

1 ~~Indicates Matter Stricken~~

2 Indicates New Matter

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4 COMMITTEE AMENDMENT AMENDED AND ADOPTED

5 May 7, 2008

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H. 3567

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Introduced by Reps. Rice, Gullick, Cotty and Agnew

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11 S. Printed 5/7/08--S.

[SEC 5/8/08 4:04 PM]

12 Read the first time May 2, 2007.

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A BILL

11 TO AMEND SECTION 12-21-620, CODE OF LAWS OF
12 SOUTH CAROLINA, 1976, RELATING TO TAXATION ON
13 CIGARETTES, SO AS TO INCREASE THE AMOUNT OF TAX
14 ON EACH CIGARETTE FROM THREE AND ONE-HALF
15 MILLS TO TWO CENTS; TO ADD SECTION 44-6-157 SO AS
16 TO PROVIDE THAT THE REVENUE GENERATED FROM
17 THE TAXATION ON CIGARETTES MUST BE USED TO
18 EXPAND MEDICAID COVERAGE TO CHILDREN
19 EIGHTEEN YEARS OF AGE AND YOUNGER WHOSE
20 FAMILY INCOME DOES NOT EXCEED TWO HUNDRED
21 PERCENT OF THE FEDERAL POVERTY LEVEL; AND TO
22 CREATE THE HEALTH CARE TRUST FUND TO PROVIDE
23 MEDICAID BENEFITS TO INDIVIDUALS WHOSE FAMILY
24 INCOME DOES NOT EXCEED ONE HUNDRED PERCENT
25 OF THE FEDERAL POVERTY LEVEL AND WHO ARE
26 UNINSURED AND TO PROVIDE THAT REVENUE IN
27 EXCESS OF THE CHILDREN'S MEDICAID COVERAGE
28 FROM THE CIGARETTE TAX MUST BE CREDITED TO THE
29 HEALTH CARE TRUST FUND; AND TO AMEND SECTION
30 12-36-910, AS AMENDED, RELATING TO SALES TAXES
31 GENERALLY, SO AS TO PROVIDE THAT AS OF JULY 1,
32 2009, THE THREE PERCENT SALES TAX IS ELIMINATED
33 ON UNPREPARED FOOD WHICH LAWFULLY MAY BE
34 PURCHASED WITH UNITED STATES DEPARTMENT OF
35 AGRICULTURE FOOD COUPONS, TO PROVIDE FOR
36 CERTAIN GENERAL FUND TRANSFERS TO THE
37 EDUCATION IMPROVEMENT ACT FUND FOR EACH
38 FISCAL YEAR TO OFFSET EIA REVENUES LOST AS A
39 RESULT OF THE LOSS OF SALES TAX ON THE SALE OF
40 UNPREPARED FOOD, AND TO REDUCE THE SALES TAX
41 ON UNPREPARED FOOD TO TWO PERCENT AS OF JULY 1,
42 2007, AND ONE PERCENT AS OF JULY 1, 2008.

1 Amend Title To Conform

2
3 Be it enacted by the General Assembly of the State of South
4 Carolina:

5
6 SECTION 1. Article 5, Chapter 21, Title 12 of the 1976 Code is
7 amended by adding:

8
9 “Section 12-21-625. (A) Effective July 1, 2008, there is
10 imposed a surtax on cigarettes subject to the tax imposed pursuant
11 to Section 12-21-620(1) in an amount equal to two and one-half
12 cents on each cigarette.

13 (B) Notwithstanding another provision of law providing for the
14 crediting of the revenues of license or other taxes, the revenue of
15 the surtax imposed pursuant to this section must be credited as
16 follows:

17 (1) each year, five million dollars to the Smoking Prevention
18 and Cessation Trust Fund created pursuant to Section 11-11-
19 220(A); and

20 (2) of the remaining annual revenue, one-half to the
21 Medicaid Trust Fund created pursuant to Section 11-11-220(B)
22 and one-half to the Healthcare Trust Fund created pursuant to
23 Section 11-11-220(C).

24 (C) For all purposes of reporting, payment, collection, and
25 enforcement, the surtax imposed by this section is deemed to be
26 imposed pursuant to Section 12-21-620.

27 (D) For purposes of this section, ‘cigarette’ means:

28 (1) any roll for smoking containing tobacco wrapped in
29 paper or in any substance other than a tobacco leaf; or

30 (2) any roll for smoking containing tobacco, wrapped in any
31 substance, weighing three pounds per thousand or less, however
32 labeled or named, which because of its appearance, size, type of
33 tobacco used in the filler, or its packaging, pricing, marketing, or
34 labeling, is likely to be offered to, or purchased by, consumers as a
35 cigarette described in item (1).”

36
37 SECTION 2. Section 12-21-620 of the 1976 Code is amended to
38 read:

39
40 “Section 12-21-620. (A) There shall be levied, assessed,
41 collected, and paid in respect to the articles containing tobacco
42 enumerated in this section the following amounts:

1 (1) upon all cigarettes made of tobacco or any substitute for
2 tobacco, three and one-half mills on each cigarette;

3 (2) upon all tobacco products, as defined in Section
4 12-21-800, five percent of the manufacturer's price.

5 Manufacturer's price as used in this section is the established
6 price at which a manufacturer sells to a wholesaler.

7 (B) As used in this section, 'cigarette' means:

8 (1) any roll for smoking containing tobacco wrapped in
9 paper or in any substance other than a tobacco leaf; or

10 (2) any roll for smoking containing tobacco, wrapped in any
11 substance, weighing three pounds per thousand or less, however
12 labeled or named, which because of its appearance, size, type of
13 tobacco used in the filler, or its packaging, pricing, marketing, or
14 labeling, is likely to be offered to, or purchased by, consumers as a
15 cigarette described in item (1) of this subsection."

16
17 SECTION 3. Article 1, Chapter 11, Title 11 of the 1976 Code is
18 amended by adding:

19
20 "Section 11-11-220. (A) There is created in the State Treasury
21 the Smoking Prevention and Cessation Trust Fund. This fund is
22 separate and distinct from the general fund of the State and all
23 other funds. Earnings and interest on this fund must be credited to
24 it and any balance in this fund at the end of a fiscal year carries
25 forward in the fund in the succeeding fiscal year. The trust fund
26 must transfer five million dollars annually to the Department of
27 Health and Environmental Control to administer a statewide
28 smoking prevention and cessation program.

29 (B) There is created in the State Treasury the Medicaid Trust
30 Fund. This fund is separate and distinct from the general fund of
31 the State and all other funds. Earnings and interest on this fund
32 must be credited to it and any balance in this fund at the end of a
33 fiscal year carries forward in the fund in the succeeding fiscal year.
34 Except as otherwise provided in this section, the State Treasurer
35 shall transfer the funds to the Department of Health and Human
36 Services quarterly to provide Medicaid services. The funds are
37 supplementary and may not be used to replace general funds
38 appropriated by the General Assembly or other funds used to
39 support Medicaid.

40 (C) There is created in the State Treasury the Healthcare Trust
41 Fund. This fund is separate and distinct from the general fund of
42 the State and all other funds. Earnings and interest on this fund
43 must be credited to it and any balance in this fund at the end of a

1 fiscal year carries forward in the fund in the succeeding fiscal year.
2 The trust fund must transfer the appropriate amount of money
3 annually to the Department of Insurance to fund the Palmetto
4 Healthcare Premium Assistance Program.

5 (D) There is created in the State Treasury the Palmetto
6 Healthcare Safety Net Trust Fund. This fund is separate and
7 distinct from the general fund of the State and all other funds.
8 Earnings on this fund must be credited to it and any balance in this
9 fund at the end of a fiscal year carries forward in the fund in the
10 succeeding fiscal year. Beginning July 1, 2010, and every July
11 first thereafter, the State Treasurer shall make a transfer from the
12 Healthcare Trust Fund to the Palmetto Healthcare Safety Net Fund
13 in an amount determined by the Board of Economic Advisors. The
14 Board of Economic Advisors shall determine the amount to be
15 transferred by calculating the difference between ninety percent of
16 the balance of the fund on July first, excluding any unexpended
17 funds pursuant to Section 38-62-50(B), less the amount of
18 projected premium assistance payments in the following twelve
19 months.”

20
21 SECTION 4. (A) Beginning no later than March 1, 2009, and
22 with appropriate federal approvals, the Department of Health and
23 Human Services shall use the transfers from the Medicaid Trust
24 Fund to provide Medicaid services to low income families with
25 incomes above fifty percent but no more than one hundred percent
26 of the prevailing federal poverty level. If a balance of funds
27 remains in the Medicaid Trust Fund once the Department of Health
28 and Human Services has offered Medicaid services to low income
29 families up to one hundred percent of the prevailing federal
30 poverty level, then the balance of funds may be used to set the
31 State Children’s Health Insurance Program at two hundred fifty
32 percent of the federal poverty level or set the Aged, Blind, and
33 Disabled Program at one hundred thirty-five percent of the federal
34 poverty level. The Department of Health and Human Services
35 may charge the Medicaid Trust Fund a quarterly administrative fee
36 equal to an amount not to exceed one percent of the amount
37 credited to the Medicaid Trust Fund in the previous quarter.

38 (B) The Department of Health and Human Services must
39 provide an annual report on the Medicaid Trust Fund to the
40 Chairman of the Senate Finance Committee, the Chairman of the
41 House Ways and Means Committee, and the Study Committee on
42 Healthcare Access and Affordability. The report shall provide, at a
43 minimum, a general description of the services provided and

1 populations served, the number of people served, the average cost
2 per person, the additional administrative costs of the programs
3 funded by Medicaid Trust Fund, and a three-year forecast of the
4 utilization of the fund.

5
6 SECTION 5. Title 38 of the 1976 Code is amended by adding:

7
8 "CHAPTER 62
9

10 Palmetto Healthcare Premium Assistance Program
11

12 Section 38-62-10. This chapter may be cited as the 'Palmetto
13 Healthcare Premium Assistance Program'.

14
15 Section 38-62-20. For the purposes of this section:

16 (A) 'Department' means the South Carolina Department of
17 Insurance.

18 (B) 'Federal poverty level' means the federal poverty level
19 guidelines published annually by the United States Department of
20 Health and Human Services.

21 (C) 'Health insurer' means an insurance company, a health
22 maintenance organization, a community health plan approved by
23 the Department of Health and Human Services, and any other
24 entity providing health insurance coverage, as defined in Section
25 38-71-670(6), which is licensed to engage in the business of
26 insurance in this State and which is subject to state insurance
27 regulation; and Medicaid managed care organizations qualified to
28 offer services through the Department of Health and Human
29 Service's Healthy Connections Program.

30 (D) 'Healthcare Trust Fund' means the Health Care Trust Fund
31 created pursuant to Section 11-11-220(C).

32 (E) 'Participant' means an individual who has been issued a
33 certificate of eligibility by the Department of Insurance and has
34 purchased a qualifying health insurance plan within ninety days of
35 the date of issue of the certificate.

36 (F) 'Program' means the Palmetto Healthcare Premium
37 Assistance Program.

38 (G) 'Qualifying health plan' means any health insurance policy
39 or health benefit plan offered as part of a health insurance policy or
40 plan offered by a health insurer that provides health insurance
41 coverage, as defined in Section 38-71-670(6), the South Carolina
42 HealthNet Program, or a community health plan approved by the
43 Department of Health and Human Services, and has a minimum

1 actuarial value of three thousand dollars adjusted for age and
2 gender.

3 (H) ‘Small employer’ means, in connection with a health
4 insurance plan with respect to a calendar year and a plan year, any
5 person, firm, corporation, partnership, association, or employer, as
6 defined in Section 3(5) of the Employee Retirement Income
7 Security Act of 1974, that is actively engaged in business that, on
8 at least fifty percent of its working days during the preceding
9 calendar year, employed no more than twenty-five eligible
10 employees or employed an average of not more than twenty-five
11 employees on business days during the preceding calendar year,
12 and who employs at least two employees on the first day of the
13 plan year.

14
15 Section 38-62-30. Beginning on July 1, 2009, individuals
16 meeting the eligibility requirements of this chapter may receive an
17 average of two thousand dollars of premium assistance actuarially
18 adjusted for age and gender for the purchase of a qualifying health
19 insurance plan. In no case, shall the premium assistance exceed
20 the actual cost of the individual’s qualifying health plan.

21
22 Section 38-62-40. In order to be entitled to the premium
23 assistance, an individual must receive a certificate of eligibility
24 from the Department of Insurance. The department shall develop
25 the form and manner for a person to apply to the department for a
26 certificate and shall make the form readily available to health
27 insurance agents and other persons authorized to sell health
28 insurance in this State. For purposes of determining the taxpayer’s
29 federal poverty level, the department, minimally, shall require a
30 copy of the applicant’s state income tax return for the prior year
31 and the applicant’s W-2 form. The department shall also require
32 the applicant to sign a verification under oath, subject to penalties
33 of perjury, that the applicant meets the eligibility criteria for the
34 program pursuant to Section 38-62-50. The department shall
35 implement appropriate safeguards and use available existing
36 resources to verify an applicant’s uninsured status. The
37 department shall pursue the recoupment of any premium assistance
38 provided to an individual filing a false application.

39
40 Section 38-62-50. (A) The department shall issue an applicant
41 a certificate, if the department determines that:

42 (1) the person earns at or less than two hundred percent of
43 the federal poverty level;

1 (2) the person is a citizen of the United States and has been a
2 resident of this State for the twelve-month period immediately
3 preceding the application;

4 (3) the person has not been covered under a health insurance
5 policy for at least twelve consecutive months before the
6 application;

7 (4) the person is not eligible for or enrolled in Medicare,
8 Medicaid, or any other state or federal government health
9 insurance program;

10 (5) the person has not been awarded premium assistance
11 pursuant to this chapter more than twice; and

12 (6) the person is between the ages of nineteen and sixty-four.

13 (B) The department shall issue eligible individuals certificates
14 in the order in which the application is received. The maximum
15 number of eligible individuals receiving premium assistance is
16 reached when the anticipated amount of claims for premium
17 assistance payments reaches ninety percent of the amount of
18 money allocated for premium assistance payments. The director of
19 the department shall establish a waiting list for applicants that are
20 otherwise qualified for registration but cannot be registered
21 because the maximum number of individuals is reached. The
22 director shall notify all persons who applied for a certificate and
23 who were not issued a certificate the reason that they did not
24 receive a certificate and whether they were placed on the waiting
25 list.

26
27 Section 38-62-60. The certificate is valid for the twelve months
28 following the purchase of a qualifying health plan, if the plan is
29 purchased within ninety days of the date the certificate was issued.

30
31 Section 38-62-70. (A) The department shall develop the form
32 and manner for a person to apply for a renewal certificate and shall
33 make the form readily available to health insurance agents and
34 other persons authorized to sell health insurance in this State.
35 Participants shall be responsible for obtaining and completing the
36 form and forwarding it and any documentation required by the
37 department. The department will process renewal applications
38 along with new applications in accordance with Section 38-62-50.
39 Priority shall be given to renewal applications.

40 (B) In the case of individually sponsored insurance, sixty days
41 before the expiration of the policy term, the insurer must send the
42 insured a certificate renewal application promulgated by the
43 department. The insured shall be responsible for completing the

1 form and forwarding it and any documentation required by the
2 department.

3 (C) In the case of employer-sponsored insurance, sixty days
4 before the expiration of the policy term, the employer must send
5 the insured a certificate renewal application promulgated by the
6 department. The insured shall be responsible for completing the
7 form and forwarding it and any documentation required by the
8 department.

9 (D) The department may only issue a renewal certificate if the
10 applicant remains eligible.

11

12 Section 38-62-80. (A) In the case of individually sponsored
13 insurance, the department shall provide the premium assistance
14 directly to the individual's choice of participating qualifying
15 insurers. To obtain the premium assistance, an insurer must
16 present a valid certificate to the department. The release of the
17 premium assistance to the insurer is contingent upon the insurer
18 submitting proof of the individual satisfying his share of the
19 premium liability. In no case, shall the amount paid in premium
20 assistance exceed the total cost of coverage for the individual. The
21 department shall make quarterly premium assistance payments to
22 insurers.

23 (B)(1) In the case of employer-sponsored insurance, the
24 department shall provide the premium assistance directly to the
25 individual's participating employer. To obtain the premium
26 assistance, an employer must present a valid certificate to the
27 department. A participating small employer must share the
28 premium assistance with the employee in proportion to the
29 percentage of the cost of coverage paid by the employer and the
30 employee. The amount paid in premium assistance to a small
31 employer cannot exceed the total cost of coverage for the
32 employee. The release of the premium assistance to the employer
33 is contingent upon the employer submitting proof of the individual
34 and the small employer satisfying his respective share of the
35 premium liability. The department shall make quarterly premium
36 assistance payments to small employers.

37 (2) If the covered individual ceases to be employed, the
38 employer must return the certificate to the individual and notify the
39 department that the employer no longer covers the individual under
40 a qualifying health plan. Any remaining value of the certificate
41 may be used to obtain a qualifying health plan.

42

1 Section 38-62-90. This chapter is not intended, nor shall it
2 operate to guarantee health insurance coverage to any individual.

3
4 Section 38-62-100. The department may charge the Healthcare
5 Trust Fund a quarterly administrative fee of up to one percent of
6 the amount credited to the Healthcare Trust Fund in the preceding
7 quarter.

8
9 Section 38-62-110. The department must provide an annual
10 report on the Healthcare Trust Fund to the Chairman of the Senate
11 Finance Committee, the Chairman of the House Ways and Means
12 Committee, the Chairman of the Senate Banking and Insurance
13 Committee, the Chairman of the House Labor, Commerce and
14 Industry Committee, the Board of Economic Advisors, and the
15 Study Committee on Healthcare Access and Affordability. The
16 report shall provide, at a minimum, a general description of the
17 services provided and populations served, the number of people
18 served, the average cost per person, the additional administration
19 costs of the programs funded by the Healthcare Trust Fund, and a
20 three-year forecast of the utilization of the fund.

21
22 Section 38-62-120. The Department of Insurance shall develop
23 and implement a public awareness program for the Palmetto
24 Healthcare Premium Assistance Program.”

25
26 SECTION 6. Chapter 74, Title 38 of the 1976 Code is amended
27 by adding:

28
29 “Section 38-74-75. (A) There is created the ‘Palmetto
30 Healthcare Safety Net’ program of the pool. The program shall be
31 funded by the Palmetto Healthcare Safety Net Fund created in
32 Section 11-11-220(D), and shall be self-sustaining and financially
33 independent from the remainder of the pool.

34 (B) Any person eligible for pool coverage may opt to
35 participate in the Palmetto Healthcare Safety Net Program of the
36 pool, provided the person also:

- 37 (1) is at least nineteen years of age;
38 (2) provides evidence of United States citizenship and of
39 South Carolina residency for the sixty months immediately
40 preceding the application for coverage;
41 (3) provides their prior year’s state income tax return and
42 corresponding W-2 forms evidencing total household gross income

1 that did not exceed seventy-five thousand dollars in the previous
2 taxable year; and

3 (4) agrees to participate in the Palmetto Healthcare Safety Net
4 program and to comply with all care coordination plans, case
5 management procedures, and managed care criteria of the program
6 developed by the Department of Insurance.

7 (C) The Department of Insurance shall oversee the Palmetto
8 Healthcare Safety Net Program. The department shall:

9 (1) select a qualified entity, in accordance with the
10 procedures contained in Section 38-74-40, to administer the
11 program including:

12 (a) establishing accounting policies for the Palmetto
13 Healthcare Safety Net Fund;

14 (b) establishing premium billing and collection policies
15 including policies regarding non-payment of premiums;

16 (c) hiring independent actuarial support from a qualified
17 Member of the Academy of Actuaries to develop and publish
18 actuarially determined annual premium rates that are
19 self-sustaining and actuarially sound. Rates may be adjusted by
20 age and gender and any other appropriate characteristics
21 determined by the contracted actuary;

22 (d) developing an application for participation and
23 establish policies and procedures for initially determining
24 eligibility, the periodic re-determination of eligibility, monitoring
25 of compliance with program rules and managed care provisions
26 and termination of participation, and the premium assistance for
27 noncompliance;

28 (e) establishing a schedule of medical benefits,
29 exclusions, and limitations for the program;

30 (f) developing stringent care coordination plans, case
31 management procedures, and other managed care criteria that will
32 serve as a requirement for eligible persons to participate in this
33 program; and

34 (g) developing and implementing a public awareness
35 program of the plan; and

36 (2) promulgate regulations necessary to implement the
37 provisions of this section.

38 (D) Participation in the Palmetto Healthcare Safety Net
39 Program is limited to the funds available in the Palmetto
40 Healthcare Safety Net Fund in order to prevent any loss in program
41 operations. The Department of Insurance or its contracted entity
42 shall accept and process applications, and award the premium
43 assistance provided for in this section, in the order in which the

1 applications are received. The department is further authorized to
2 establish a waiting list in the event there are insufficient funds
3 available to allow all applicants to participate. The department
4 may also implement a maximum limit on individual coverage to
5 prevent an operating loss. The program may not be funded in any
6 part by the funding mechanisms of the existing pool. The
7 Department of Insurance may charge the Palmetto Healthcare
8 Safety Net Fund a quarterly administrative fee of up to one percent
9 of the amount credited to the Palmetto Healthcare Safety Net Fund
10 in the preceding year.

11 (E) Beginning on July 1, 2010, and then only to the extent
12 sufficient funds exist in the Palmetto Healthcare Safety Net Fund,
13 participants in the Palmetto Healthcare Safety Net Program shall
14 be entitled to a premium assistance equal to the difference between
15 the self-supporting actuarial premium for this pool and the amount
16 that the individual would have been required to pay for an
17 equivalent product under Section 38-62-30.

18 (F) The Department of Insurance is authorized to initiate
19 periodic transfers in the amount of the approved premium
20 assistance from the Palmetto Healthcare Safety Net Fund to the
21 administering entity of the Palmetto Healthcare Safety Net
22 Program to be credited against the premiums owed by the program
23 and any additional funds to maintain the solvency of the program.

24 (G) Neither the establishment of rates, forms, or procedures nor
25 any other joint or collective action required by this section may be
26 the basis of any legal action, criminal or civil liability, or penalty
27 against the program. No cause of action may arise against the
28 program's agents, employees, or representatives, for any good faith
29 act or omission in the performance of their powers and duties
30 pursuant to this section.

31 (H) The department must provide an annual report on the
32 Palmetto Healthcare Safety Net Program of the pool to the Senate
33 Finance Committee, the Chairman of the House Ways and Means
34 Committee, the Chairman of the Senate Banking and Insurance
35 Committee, the Chairman of the House Labor, Commerce and
36 Industry Committee, the Board of Economic Advisors, and the
37 Study Committee on Healthcare Access and Affordability. The
38 report shall provide, at a minimum, a general description of the
39 services provided and populations served, the number of people
40 served, the average cost per person, the additional administration
41 costs of the programs funded by the Healthcare Trust Fund, and a
42 three-year forecast of the utilization of the fund.”

43

1 SECTION 7. In April, May, and June of 2008, neither a
2 wholesaler, distributor, or a retailer of cigarettes may purchase
3 more cigarettes in any one month in an amount that exceeds one
4 hundred ten percent of the average monthly amount of cigarettes
5 purchased in the same three months of the previous calendar year.
6 In examining aggregate business license tax revenue data, if the
7 Department of Revenue determines that the revenue collected in
8 April, May, and June of 2008 exceeds one hundred ten percent of
9 the amount collected during the same three months of the previous
10 calendar year, the business license tax audit division of the
11 department shall conduct an audit of random wholesalers,
12 distributors, and retailers to ensure compliance with the
13 requirements of this section. Any violation of this section shall
14 result in a civil fine equal to five times the amount of tax owed on
15 the purchased cigarettes that caused the wholesaler, distributor, or
16 retailer to exceed one hundred ten percent of the amount purchased
17 in the same three months of the previous calendar year.

18
19 SECTION 8. (A) There is created the Study Committee on
20 Healthcare Access and Affordability. The committee shall review
21 and make recommendations regarding the state's overall health
22 status, the price of healthcare, the use of Medicare and Medicaid,
23 the promotion of public and private healthcare partnerships,
24 preventative care, the establishment of a high risk healthcare pool,
25 the necessity of a reinsurance program, how to maximize coverage
26 while controlling costs and providing quality care, and how to
27 improve the state's overall health and healthcare affordability.

28 (B) The study committee shall be composed of nine members.
29 The President Pro Tempore of the Senate, the Speaker of the
30 House of Representatives, and the Governor shall each appoint
31 three members. The Governor must appoint one member based
32 upon the recommendation of the Health Sciences South Carolina
33 collaborative. Each member must have a background of
34 substantial duration or expertise in at least one of the following:

- 35 (1) healthcare issues;
- 36 (2) business issues;
- 37 (3) economic issues;
- 38 (4) consumer issues;
- 39 (5) insurance issues;
- 40 (6) academic issues; or
- 41 (7) governmental issues.

1 (C) The study committee shall make a report of its findings and
2 recommendations to the General Assembly no later than January 1,
3 2010, at which time the study committee must be dissolved.

4

5 SECTION 9. Except where otherwise provided, this act takes
6 effect upon approval by the Governor.

7 ----XX----

8