

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 21-0394.01 Jane Ritter x4342

HOUSE BILL 21-1097

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Public & Behavioral Health & Human Services

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Health & Human Services

A BILL FOR AN ACT

101 **CONCERNING RECOMMENDATIONS FROM THE COLORADO BEHAVIORAL**
102 **HEALTH TASK FORCE, AND, IN CONNECTION THEREWITH,**
103 **ESTABLISHING A BEHAVIORAL HEALTH ADMINISTRATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill addresses multiple recommendations from the Colorado behavioral health task force (task force), created in 2019, related to the creation of a behavioral health administration (BHA). The BHA would be a single state agency to lead, promote, and administer the state's behavioral health priorities.

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

SENATE
3rd Reading Unamended
April 9, 2021

SENATE
2nd Reading Unamended
April 8, 2021

HOUSE
3rd Reading Unamended
March 16, 2021

HOUSE
Amended 2nd Reading
March 12, 2021

The bill requires the department of human services (department) to submit a plan for the creation and establishment of the BHA on or before November 1, 2021, to the joint budget committee and on or before January 30, 2022, to the department's committees of reference. The bill outlines what the plan must, at a minimum, include. The essential duties of the BHA, once established, are set forth.

A timeline is described for the establishment of the BHA in the department and for a future determination of what state department, if different than the department of human services, the BHA will exist.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** part 2 to article
3 60 of title 27 as follows:

4 **PART 2**

5 **BEHAVIORAL HEALTH ADMINISTRATION**

6 **27-60-201. Legislative declaration.** (1) THE GENERAL ASSEMBLY
7 FINDS AND DECLARES THAT:

8 (a) ON APRIL 8, 2019, THE COLORADO BEHAVIORAL HEALTH TASK
9 FORCE WAS CREATED, BRINGING TOGETHER INDIVIDUALS REPRESENTING
10 DIVERSE AND BALANCED PERSPECTIVES WITH RESPECT TO ISSUES SUCH AS
11 ADULTS, CHILDREN, AND FAMILIES WHO ARE DEALING WITH MENTAL
12 HEALTH OR SUBSTANCE USE ISSUES, KEY EXECUTIVE AGENCIES
13 REPRESENTING STATE, LOCAL, AND TRIBAL GOVERNMENTS, CRIMINAL
14 JUSTICE EXPERTS, ADVOCACY GROUPS, BEHAVIORAL HEALTH EXPERTS,
15 AND CONSUMERS;

16 (b) THE MISSION OF THE BEHAVIORAL HEALTH TASK FORCE WAS TO
17 EVALUATE AND CREATE A PLAN TO IMPROVE THE CURRENT BEHAVIORAL
18 HEALTH SYSTEM IN COLORADO;

19 (c) THE BEHAVIORAL HEALTH TASK FORCE FOCUSSED ON
20 CREATING A BEHAVIORAL HEALTH SYSTEM THAT INCLUDES EQUITABLE

1 ACCESS TO WHOLE-PERSON CARE;

2 (d) IN SEPTEMBER 2020, THE BEHAVIORAL HEALTH TASK FORCE
3 RELEASED ITS BLUEPRINT, SUBCOMMITTEE, AND COVID-19 SPECIAL
4 COMMITTEE REPORTS THAT OUTLINE ITS VISION FOR BEHAVIORAL HEALTH
5 REFORM; AND

6 (e) THE FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE
7 INDICATE THAT IT IS IMPERATIVE THAT AN IMPROVED BEHAVIORAL
8 HEALTH SYSTEM IN COLORADO:

9 (I) PROVIDE EQUITABLE AND MEANINGFUL ACCESS TO SERVICES
10 AND CARE FOR COLORADANS, REGARDLESS OF ABILITY TO PAY,
11 CO-OCCURRING CONDITIONS, DISABILITY, LINGUISTICS, GEOGRAPHIC
12 LOCATION, RACIAL OR ETHNIC IDENTITY, RELIGION, SOCIOECONOMIC
13 STATUS, SEXUAL ORIENTATION, AGE, GENDER IDENTITY, HOUSING STATUS,
14 HISTORY OF CRIMINAL JUSTICE INVOLVEMENT, PAYER SOURCE, CULTURE,
15 OR ANY OTHER FACTOR;

16 (II) PROVIDE ACCESS TO CARE THAT:

17 (A) INTEGRATES PHYSICAL AND BEHAVIORAL HEALTH;

18 (B) IS CULTURALLY AND LINGUISTICALLY RESPONSIVE,
19 TRAUMA-INFORMED, AND TAILORED TO THE INDIVIDUAL AND SPECIFIC
20 FAMILY NEEDS; AND

21 (C) PRIORITIZES ALL ASPECTS OF HEALTH, INCLUDING WELLNESS,
22 AND EARLY INTERVENTIONS AND SUPPORTS THAT HELP PEOPLE STAY
23 SUCCESSFULLY AND MEANINGFULLY CONNECTED TO THE COMMUNITY
24 WHERE THEY LIVE, WORK, AND PLAY;

25 (III) PROVIDES A CONTINUUM OF SERVICES FOR CHILDREN, YOUTH,
26 AND ADULTS, INCLUDING MEETING THE UNIQUE NEEDS OF CHILDREN AND
27 YOUTH. YOUNG PEOPLE HAVE DIFFERENT NEEDS THAN ADULTS AND

1 SHOULD BE OFFERED DEVELOPMENTALLY APPROPRIATE AND CULTURALLY
2 COMPETENT SERVICES.

3 (IV) PROVIDES ACCESS TO QUALITY AND AFFORDABLE SERVICES
4 IN A VARIETY OF METHODS, INCLUDING IN-PERSON AND VIRTUAL SERVICES;

5 (V) PROVIDES ACCESS TO BEHAVIORAL HEALTH SERVICES IN
6 REGIONS AND COMMUNITIES WITHOUT NECESSITATING ENGAGEMENT WITH
7 THE CRIMINAL OR JUVENILE JUSTICE SYSTEMS;

8 (VI) PROVIDES COLORADANS WITH ACCESS TO AFFORDABLE CARE
9 THAT KEEPS THEM HEALTHY, AND ADMINISTRATIVE EFFICIENCIES ACROSS
10 THE BEHAVIORAL HEALTH CARE INDUSTRY ALIGN WITH PAYMENT MODELS
11 AND INCENTIVES THAT DRIVE QUALITY AND IMPROVED OUTCOMES;

12 (VII) INCLUDES A HIGH-QUALITY, TRAINED, CULTURALLY
13 RESPONSIVE, TRAUMA-INFORMED, AND DIVERSE PROFESSIONAL
14 BEHAVIORAL HEALTH WORKFORCE THAT DELIVERS OUTCOMES AND
15 EQUITABLE ACCESS TO CARE; AND

16 (VIII) PROVIDES COLORADANS WITH AN OPPORTUNITY TO
17 ACHIEVE AND MAINTAIN MENTAL WELLNESS BY ADDRESSING SOCIAL
18 DETERMINANTS OF HEALTH, SUCH AS HOUSING, TRANSPORTATION, AND
19 EMPLOYMENT, IN ADDITION TO THE INTEGRATION OF PHYSICAL AND
20 BEHAVIORAL HEALTH CARE.

21 (2) THE GENERAL ASSEMBLY FURTHER FINDS THAT IN
22 IMPLEMENTING THE FINDINGS AND RECOMMENDATIONS OF THE COLORADO
23 BEHAVIORAL HEALTH TASK FORCE IT IS IMPERATIVE TO RELY ON ALL
24 STAKEHOLDERS WORKING TOGETHER TO HOLD THE BEHAVIORAL HEALTH
25 SYSTEM ACCOUNTABLE TO ENSURE ALL COLORADANS ARE RECEIVING THE
26 CARE NEEDED TO FULFILL THE TASK FORCE'S AIM OF ENSURING A QUALITY
27 BEHAVIORAL HEALTH SYSTEM.

1 (3) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT, TO
2 ENSURE A STANDARD OF HIGH-QUALITY, INTEGRATED, AND
3 CONSUMER-CENTRIC ACCESS TO BEHAVIORAL HEALTH CARE SERVICES, IT
4 IS IMPERATIVE THAT THE RECOMMENDATIONS AND FINDINGS INCLUDED IN
5 THE BLUEPRINT CREATED BY THE COLORADO BEHAVIORAL HEALTH TASK
6 FORCE BE FOLLOWED AND THAT A SINGLE STATE AGENCY, KNOWN AS THE
7 BEHAVIORAL HEALTH ADMINISTRATION, BE ESTABLISHED TO LEAD AND
8 PROMOTE THE STATE'S BEHAVIORAL HEALTH PRIORITIES. IT IS IMPERATIVE
9 THAT THE BEHAVIORAL HEALTH ADMINISTRATION TRANSFORM THE
10 STATE'S CURRENT BEHAVIORAL HEALTH SYSTEM BY:

11 (a) COORDINATING AND INTEGRATING THE DELIVERY OF
12 BEHAVIORAL HEALTH SERVICES IN COLORADO;

13 (b) SETTING STANDARDS FOR THE BEHAVIORAL HEALTH SYSTEM
14 TO IMPROVE THE QUALITY AND EQUITY OF CARE;

15 (c) ENSURING THAT BEHAVIORAL HEALTH SERVICES RESPOND TO
16 THE CHANGING NEEDS OF COMMUNITIES, MONITOR STATE AND LOCAL
17 OUTCOMES, SUPPORT TRIBAL NEEDS, AND EVALUATE STATE EFFORTS;

18 (d) IMPROVING EQUITABLE ACCESS TO, QUALITY OF, AND
19 AFFORDABILITY OF BEHAVIORAL HEALTH SERVICES FOR COLORADANS;

20 (e) PRESERVING AND BUILDING UPON THE INTEGRATION OF
21 BEHAVIORAL AND PHYSICAL HEALTH CARE THAT TREATS THE WHOLE
22 PERSON;

23 (f) LEADING AND PROMOTING COLORADO'S PRIORITY OF
24 ADDRESSING THE INCREASING NEED FOR BEHAVIORAL HEALTH SERVICES;

25 (g) ELIMINATING UNNECESSARY FRAGMENTATION OF SERVICES
26 AND STREAMLINING ACCESS;

27 (h) ADDRESSING SOCIAL DETERMINANTS OF HEALTH AS A CORE

1 COMPONENT OF BEHAVIORAL HEALTH OUTCOMES;

2 (i) PROMOTING TRANSPARENCY AND ACCOUNTABILITY OF
3 BEHAVIORAL HEALTH REFORM OUTCOMES AND SPENDING OF TAXPAYER
4 DOLLARS; AND

5 (j) REDUCING ADMINISTRATIVE BURDEN ON BEHAVIORAL HEALTH
6 CARE PROVIDERS SO THEY ARE ABLE TO FOCUS ON CLIENT CARE.

7 **27-60-202. Definitions.** AS USED IN THIS PART 2, UNLESS THE
8 CONTEXT OTHERWISE REQUIRES:

9 (1) "BEHAVIORAL HEALTH" HAS THE SAME MEANING AS SET FORTH
10 IN SECTION 27-60-100.3.

11 (2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
12 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
13 27-60-203.

14 (3) "PLAN" MEANS THE PROPOSED PLAN, AS DESCRIBED IN SECTION
15 27-60-203, FOR THE CREATION OF THE BEHAVIORAL HEALTH
16 ADMINISTRATION.

17 (4) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF
18 HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105.

19 **27-60-203. Behavioral health administration - plan for**
20 **creation - proposed duties - timeline.** (1) (a) ON OR BEFORE NOVEMBER
21 1, 2021, BASED ON THE SEPTEMBER 2020 RECOMMENDATIONS FROM THE
22 COLORADO BEHAVIORAL HEALTH TASK FORCE, THE STATE DEPARTMENT
23 SHALL DEVELOP A PLAN FOR THE CREATION OF THE BEHAVIORAL HEALTH
24 ADMINISTRATION. THE PLAN MUST INCLUDE STRATEGIES TO STREAMLINE
25 AND IMPROVE EFFORTS THAT ADDRESS BEHAVIORAL HEALTH NEEDS IN THE
26 STATE AND REDUCE BEHAVIORAL HEALTH DISPARITIES.

27 (b) THE STATE DEPARTMENT SHALL SOLICIT FEEDBACK FROM AND

1 ENGAGE WITH DEMOGRAPHICALLY DIVERSE COMMUNITY STAKEHOLDERS
2 IN THE DEVELOPMENT OF THE PLAN DESCRIBED IN THIS SECTION. THIS
3 INCLUDES, BUT IS NOT LIMITED TO, DIRECT ENGAGEMENT OF CONSUMERS
4 AND CONSUMERS' ADVOCATES, COUNTY GOVERNMENTS, MUNICIPAL
5 GOVERNMENTS, TRIBAL GOVERNMENTS, MANAGED SERVICE
6 ORGANIZATIONS, HEALTH CARE PROVIDERS, MANAGED CARE ENTITIES,
7 INSURANCE CARRIERS, COMMUNITY MENTAL HEALTH CENTERS, AND
8 SUBSTANCE USE DISORDER SERVICES PROVIDERS.

9 (c) ON OR BEFORE NOVEMBER 1, 2021, THE STATE DEPARTMENT
10 SHALL PROVIDE THE PLAN AS A WRITTEN REPORT TO THE JOINT BUDGET
11 COMMITTEE, THE PUBLIC AND BEHAVIORAL AND HUMAN SERVICES
12 COMMITTEE OF THE HOUSE OF REPRESENTATIVES, AND THE HEALTH AND
13 HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR
14 COMMITTEES.

15 (2) THE PLAN MUST INCLUDE, BUT IS NOT LIMITED TO, THE
16 FOLLOWING:

17 (a) RECOMMENDATIONS FOR FUNDING AND LEGISLATION
18 NECESSARY TO APPROPRIATELY IMPLEMENT THE PLAN AND ADDRESS
19 INITIAL START-UP AS WELL AS ONGOING OPERATIONAL COSTS FOR THE
20 BHA;

21 (b) A LIST AND DESCRIPTION OF WHICH STATE PROGRAMS, BOTH
22 STATUTORY AND NONSTATUTORY, ALONG WITH THE ASSOCIATED FUNDING
23 STREAMS AND PERSONNEL, THAT SHOULD BE INCLUDED OR MANAGED BY
24 THE BHA. THE LIST MUST SPECIFICALLY ADDRESS ALL THE FUNCTIONS
25 CURRENTLY OVERSEEN BY THE OFFICE OF BEHAVIORAL HEALTH IN THE
26 STATE DEPARTMENT OF HUMAN SERVICES.

27 (c) THE GOVERNANCE STRUCTURE OF THE BHA, INCLUDING A

1 RECOMMENDATION FOR INFRASTRUCTURE WITHIN ANY GOVERNANCE
2 STRUCTURE TO OVERSEE AND BE ACCOUNTABLE FOR POLICY, STRATEGY,
3 AND SERVICES FOR ALL CHILDREN AND YOUTH;

4 (d) POTENTIAL OPPORTUNITIES FOR COLLABORATION WITH LOCAL
5 MUNICIPALITIES, COUNTIES, AND TRIBES;

6 (e) RECOMMENDATIONS FOR A PLAN OF ACTION REGARDING
7 GRIEVANCES, APPEALS, AND OMBUDSMAN SERVICES WITHIN THE BHA;

8 (f) A DATA INTEGRATION PLAN TO CREATE A DATA AND
9 INFORMATION SHARING AND LEGAL FRAMEWORK TO SUPPORT AN
10 AGREED-UPON APPROACH AND SPECIFIC USE CASE FOR INFORMATION
11 SHARING THAT LEVERAGES EXISTING INFRASTRUCTURE, SUCH AS HEALTH
12 INFORMATION EXCHANGES, REUSABLE ARCHITECTURE, AND DATA
13 STANDARDS TO ENABLE AND ADVANCE COORDINATED CARE AND SERVICES
14 AND BEHAVIORAL HEALTH EQUITY WHILE MAINTAINING TRIBAL
15 SOVEREIGNTY;

16 (g) A DESCRIPTION OF HOW THE BHA WILL ENSURE THE
17 AVAILABILITY OF SERVICES AND ESTABLISH A STANDARD OF CARE ACROSS
18 COLORADO; AND

19 (h) SPECIFIC RECOMMENDATIONS AS FOLLOWS:

20 (I) RECOMMENDATIONS FOR THE DEPARTMENT OF HEALTH CARE
21 POLICY AND FINANCING, DEVELOPED IN COLLABORATION WITH
22 COMMUNITY STAKEHOLDERS, ON HOW MEDICAL ASSISTANCE PROGRAMS
23 FOR BEHAVIORAL HEALTH SHOULD BE ALIGNED OR INTEGRATED WITH THE
24 BHA IN SUCH A WAY THAT CONSUMERS OF BEHAVIORAL HEALTH SERVICES
25 HAVE SEAMLESS ACCESS TO NEEDED SERVICES REGARDLESS OF PAYER.
26 THE RECOMMENDATIONS MUST INCLUDE A DESCRIPTION OF HOW THE BHA
27 WILL ENSURE THAT ACCESS TO SERVICES DEEMED MEDICALLY NECESSARY

1 PURSUANT TO THE EARLY AND PERIOD SCREENING, DIAGNOSTIC, AND
2 TREATMENT BENEFIT IS ARRANGED FOR ELIGIBLE CHILDREN AND YOUTH.

3 (II) RECOMMENDATIONS FOR THE DIVISION OF INSURANCE WITHIN
4 THE DEPARTMENT OF REGULATORY AGENCIES, DEVELOPED IN
5 COLLABORATION WITH THE COMMUNITY STAKEHOLDERS, CONCERNING
6 HOW PRIVATE INSURANCE EFFORTS THAT ARE SPECIFIC TO BEHAVIORAL
7 HEALTH SHOULD BE ALIGNED OR INTEGRATED WITH THE BHA; AND

8 (III) RECOMMENDATIONS FOR THE DEPARTMENT OF PUBLIC
9 HEALTH AND ENVIRONMENT, DEVELOPED IN COLLABORATION WITH THE
10 COMMUNITY STAKEHOLDERS, CONCERNING HOW PREVENTION AND
11 PREVENTIVE SERVICES SHOULD BE ALIGNED OR INTEGRATED WITH THE
12 BHA AND THE EXTENT TO WHICH THE BHA WILL ENGAGE IN POPULATION
13 HEALTH.

14 (3) THE DUTIES OF THE BHA, ONCE ESTABLISHED AND FULLY
15 OPERATIONAL, MUST INCLUDE, BUT ARE NOT LIMITED TO:

16 (a) SERVING AS THE SINGLE STATE AGENCY RESPONSIBLE FOR
17 STATE BEHAVIORAL HEALTH PROGRAMS THAT WERE IDENTIFIED AS
18 APPROPRIATE TO TRANSITION INTO THE BHA;

19 (b) RECEIVING, COORDINATING, AND DISTRIBUTING APPROPRIATE
20 COMMUNITY BEHAVIORAL HEALTH FUNDING THROUGHOUT THE STATE;

21 (c) MONITORING, EVALUATING, AND REPORTING BEHAVIORAL
22 HEALTH OUTCOMES ACROSS THE STATE AND WITHIN VARIOUS
23 JURISDICTIONS, WHILE MAINTAINING TRIBAL SOVEREIGNTY; AND

24 (d) PROMOTING A BEHAVIORAL HEALTH SYSTEM THAT SUPPORTS
25 A WHOLE-PERSON APPROACH TO ENSURE COLORADANS HAVE THE BEST
26 CHANCE TO ACHIEVE AND MAINTAIN WELLNESS. THIS APPROACH
27 INCLUDES:

1 (I) PROMOTING AN INTEGRATED APPROACH TO MENTAL HEALTH
2 AND SUBSTANCE USE TREATMENT;

3 (II) STRENGTHENING THE INTEGRATION OF BEHAVIORAL AND
4 PHYSICAL CARE;

5 (III) ENHANCING PROGRAMMATIC AND FUNDING OPPORTUNITIES
6 IN SUPPORT OF THE OVERALL WELL-BEING OF THE INDIVIDUAL OR FAMILY;

7
8 (IV) PROMOTING CULTURALLY RESPONSIVE, TRAUMA-INFORMED,
9 AND EQUITABLE BEHAVIORAL HEALTH CARE; AND

10 (V) PROMOTING COORDINATION OF SUPPORTIVE SERVICES OUTSIDE
11 OF THE BEHAVIORAL HEALTH SYSTEM TO ADDRESS SOCIAL DETERMINANTS
12 OF HEALTH, AND TO CONNECT PEOPLE TO SERVICES SUCH AS HOUSING,
13 TRANSPORTATION, AND EMPLOYMENT.

14 (4) THE STATE DEPARTMENT SHALL WORK COLLABORATIVELY
15 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING,
16 COMMUNITY STAKEHOLDERS, AND OTHER STATE DEPARTMENTS, AS
17 APPROPRIATE, TO PROMULGATE RULES FOR THE BHA TO PROVIDE
18 ADEQUATE OVERSIGHT OF THE QUALITY OF SERVICES AND SET STANDARDS
19 OF CARE FOR SERVICES FOR ADULTS AS WELL AS CHILDREN AND YOUTH.

20 (5) (a) ON OR BEFORE JULY 1, 2022, THE BEHAVIORAL HEALTH
21 ADMINISTRATION IS ESTABLISHED IN THE STATE DEPARTMENT. DURING
22 THE TIME IT TAKES FOR THE BHA TO BECOME FULLY OPERATIONAL, IT
23 REMAINS A PART OF THE STATE DEPARTMENT UNTIL A DETERMINATION IS
24 MADE BY THE GENERAL ASSEMBLY CONCERNING THE DEPARTMENT IT WILL
25 BE PERMANENTLY LOCATED IN.

26 (b) ON OR BEFORE NOVEMBER 1, 2024, THE STATE DEPARTMENT
27 SHALL PROVIDE A REPORT TO THE JOINT BUDGET COMMITTEE, THE PUBLIC

1 AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE
2 HOUSE OF REPRESENTATIVES, AND THE HEALTH AND HUMAN SERVICES
3 COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES,
4 CONCERNING RECOMMENDATIONS ON WHETHER THE BHA SHOULD
5 REMAIN IN THE STATE DEPARTMENT OR BE TRANSFERRED TO A DIFFERENT
6 DEPARTMENT WITHIN THE STATE.

7 (c) IF THE GENERAL ASSEMBLY TAKES NO ADDITIONAL
8 LEGISLATIVE ACTION ON OR BEFORE JUNE 30, 2025, THE BHA WILL
9 REMAIN IN THE STATE DEPARTMENT.

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