – Benefit Changes

The 2005 Legislature removed the $5, 000 benefit limit on MinnesotaCare for adults without children and the $500 adult dental cap. Certain restrictions were also added to covered services.

$5,000 MinnesotaCare Benefit Cap Removed for Adults Without Children – ***First Special Session, Chapter 4, Article 8, Section 60*** **(Effective January 1, 2006).** The $5,000 annual outpatient services limit was removed for MinnesotaCare adults without children with income between 75% and 175% percent of the federal poverty level. Also, diabetic supplies and services provided by psychologists and licensed independent social workers were added as covered services.

$500 Dental Cap Removed – ***First Special Session, Chapter 4, Article 8, Sections 32, 53 & 57*** **(January 1, 2006).** (1) The $500 dental cap has been removed for (i) adults on Medical Assistance, (ii) General Assistance Medical Care recipients, and (iii) MinnesotaCare parents and adults without children whose income does not exceed 75% of the federal poverty level. (2) MinnesotaCare adults without children with income between 75% and 175% of the federal poverty level are not eligible for dental services.

Services Provided in a Hospital Emergency Room – ***First Special Session, Chapter 4, Article 8, Sections 29*** **(Effective October 1 2005).** Public Health Care Programs do not cover visits or services in a hospital emergency room that are not for emergencies, post-emergency stabilization or urgent care.

Sex Reassignment Surgery – ***First Special Session, Chapter 4, Article 8, Section 30*** **(Effective August 1, 2005).** Sex reassignment surgery is not covered by Medical Assistance, General Assistance Medical Care or MinnesotaCare.

Circumcision for Newborns – ***First Special Session, Chapter 4, Article 8, Section 31*** **(Effective September 1, 2005).** Newborn circumcision is not covered by Medical Assistance or MinnesotaCare unless the procedure is medically necessary or required because of a well-established religious practice.

Drug Coverage Changes

The 2005 Legislature enacted laws conforming to federal requirements which prohibit Medical Assistance prescription drug coverage for people who are eligible for Medicare Part D prescription drug coverage. The new law also repeals the Prescription Drug Program, restricts certain drug coverage and allows DHS to pay pharmacists to provide medication management therapy.

General Assistance Medical Care Drug Coverage – *First Special Session, Chapter 4, Article 8, Section 5* (Effective August 1, 2005). Drugs covered by General Assistance Medical Care will be limited to those covered by Medical Assistance where manufacturers have executed rebate agreements.

Prescription Drug Assistance – *First Special Session, Chapter 4, Article 8, Section 16* (Effective January 1, 2006). Eliminates the requirement for the Board on Aging to coordinate enrollment of individuals who are referred to programs offered by pharmaceutical manufacturers that provide free or discounted prescription drugs. This change coincides with the implementation of the Medicare Part D prescription drug program.

Medicare Prescription Drug Subsidy – *First Special Session, Chapter 4, Article 8, Section 18* (Effective retroactive to July 1, 2005). DHS must perform all duties necessary to administer eligibility determinations for the Medicare Part D prescription drug subsidy and to facilitate the enrollment of eligible Medical Assistance recipients into Medicare prescription drug plans.

Drugs Covered by Medicare Part D – *First Special Session, Chapter 4, Article 8, Section 33* (Effective January 1, 2006). Provides that, for individuals eligible for Medicare Prescription Drug Coverage, Medical Assistance (MA) will no longer cover drugs, except for the following drugs:

- Benzodiazepines;
- Barbiturates;
- Over-the-counter drugs that are currently covered by MA;
- Certain prescription and over-the-counter drugs used for symptomatic relief of cough and colds, and
- Certain over-the-counter and prescription vitamin and mineral products.

Drug Formulary – *First Special Session, Chapter 4, Article 8, Section 36 & 38* (Varying Effective Dates). (1) Effective September 1, 2005 Medical Assistance, General Assistance Medical Care and MinnesotaCare do not cover drugs used for the treatment of impotence or erectile dysfunction. (2) Effective August 1, 2005, prior authorization shall automatically be granted for 60 days for name brand drugs prescribed for treatment of mental illness within 60 days of when a generically equivalent drug becomes available, provided that the name brand drug was part of the course of treatment at the time the generically equivalent drug became available.

Medication Management Therapy – *First Special Session, Chapter 4, Article 8, Section 39* (Effective August 1, 2005). Medical Assistance, General Assistance Medical Care and MinnesotaCare may cover medication management therapy provided by a pharmacist for persons taking four or more prescriptions to treat or prevent two or more chronic medical conditions or for persons with a drug therapy problem that results in significant non-drug costs. DHS must evaluate the effects of medication therapy management and submit a report to the Legislature by December 15, 2007.

Prescription Drug Program Repealed – *First Special Session, Chapter 4, Article 8, Section 88* (Effective January 1, 2006). The Prescription Drug Program is repealed. The Program ends on the date Medicare Part D takes effect.

<u>Copayments and Premiums</u>

The 2005 Legislature reduced the monthly drug copayment limit for certain groups, increased the community living allowance for persons living in Group residential Housing, added copayments to MinnesotaCare and specified requirements for refunding copayments to pregnant women. The Legislature also increased MinnesotaCare premiums, exempted former General Assistance Medical Care enrollees from MinnesotaCare premiums for six months and required DHS to seek federal approval to charge premiums to Medical Assistance enrollees.

Prescription Drug Copayment Limit in MA and GAMC – *First Special Session, Chapter 4, Article 8, Sections 41 & 53* (Effective January 1, 2006). Provides that the monthly limit for prescription drug copayments is reduced from $20 to $12 for Medical Assistance, and General Assistance Medical Care. A community living allowance of $12 was added for persons living in Group Residential Housing to help with medication copayments. The prescription drug copayment limit for MinnesotaCare did not change and remains at $20.

MinnesotaCare Copayments – *First Special Session, Chapter 4, Article 8, Section 59* (Effective January 1, 2006). Adds copayments of $3 for medical office visits and $6 for non-emergency visits to a hospital emergency room for adults without children with income no greater than 75% of the federal poverty guidelines (FPG) and parents. These copayments were erroneously left out of the 2003 Health and Human Services bill. Copayments for adults without children with income between 75% and 175% FPG are governed separately by Minn. Stat. § 256L.035 (a) (3).

MinnesotaCare Copayments Paid by Pregnant Women – *First Special Session, Chapter 4, Article 8, Section 58* (Effective September 1, 2005). Currently under MinnesotaCare, pregnant women are exempt from copays. This law addresses the issue of copayments for women without children enrolled in MinnesotaCare who become pregnant and pay copays while waiting for their status to be changed to that of a pregnant woman. Now, copayments of $30 or more, paid by a pregnant woman, must be refunded.

Income Changes for MinnesotaCare Enrollees – *First Special Session, Chapter 4, Article 4, Sections 68 & 74* (Effective September 1, 2005 or upon federal approval, whichever is later). MinnesotaCare premium payments must be adjusted at the time income increases and decreases are reported. Previously premiums were not adjusted based on income increases until renewal of eligibility.

Insurance Barriers and Premium Exceptions for Former GAMC Enrollees – *First Special Session, Chapter 4, Article 8, Sections 72 & 77* (Effective September 1, 2006). Adults without children previously enrolled in General Assistance Medical Care who are required to enroll in MinnesotaCare are exempt from requirements pertaining to insurance barriers and premiums for six months.

MinnesotaCare Premium Increases – *First Special Session, Chapter 4, Article 8, Section 74* (Effective September 1, 2005 or upon federal approval, whichever is later). Premiums established under the sliding fee scale based on monthly gross income shall be increased by 8 percent.

Requirement to Seek Authority to Charge Premiums for Medical Assistance – *First Special Session, Chapter 4, Article 8, Section 87* (Effective July 15, 2005). DHS must seek federal approval to charge premiums to Medical Assistance enrollees with income greater than 175% of the federal poverty level. Premiums would be based on the sliding scale used for MinnesotaCare.

Long Term Care Services

The 2005 Legislature made changes to the life estate and joint tenancy lien requirements and to the Alternative Care Program and also clarified the process to determine income deductions for long term care.

Long-Term Care Partnership – *First Special Session, Chapter 4, Article 7, Section 5* (Effective Upon Federal Approval). The Departments of Human Services and Commerce must establish a partnership to provide financing for long-term care through a combination of private insurance and Medical Assistance. Individuals participating in the partnership must purchase a long-term care insurance policy that meets specified requirements. Subsequently, individuals with long-term care policies are eligible for asset exemptions that exceed those currently provided by Medical Assistance.

Alternative Care (AC) Program – Changes to Income and Asset Requirements and Covered Services; Repeal of All Lien Provisions Enacted in 2003 - ***First Special Session, Chapter 4, Article 7, Sections 20 through 23 & 61*** **(Varying Effective Dates).** (1) Effective August 1, 2005, the applicant's combined income and assets cannot be greater than the cost of 135 days (currently it is 180 days) of nursing facility care. (2) There were changes to the services covered under the AC Program. For more information, see **DHS Bulletin #05-25-06.** (3) Effective July 1, 2005, all lien provisions for recovery of Alternative Care benefits enacted in 2003 are repealed. This means that all Alternative Care lien documents filed on ownership interests on real estate property located in Minnesota are null and void. Upon an enrollee's death, real property may become part of an estate claim recovery through the County's Recovery Unit.

Repeal of Retroactive Effect MA Life Estate & Joint Tenancy Estate Recovery Liens – ***First Special Session, Chapter 4, Article 7, Sections 28, 56 & 61*** **(Effective August 1, 2005).** In 2003, the Legislature enacted a law that allowed the state to retroactively continue life estates and joint tenancies for purposes of Medical Assistance (MA) estate recovery after the death of the life tenant or joint tenant. This law repeals the retroactive effect of the 2003 legislation only: Any life estate or joint tenancy that was in existence prior to August 1, 2003, is now exempt from an MA estate claim. The life estate or joint tenancy will terminate as required under common law and any lien or claim against the deceased life tenant or joint tenant's interests in the real property will also terminate on the death of the life or joint tenant. Any funds collected by a state or county agency with respect to such a life estate or joint tenancy will be refunded without interest.

Availability of Income for Medical Assistance for Institutionalized Persons – ***First Special Session, Chapter 4, Article 8, Section 27*** **(Effective retroactive to July 1, 2005).** For Medical Assistance eligibility, when determining income that is deducted from the institutionalized person's income, reasonable expenses incurred for necessary medical or remedial care are limited to expenses that have not previously been used as a deduction and are incurred during the current period of eligibility.

Federal Funding for the Alternative Care Program – ***First Special Session, Chapter 4, Article 8, Section 4*** **(Effective July 15, 2005).** DHS must seek federal matching funds for the Alternative Care Program during negotiations over the repeal of certain intergovernmental transfers and report to the Chairs of the House and Senate Health and Human Services Finance Committees by December 15, 2005.

DHS Requirements

The 2005 Legislature passed certain requirements for DHS including testing HealthMatch in counties, changing fair hearing requirements, exempting DHS from liability for certain legal costs, requiring a dental pilot project and planning for managed care. The Legislature also repealed DHS' authority to grant MinnesotaCare outreach funds.

HealthMatch Test Sites – ***First Special Session, Chapter 4, Article 8, Section 6*** **(Effective retroactive to July 1, 2005).** Authorizes Minnesota counties to test HealthMatch, an automated eligibility system for the Medical Assistance, General Assistance Medical Care and MinnesotaCare programs. Different models will be evaluated for ease of enrolling applicants into health care programs and for administrative efficiencies. DHS will recommend the most efficient model for statewide implementation based on county evaluations.

State Agency Hearings – ***First Special Session, Chapter 4, Article 8, Section 8***
(Effective retroactive to July 1, 2005). (1) Amends the law to provide state agency hearings for applicants aggrieved by an adverse decision on an application or redetermination of eligibility for the Medicare Part D prescription drug subsidy. (2) Eliminates the requirement for health plans to notify the ombudsman when a recipient files a complaint due to a denial, reduction or termination of services. (3) Allows DHS to initiate an administrative

fraud disqualification hearing when the state agency is responsible for administration of a health care program for which health benefits were wrongfully obtained.

State Agency Liability Exemption – *First Special Session, Chapter 4, Article 8, Sections 78 and 79* (Effective August 1, 2005). Provides that the state agency is not responsible for the costs to a prevailing defendant, where the state agency intervenes as a third party seeking reimbursement for the cost of providing Medical Assistance.

Oral Health Care Pilot Project – *First Special Session, Chapter 4, Article 8, Section 83* (Effective July 15, 2005). DHS must implement a two-year pilot project to provide dental services for state program recipients through a new oral health care delivery system. DHS must contract with a qualified entity to administer the pilot project.

County-Based Purchasing Health Plan – *First Special Session, Chapter 4, Article 8, Section 84* (Effective July 15, 2005). DHS must not reject a sole-source county-based purchasing health plan proposal if the proposal does not limit an enrollee's provider choice or access to services.

Planning Process for Managed Care – *First Special Session, Chapter 4, Article 8, Section 85* (Effective July 15, 2005). Requires DHS to develop a planning process for implementing at least one additional managed care arrangement to provide services for Medical Assistance enrollees in the fee-forservice program. The planning process shall include an advisory committee composed of current fee-forservice enrollees, consumer advocates, health plan representatives and providers.

MinnesotaCare Outreach Grants Repealed – *First Special Session, Chapter 4, Article 8, Section 88* (Effective August 1, 2005). Repeals DHS' authority to grant outreach funds to community organizations that provide information on obtaining MinnesotaCare coverage.

Miscellaneous Health Care Changes

The 2005 Legislature required hospitals to develop a web-based system for reporting charges for common hospital procedures.

Disclosure of Hospital Charges – *First Special Session, Chapter 4, Article 8, Section 2* (Effective August 1, 2005). The Minnesota Hospital Association must develop a web-based system, available to the public free of charge, for reporting information about charges for hospital stays for each of the 50 most common inpatient diagnoses and procedures. The website must be established by October 1, 2006 and must be updated annually.

Public Benefits/Child Care Assistance/Food Support

Minnesota Family Investment Program and Treatment of SSI Benefits – *First Special Session, Chapter 4, Article 3, Section 14* (Effective the first day of the second month following approval of this policy change by the federal government).

Under changes adopted in 2003, MFIP cash grants were reduced by up to $125 for each family member who receives SSI benefits and who, but for the receipt of SSI benefits, would have been on the MFIP grant. Under changes adopted in the 2005 Special Session, the MFIP grant reduction will be capped at $125, regardless of how many family members receive SSI benefits. This change will take affect on the first day of the second month following approval of this policy change by the federal government.

Child Care Assistance Payments and Limits on Absent Days – *First Special Session, Chapter 4, Article 3, Section 2* (Effective October 1, 2005). Now, a child care provider will not be reimbursed for more than 25 absent days per child, or for more than 10 consecutive days, unless the child has a documented medical condition that causes more frequent absences.

Overview of Employment and Training Services – *First Special Session, Chapter 4, Article 3, Section 14* (Effective August 1, 2005). Job counselors must now explain to MFIP participants (i) the probationary employment periods that new employees may serve after being hired and (ii) any assistance with job retention services that may be available.

Reductions in Child Care Assistance Program Parental Co-Pays – *First Special Session, Chapter 4, Article 3, Section 19* (Effective January 1, 2006 and shall be implemented at or before the participant's next eligibility redetermination). The Legislature reduced co-pays slightly for many families in the child care subsidy program and specifies that the family's monthly co-payment is the fixed percentage established for the income range multiplied by the highest possible income within that range.

Tax Law

Education Tax Credit – *Chapter 3, First Special Session, Article 3, Section 10* (Effective for taxable year beginning after December 31, 2004). The family cap on filing for education tax credits has been eliminated. Previously, income-eligible families could claim $1,000 per child, but no more in total than $2,000 per family, for eligible education-related expenses. The limitation effectively penalized larger families. Under the revision, families may claim up to $1,000 per child, regardless of the number of children in the family, and allocate the spending among children (e.g., spend $500 on one child and $1,500 on a second).

Tax Assistance – *Chapter 3, First Special Session, Article 11, Section 10* (August 1, 2005). The Legislature made permanent an annual $125,000 appropriation to the Department of Revenue to provide funding through a competitive grant to organizations that provide free tax assistance to low-income persons.

Utilities

911 Service Capability Disclosure – *Chapter 1, First Special Session, Article 4, Section 93* (July 1, 2005). Under this new provision, providers of telecommunications services, such as those using the Internet to offer service, must disclose in ads, marketing materials, and contracts if they do not offer 911 capability.

Telephone Assistance Program – *Chapter 1, First Special Session, Article 4, Section 58* (August 1, 2005). The Legislature removed the $25,000 annual cap previously imposed on the Public Utilities Commission (PUC) for administrative expenses related to the operation of the Telephone Assistance Program (TAP). Under the revised provision, the PUC is limited to "reasonable" expenditures, and is expressly authorized to use some of the funds to periodically promote the program and raise awareness of its availability.