

**First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 07-0137.01 Jerry Barry

SENATE BILL 07-211

SENATE SPONSORSHIP

Hagedorn,

HOUSE SPONSORSHIP

McGihon,

Senate Committees

Health and Human Services
Appropriations

House Committees

Health and Human Services
Appropriations

A BILL FOR AN ACT

101 **CONCERNING IMPROVEMENTS TO HEALTH CARE FOR CHILDREN, AND**
102 **MAKING AN APPROPRIATION THEREFOR.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Establishes an advisory committee in the department of health care policy and financing ("department") to develop and oversee the implementation of a plan to provide health coverage for all low-income children in Colorado by the end of 2010. Specifies duties of the advisory committee. Requires the advisory committee to submit, at least annually, reports and recommendations to specified committees of the general assembly.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

SENATE
3rd Reading Unamended
April 30, 2007

SENATE
Amended 2nd Reading
April 27, 2007

Authorizes the executive director of the department to appoint a chief medical officer. Specifies qualifications and duties of the chief medical officer.

For the baby and kid care program under medicaid:

Increases the percentage level of the federal poverty line for eligibility for persons at least 6 and under 19 years of age to 133% effective July 1, 2008;

Prohibits the department from requiring an applicant to produce proof of family income;

Establishes presumptive eligibility for children who meet the income level requirements; and

Provides for 12-month enrollment following eligibility except for defined circumstances and ensures continuous enrollment if eligible for the children's basic health plan.

For the children's basic health plan:

Increases the percentage level of the federal poverty line for eligibility to 300% effective July 1, 2009;

Suspends the annual enrollment fee for a year;

Prohibits the department from requiring an applicant to produce proof of family income;

Establishes presumptive eligibility for children who meet the income level requirements; and

Ensures continuous enrollment between children's basic health plan and medicaid, if eligible for medicaid.

Authorizes the department to train and certify application assistance sites to assist families in completing applications for medicaid and the children's basic health plan. Establishes a mini-grant program to provide moneys to community-based organizations that establish application assistance sites. Funds the mini-grant program through a transfer of moneys from the tobacco tax revenues.

Directs the department and the department of human services to jointly submit a report to the health and human services committees on the Colorado benefits management system. Identifies certain matters to be included in the report.

Excludes from the requirement to prove lawful presence pregnant women and individuals over 18 and under 19 years of age who remain eligible for medical benefits after their 18th birthday.

Directs the department to report to legislative committees on measures of access and quality of care received by children eligible for benefits through the department.

Directs the department to develop clinical standards and methods for collecting, analyzing, and disclosing information concerning clinical performance. Directs the department to review the data generated and make recommendations concerning strategies to improve health outcomes.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 hereby finds and declares that:

4 (a) Providing quality health care coverage for all children in
5 Colorado, regardless of economic status or geographic location, is of vital
6 importance to the state;


7 (b) Healthy children will have fewer absences from school and be
8 better prepared to learn;


9 (c) All low-income children in Colorado should have access to
10 health coverage by the end of 2010; and

11 (d) In order to ensure that all low-income children are covered by
12 the end of 2010, an advisory committee should be established to examine
13 the barriers to coverage and investigate ways to expand coverage.

14 (2) The general assembly further finds and declares that there are
15 certain steps that can be taken immediately to both increase the number
16 of children receiving health coverage and improve the quality of the
17 health care available for children, including:

18 (a) Authorizing the appointment of a chief medical officer for the
19 department of health care policy and financing;

20 
21 (b) Streamlining application methods and requirements for
22 medicaid and the children's basic health plan;

23 
24 (c) Reviewing measures of access to and quality of health care for
25 children; and

26 (d) Developing clinical standards and methods of collecting,

1 analyzing, and disclosing information concerning clinical performance.

2 **SECTION 2.** Part 2 of article 1 of title 25.5, Colorado Revised
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
4 read:

5 **25.5-1-202. Advisory committee on covering all children in**
6 **Colorado - reports - repeal.** (1) AS USED IN THIS SECTION, UNLESS THE
7 CONTEXT OTHERWISE REQUIRES:

8 (a) "CHILDREN'S BASIC HEALTH PLAN" MEANS THE PLAN
9 ESTABLISHED PURSUANT TO ARTICLE 8 OF THIS TITLE.

10 (b) "COMMITTEE" MEANS THE ADVISORY COMMITTEE ON
11 COVERING ALL CHILDREN IN COLORADO CREATED PURSUANT TO
12 SUBSECTION (2) OF THIS SECTION.

13 (c) "MEDICAID" MEANS THE PROGRAM ESTABLISHED BY THE
14 "COLORADO MEDICAL ASSISTANCE ACT" IN ARTICLES 4 TO 6 OF THIS
15 TITLE.

16 (2)(a) THERE IS HEREBY CREATED IN THE STATE DEPARTMENT THE
17 ADVISORY COMMITTEE ON COVERING ALL CHILDREN IN COLORADO TO
18 PLAN AND OVERSEE THE IMPLEMENTATION OF A PLAN TO PROVIDE HEALTH
19 COVERAGE FOR ALL LOW-INCOME CHILDREN IN COLORADO BY THE END OF
20 2010.

21 (b) (I) THE COMMITTEE SHALL CONSIST OF NOT MORE THAN
22 FIFTEEN MEMBERS APPOINTED AS FOLLOWS:

23 (A) THE PRESIDENT OF THE SENATE AND THE SPEAKER OF THE
24 HOUSE OF REPRESENTATIVES SHALL EACH APPOINT TWO MEMBERS OF THE
25 COMMITTEE.

26 (B) THE MINORITY LEADER OF THE SENATE AND THE MINORITY
27 LEADER OF THE HOUSE OF REPRESENTATIVES SHALL EACH APPOINT ONE

1 MEMBER OF THE COMMITTEE.

2 (C) THE GOVERNOR SHALL APPOINT NOT MORE THAN NINE
3 MEMBERS OF THE COMMITTEE.

4 (II) MEMBERS OF THE COMMITTEE SHALL INCLUDE BUT NOT BE
5 LIMITED TO CHILD HEALTH ADVOCATES AND RECIPIENTS AND PROVIDERS
6 OF MEDICAL ASSISTANCE. MEMBERS OF THE COMMITTEE SHALL SERVE
7 WITHOUT COMPENSATION BUT MAY BE REIMBURSED FOR EXPENSES
8 INCURRED IN CONNECTION WITH THEIR SERVICE ON THE COMMITTEE IF THE
9 STATE DEPARTMENT RECEIVES GIFTS, GRANTS, OR DONATIONS TO COVER
10 THE COSTS OF THE REIMBURSEMENTS.

11 (3) (a) THE COMMITTEE SHALL:

12 (I) DEVELOP AND OVERSEE THE IMPLEMENTATION OF A PLAN TO
13 ENSURE THAT ALL LOW-INCOME CHILDREN IN COLORADO HAVE HEALTH
14 COVERAGE BY THE END OF 2010; AND

15 (II) MAKE RECOMMENDATIONS FOR CHANGES IN LEGISLATION AND
16 RULES TO INCREASE ENROLLMENT OF CHILDREN IN MEDICAID AND THE
17 CHILDREN'S BASIC HEALTH PLAN.

18 (b) IN CONNECTION WITH ITS DUTIES AS DESCRIBED IN PARAGRAPH
19 (a) OF THIS SUBSECTION (3), THE COMMITTEE SHALL:

20 (I) REVIEW THE MARKETING AND ENROLLMENT PRACTICES AND
21 THE EXPENDITURE OF MONEYS FOR THOSE PRACTICES FROM SECTION 21 OF
22 ARTICLE X OF THE STATE CONSTITUTION;

23 (II) ANALYZE ENROLLMENT AND REENROLLMENT BARRIERS TO
24 MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN AND METHODS TO
25 OVERCOME THE BARRIERS;

26 (III) INVESTIGATE THE FEASIBILITY OF EXPANDING THE SITES WITH
27 DIRECT ACCESS TO THE STATE SYSTEM FOR ENROLLMENT IN MEDICAID AND

1 THE CHILDREN'S BASIC HEALTH PLAN;

2 (IV) INVESTIGATE THE FEASIBILITY OF CENTRALIZING
3 ENROLLMENT IN MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN;

4 (V) ANALYZE METHODS TO IMPROVE COMMUNICATION AMONG
5 THE STATE DEPARTMENT, THE DEPARTMENT OF HUMAN SERVICES AND
6 COUNTY DEPARTMENTS OF SOCIAL SERVICES;

7 (VI) INVESTIGATE THE FEASIBILITY OF SHARING INCOME
8 ELIGIBILITY INFORMATION AND VERIFICATION WITH OTHER BENEFIT
9 PROGRAMS;

10 (VII) REVIEW QUARTERLY ENROLLMENT DATA FOR MEDICAID AND
11 THE CHILDREN'S BASIC HEALTH PLAN BY COUNTY OR GEOGRAPHIC REGION;

12 AND

13

14 (VIII) CONSIDER OTHER ISSUES IDENTIFIED BY THE COMMITTEE.

15 (c) THE COMMITTEE SHALL SUBMIT REPORTS AND
16 RECOMMENDATIONS AT LEAST ON OR BEFORE NOVEMBER 1, 2007, AND ON
17 OR BEFORE NOVEMBER 1 EACH YEAR THEREAFTER. THE COMMITTEE
18 SHALL SUBMIT ITS REPORTS AND RECOMMENDATIONS TO THE HEALTH AND
19 HUMAN SERVICES COMMITTEES OF THE SENATE AND THE HOUSE OF
20 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AND TO THE JOINT
21 BUDGET COMMITTEE.

22 (4) (a) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2012.

23 (b) PRIOR TO SAID REPEAL, THE ADVISORY COMMITTEE SHALL BE
24 REVIEWED AS PROVIDED FOR IN SECTION 2-3-1203, C.R.S.

25 **SECTION 3.** Part 1 of article 1 of title 25.5, Colorado Revised
26 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
27 read:

1 **25.5-1-105.5. Chief medical officer - qualifications.** (1) THE
2 EXECUTIVE DIRECTOR MAY APPOINT A CHIEF MEDICAL OFFICER WHO
3 SHALL:

4 (a) HAVE A DEGREE OF DOCTOR OF MEDICINE OR DOCTOR OF
5 OSTEOPATHY AND BE LICENSED TO PRACTICE MEDICINE IN THE STATE OF
6 COLORADO;

7 (b) HAVE AT LEAST TWO YEARS OF POST-GRADUATE EXPERIENCE
8 IN PRIMARY CARE; AND

9 (c) HAVE AT LEAST TWO YEARS OF EXPERIENCE IN AN
10 ADMINISTRATIVE CAPACITY IN A HEALTH CARE ORGANIZATION.

11 (2) THE CHIEF MEDICAL OFFICER SHALL, WITH THE ASSISTANCE OF
12 ADVISORY COMMITTEES OF THE STATE DEPARTMENT, PROVIDE MEDICAL
13 JUDGMENT AND ADVICE REGARDING ALL MEDICAL ISSUES INVOLVING
14 PROGRAMS ADMINISTERED BY THE STATE DEPARTMENT.

15 **SECTION 4. 25.5-5-205 (3) (d), Colorado Revised Statutes, is**
16 **amended to read:**

17 **25.5-5-205. Baby and kid care program - creation - eligibility.**

18 **(3) (d) An asset test shall not be applied as a condition of eligibility** ==

19 (d) An asset test shall not be applied as a condition of eligibility
20 for a child under this subsection (3). == == == A CHILD UNDER THIS
21 SUBSECTION (3) WHOSE FAMILY INCOME DOES NOT EXCEED THE
22 APPLICABLE LEVEL PURSUANT TO PARAGRAPH (b) OR (c) OF THIS
23 SUBSECTION (3) SHALL BE PRESUMPTIVELY ELIGIBLE UNDER THIS SECTION.

24 == == ==

25 **SECTION 5.** 25.5-8-109 (3), the introductory portion to
26 25.5-8-109 (4), and 25.5-8-109 (4) (b), Colorado Revised Statutes, are
27 amended to read:

1 **25.5-8-109. Eligibility - children - pregnant women - repeal.**

2 (3) The department may establish procedures such that children with
3 family incomes that exceed ~~one hundred eighty-five~~ THE percent of the
4 federal poverty guidelines SPECIFIED IN SECTION 25.5-8-103 (4) (a) may
5 enroll in the plan, but are not eligible for subsidies from the department.

6 (4) A CHILD WHOSE FAMILY INCOME DOES NOT EXCEED THE
7 APPLICABLE LEVEL SPECIFIED IN SECTION 25.5-8-103 (4) (a) SHALL BE
8 PRESUMPTIVELY ELIGIBLE FOR THE PLAN. Children who are determined
9 to be eligible for the plan shall remain eligible for twelve months
10 subsequent to the last day of the month in which they were enrolled;
11 except that a child shall no longer be eligible for the plan and shall be
12 disenrolled from the plan if the department becomes aware of or is
13 notified that any of the following has occurred:

14 (b) The child has been enrolled in the medicaid program; EXCEPT
15 THAT, IN DISENROLLING A CHILD PURSUANT TO THIS PARAGRAPH (b), THE
16 DEPARTMENT SHALL ENSURE THAT THE CHILD IS CONTINUOUSLY COVERED
17 UNDER THIS SECTION UNTIL THE COVERAGE IS ATTAINED UNDER THE
18 MEDICAID PROGRAM AND THAT THERE IS NO GAP IN COVERAGE; or

19 == == ==
20 **SECTION 6.** 24-76.5-103 (3) (e) (III) and (3) (f), Colorado
21 Revised Statutes, are amended, and the said 24-76.5-103 (3) is further
22 amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

23 **24-76.5-103. Verification of lawful presence - exceptions -**
24 **reporting.** (3) Verification of lawful presence in the United States shall
25 not be required:

26 (e) For programs, services, or assistance, such as soup kitchens,
27 crisis counseling and intervention, and short-term shelter specified by

1 federal law or regulation that:

2 (III) Are necessary for the protection of life or safety; ~~or~~

3 (f) For ~~prenatal care~~ PREGNANT WOMEN; OR

4 (g) FOR INDIVIDUALS OVER THE AGE OF EIGHTEEN YEARS AND
5 UNDER THE AGE OF NINETEEN YEARS WHO CONTINUE TO BE ELIGIBLE FOR
6 MEDICAL ASSISTANCE PROGRAMS AFTER THEIR EIGHTEENTH BIRTHDAY.

7 **SECTION 7.** Part 1 of article 1 of title 25.5, Colorado Revised
8 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
9 read:

10 **25.5-1-113.5. Children's access to health care - reports.**

11 (1) ON OR BEFORE JANUARY 1, 2008, AND ON OR BEFORE EACH JANUARY
12 1 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT A REPORT TO THE
13 HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND THE
14 HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, ON
15 MEASURES OF ACCESS TO AND QUALITY OF HEALTH CARE FOR CHILDREN
16 ELIGIBLE FOR PROGRAMS PURSUANT TO THIS TITLE, INCLUDING BUT NOT
17 LIMITED TO DATA SHOWING WHETHER:

18 (a) PROVIDERS FOR CHILDREN ARE PARTICIPATING IN THE
19 PROGRAMS AND ARE ACCEPTING ELIGIBLE CHILDREN AS PATIENTS ON A
20 REGULAR BASIS;

21 (b) ELIGIBLE CHILDREN ARE ENROLLING IN PROGRAMS UNDER THIS
22 TITLE AND ARE REMAINING ENROLLED SO THAT THE CHILDREN HAVE
23 CONTINUITY OF CARE;

24 (c) ELIGIBLE CHILDREN ARE RECEIVING THE EARLY AND PERIODIC
25 SCREENING, DIAGNOSIS, AND TREATMENT SERVICES REQUIRED BY FEDERAL
26 LAW, INCLUDING BUT NOT LIMITED TO REGULAR PREVENTATIVE CARE AND,
27 WHEN APPROPRIATE, TIMELY SPECIALTY CARE, AND THAT PROVIDERS ARE

1 ACCURATELY REPORTING THE DATA FROM THESE VISITS; AND

2 (d) PROVIDERS ARE USING OTHER APPROPRIATE MEASURES OF
3 ACCESS AND QUALITY TO IMPROVE HEALTH OUTCOMES AND MAXIMIZE THE
4 EXPENDITURE OF HEALTH CARE RESOURCES.

5 **SECTION 8.** Part 1 of article 1 of title 25.5, Colorado Revised
6 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
7 read:

8 **25.5-1-109.5. Clinical standards - development - reports.**

9 (1) THE GENERAL ASSEMBLY FINDS THAT:

10 (a) IT IS IMPORTANT TO COLLECT AND ANALYZE OBJECTIVE
11 CLINICAL STANDARDS TO MAXIMIZE THE SCARCE DOLLARS AVAILABLE FOR
12 MEDICAL CARE; AND

13 (b) THE DEVELOPMENT OF AN ONGOING, TRANSPARENT
14 MEASUREMENT OF HEALTH OUTCOMES IS ESSENTIAL TO ENSURE QUALITY
15 HEALTH CARE FOR COLORADANS.

16 (2)(a) THE STATE DEPARTMENT, FOLLOWING CONSULTATION WITH
17 EXTERNAL CLINICAL ADVISORS, SHALL DEVELOP CLINICAL STANDARDS
18 AND METHODS FOR COLLECTING, ANALYZING, AND DISCLOSING
19 INFORMATION REGARDING CLINICAL PERFORMANCE, INCLUDING BUT NOT
20 LIMITED TO IMMUNIZATION RATES, MEDICAL HOME STANDARDS, CLINICAL
21 CARE GUIDELINES, CARE COORDINATION, CASE MANAGEMENT, DISEASE
22 MANAGEMENT, AND COORDINATION AND INTEGRATION OF MENTAL
23 HEALTH SERVICES. THE STANDARDS AND METHODS SHALL BE CONSISTENT
24 WITH NATIONAL GUIDELINES AND STANDARDS REGARDING THE
25 COLLECTION AND ANALYSIS OF HEALTH DATA, WHERE FEASIBLE, AND
26 SHALL MEET THE FEDERAL REPORTING REQUIREMENTS ESTABLISHED
27 UNDER TITLES XIX AND XXI OF THE FEDERAL "SOCIAL SECURITY ACT",

1 42 U.S.C. SECS. 1396 AND 1397.

2 (b) THE STATE DEPARTMENT SHALL REVIEW DATA COLLECTED
3 PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (2) AND ASSESS THE
4 HEALTH OUTCOMES FOR PROGRAMS ADMINISTERED BY THE STATE
5 DEPARTMENT. ON OR BEFORE JULY 1, 2008, AND ON OR BEFORE EACH
6 JULY 1 THEREAFTER, BASED ON THE REVIEW OF THIS DATA, THE STATE
7 DEPARTMENT SHALL RECOMMEND TO THE HEALTH AND HUMAN SERVICES
8 COMMITTEES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR
9 ANY SUCCESSOR COMMITTEES, STRATEGIES TO IMPROVE HEALTH
10 OUTCOMES.

11 **SECTION 9.** 2-3-1203 (3), Colorado Revised Statutes, is
12 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

13 **2-3-1203. Sunset review of advisory committees.** (3) The
14 following dates are the dates for which the statutory authorization for the
15 designated advisory committees is scheduled for repeal:

16 (y) JULY 1, 2012: THE ADVISORY COMMITTEE ON COVERING ALL
17 CHILDREN IN COLORADO, CREATED IN SECTION 25.5-1-202, C.R.S.

18 **SECTION 10. Appropriation - adjustment to the 2007 long**
19 **bill.** (1) For the implementation of this act, appropriations made in the
20 annual general appropriation act to the department of health care policy
21 and financing, for the fiscal year beginning July 1, 2007, shall be adjusted
22 as follows:

23 (a) The general fund appropriation to the executive director's
24 office, for personal services, is increased by the sum of sixty-seven
25 thousand four hundred three dollars (\$67,403) and 1.3 FTE. Said sum
26 shall be subject to the "(M)" notation as defined in the general
27 appropriation act. In addition to said appropriation, the general assembly

1 anticipates that, for the fiscal year beginning July 1, 2007, the department
2 of health care policy and financing will receive the sum of sixty-seven
3 thousand four hundred three dollars (\$67,403) in federal funds for the
4 implementation of this act. Although the federal funds are not
5 appropriated in this act, they are noted for the purpose of indicating the
6 assumptions used relative to these funds in developing state appropriation
7 amounts.

8 (b) The general fund appropriation to the executive director's
9 office, for operating expenses, is increased by two thousand nine hundred
10 sixty-seven dollars (\$2,967). Said sum shall be subject to the "(M)"
11 notation as defined in the general appropriation act. In addition to said
12 appropriation, the general assembly anticipates that, for the fiscal year
13 beginning July 1, 2007, the department of health care policy and
14 financing will receive the sum of two thousand nine hundred sixty-seven
15 dollars (\$2,967) in federal funds for the implementation of this act.
16 Although the federal funds are not appropriated in this act, they are noted
17 for the purpose of indicating the assumptions used relative to these funds
18 in developing state appropriation amounts.

19 (c) The appropriation to the department of human services
20 Medicaid-funded programs, for the office of information technology
21 services - Medicaid funding, for allocation to the Colorado benefits
22 management system, is increased by twenty thousand six hundred
23 eighty-seven dollars (\$20,687). Of said sum, nine thousand six hundred
24 ninety-two dollars (\$9,692) shall be from the general fund, one thousand
25 two hundred thirty-seven dollars (\$1,237) shall be from the children's
26 basic health plan trust fund created in section 25.5-8-105 (1), Colorado
27 Revised Statutes and nine thousand seven hundred fifty-eight dollars

1 (\$9,758) shall be from federal funds.

2 (2) For the implementation of this act, appropriations made in the
3 annual general appropriation act to the department of human services, for
4 the office of information technology services, for allocation to the
5 Colorado benefits management system, for the fiscal year beginning July
6 1, 2007, shall be increased by fifty-nine thousand six hundred dollars
7 (\$59,600). Of said sum, nine thousand six hundred ninety-two dollars
8 (\$9,692) shall be from the general fund, four thousand six hundred
9 seventy dollars (\$4,670) shall be from the old age pension fund created
10 pursuant to article XXIV of the State Constitution, twenty thousand six
11 hundred eighty-seven dollars (\$20,687) shall be cash funds exempt
12 transferred from the department of health care policy and financing, and
13 twenty-four thousand nine hundred four dollars (\$24,904) shall be from
14 federal funds.

15 **SECTION 11. Effective date.** (1) Except as otherwise provided
16 in subsection (2) of this section, this act shall take effect July 1, 2007.

17 (2) Sections 4 and 5 of this act shall take effect January 1, 2008,
18 and sections 7, 8, and 10 shall take effect July 1, 2007, only if:

19 (a) The final fiscal estimate for House Bill 07-1021 as reflected
20 in the appropriations clause for said act shows a net general fund savings
21 that is equal to or greater than the final general fund fiscal estimate for
22 sections 4, 5, 7, and 8 of this act;

23 (b) House Bill 07-1021 is enacted at the first regular session of the
24 Sixty-sixth General Assembly and becomes law; and

25 (c) The staff director of the joint budget committee files written
26 notice with the revisor of statutes no later than July 15, 2007, that the
27 requirement set forth in paragraph (a) of this subsection (2) has been met.

1 **SECTION 12. Safety clause.** The general assembly hereby finds,
2 determines, and declares that this act is necessary for the immediate
3 preservation of the public peace, health, and safety.