

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

REENGROSSED

*This Version Includes All Amendments
Adopted in the House of Introduction*

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

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 (b) Expanding eligibility of children under the children's basic
21 health plan;

22 (c) Streamlining application methods and requirements for
23 medicaid and the children's basic health plan;

24

25 (d) Reviewing measures of access to and quality of health care for
26 children; and

1 (e) Developing clinical standards and methods of collecting,
2 analyzing, and disclosing information concerning clinical performance.

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

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

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

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

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

17 (2) (a) THERE IS HEREBY CREATED IN THE STATE DEPARTMENT THE
18 ADVISORY COMMITTEE ON COVERING ALL CHILDREN IN COLORADO TO
19 PLAN AND OVERSEE THE IMPLEMENTATION OF A PLAN TO PROVIDE HEALTH
20 COVERAGE FOR ALL LOW-INCOME CHILDREN IN COLORADO BY THE END OF
21 2010.

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

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

27 (B) THE MINORITY LEADER OF THE SENATE AND THE MINORITY

1 LEADER OF THE HOUSE OF REPRESENTATIVES SHALL EACH APPOINT ONE
2 MEMBER OF THE COMMITTEE.

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

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

12 (3) (a) THE COMMITTEE SHALL:

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

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

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

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

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

27 (III) INVESTIGATE THE FEASIBILITY OF EXPANDING THE SITES WITH

1 DIRECT ACCESS TO THE STATE SYSTEM FOR ENROLLMENT IN MEDICAID AND
2 THE CHILDREN'S BASIC HEALTH PLAN;

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

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

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

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

13 (VIII) MAKE RECOMMENDATIONS FOR THE AWARD OF GRANTS
14 UNDER THE MINI-GRANT PROGRAM ESTABLISHED IN SECTION 25.5-4-205
15 (3) (c); AND

16 (IX) CONSIDER OTHER ISSUES IDENTIFIED BY THE COMMITTEE.

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

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

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

27 **SECTION 3.** Part 1 of article 1 of title 25.5, Colorado Revised

1 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
2 read:

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

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

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

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

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

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

19 **25.5-5-205. Baby and kid care program - creation - eligibility.**

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

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

26 == == ==

27 **SECTION 5.** 25.5-8-109 (3), the introductory portion to

1 25.5-8-109 (4), and 25.5-8-109 (4) (b), Colorado Revised Statutes, are
2 amended to read:

3 **25.5-8-109. Eligibility - children - pregnant women - repeal.**

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

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

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

21 =====

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

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

1 (e) For programs, services, or assistance, such as soup kitchens,
2 crisis counseling and intervention, and short-term shelter specified by
3 federal law or regulation that:

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

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

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

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

12 **25.5-1-113.5. Children's access to health care - reports.**

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

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

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

26 (c) ELIGIBLE CHILDREN ARE RECEIVING THE EARLY AND PERIODIC
27 SCREENING, DIAGNOSIS, AND TREATMENT SERVICES REQUIRED BY FEDERAL

1 LAW, INCLUDING BUT NOT LIMITED TO REGULAR PREVENTATIVE CARE AND,
2 WHEN APPROPRIATE, TIMELY SPECIALTY CARE, AND THAT PROVIDERS ARE
3 ACCURATELY REPORTING THE DATA FROM THESE VISITS; AND

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

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

11 (1) THE GENERAL ASSEMBLY FINDS THAT:

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

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

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

1 SHALL MEET THE FEDERAL REPORTING REQUIREMENTS ESTABLISHED
2 UNDER TITLES XIX AND XXI OF THE FEDERAL "SOCIAL SECURITY ACT",
3 42 U.S.C. SECS. 1396 AND 1397.

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

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

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

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

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

25 (a) The general fund appropriation to the executive director's
26 office, for personal services, is increased by the sum of sixty-seven
27 thousand four hundred three dollars (\$67,403) and 1.3 FTE. Said sum

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

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

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

1 basic health plan trust fund created in section 25.5-8-105 (1), Colorado
2 Revised Statutes and nine thousand seven hundred fifty-eight dollars
3 (\$9,758) shall be from federal funds.

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

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

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

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

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

27 (c) The staff director of the joint budget committee files written

1 notice with the revisor of statutes no later than July 15, 2007, that the
2 requirement set forth in paragraph (a) of this subsection (2) has been met.

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