

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

PREAMENDED

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

LLS NO. 24-0029.01 Josh Schultz x5486

HOUSE BILL 24-1217

HOUSE SPONSORSHIP

Amabile,

SENATE SPONSORSHIP

(None),

House Committees

Health & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE DISSEMINATION OF PATIENT HEALTH-CARE**
102 **INFORMATION.**

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 requires the behavioral health administration in the department of human services (BHA) to create a universal behavioral health consent form for disclosure of an individual's protected health information in compliance with the federal "Health Insurance Portability and Accountability Act of 1996".

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

The office of e-health innovation in the governor's office is required to convene a working group to determine how to most effectively create a centralized digital consent repository that allows patients to provide, extend, deny, and revoke consent for sharing their medical data and information between physical and behavioral health-care providers, family members, community organizations, payers, and state agencies at any time.

The BHA is required to create a friends and family input form (form) to allow an individual to provide a treating professional or a licensed or designated facility or organization with information related to a patient receiving mental health or substance use services. The bill prohibits an individual from knowingly and intentionally making a false statement on the form; performing this act constitutes an unclassified misdemeanor penalized by a fine of not more than \$1,000.

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

2 **SECTION 1.** In Colorado Revised Statutes, 27-50-101, **add**
3 (11.5), (13.7), (14.5), and (17.5) as follows:

4 **27-50-101. Definitions.** As used in this article 50, unless the
5 context otherwise requires:

6 (11.5) "COVERED ENTITY" MEANS AN ENTITY SUBJECT TO HIPAA.

7 (13.7) "FRIENDS AND FAMILY INPUT FORM" MEANS A FORM
8 CREATED PURSUANT TO SECTION 27-50-111 TO ALLOW FAMILY AND
9 FRIENDS TO PROVIDE HEALTH OR BACKGROUND INFORMATION ABOUT AN
10 INDIVIDUAL RECEIVING MENTAL HEALTH OR SUBSTANCE USE SERVICES.

11 (14.5) "HIPAA" MEANS THE FEDERAL "HEALTH INSURANCE
12 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", 42 U.S.C. SECS.
13 1320d TO 1320d-9, AS AMENDED.

14 (17.5) "RELEASE FORM" MEANS THE UNIVERSAL BEHAVIORAL
15 HEALTH CONSENT FORM CREATED PURSUANT TO SECTION 27-50-109.

16 **SECTION 2.** In Colorado Revised Statutes, **add** 27-50-109,
17 27-50-110, and 27-50-111 as follows:

1 **27-50-109. Universal behavioral health consent form - rules -**

2 **availability.** (1) (a) THE BHA SHALL CREATE A UNIVERSAL BEHAVIORAL
3 HEALTH CONSENT FORM TO BE USED AS AN OPTIONAL FORM FOR
4 AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION
5 REGARDING BEHAVIORAL HEALTH SERVICES. THE RELEASE FORM:

6 (I) MUST CONTAIN ALL ELEMENTS NECESSARY TO CONSTITUTE A
7 HIPAA-COMPLIANT AUTHORIZATION FOR DISCLOSURE OF AN INDIVIDUAL'S
8 PROTECTED HEALTH INFORMATION; AND

9 (II) MUST CONTAIN ALL ELEMENTS NECESSARY TO CONSTITUTE AN
10 AUTHORIZATION FOR DISCLOSURE OF AN INDIVIDUAL'S PROTECTED HEALTH
11 INFORMATION IN COMPLIANCE WITH 42 CFR 2 OR SUCCESSOR FEDERAL
12 REGULATIONS.

13 (b) THE BHA SHALL ENSURE THAT THE RELEASE FORM:

14 (I) CLEARLY STATES THAT THE RELEASE FORM PERMITS
15 DISCLOSURE OF AN INDIVIDUAL'S PROTECTED HEALTH INFORMATION BUT
16 DOES NOT REQUIRE DISCLOSURE;
17

18 (II) INCLUDES A SECTION ALLOWING AN INDIVIDUAL TO IDENTIFY
19 PERSONS WHO THE INDIVIDUAL HAS AUTHORIZED TO RECEIVE DISCLOSURE
20 OF THE INDIVIDUAL'S PROTECTED HEALTH INFORMATION;

21 (III) IS WRITTEN IN PLAIN LANGUAGE; AND

22 (IV) IS AVAILABLE IN MULTIPLE LANGUAGES.

23 (c) AN INDIVIDUAL MAY REVOKE OR AMEND THE INDIVIDUAL'S
24 RELEASE FORM AT ANY TIME. AN AMENDED RELEASE FORM IS EFFECTIVE:

25 (I) UPON THE INDIVIDUAL'S SIGNATURE; AND

26 (II) FOR TWO YEARS FOLLOWING THE DATE THAT THE INDIVIDUAL
27 SIGNED THE AMENDED FORM.

1 (d) AT LEAST EVERY TWELVE MONTHS, A COVERED ENTITY SHALL
2 ASK AN INDIVIDUAL WHO SIGNED A RELEASE FORM IF THE INDIVIDUAL
3 WOULD LIKE TO UPDATE ANY INFORMATION ON THE FORM.

4 (2) A RELEASE FORM IS EFFECTIVE FOR TWO YEARS FOLLOWING
5 THE DATE AN INDIVIDUAL SIGNS THE RELEASE FORM UNLESS THE
6 INDIVIDUAL EXECUTES A NEW RELEASE FORM OR AMENDS OR REVOKES THE
7 RELEASE FORM IN WRITING.

8 (3) NOTHING IN THIS SECTION REQUIRES A PERSON TO USE OR RELY
9 ON THE RELEASE FORM CREATED PURSUANT TO THIS SECTION WHEN
10 AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION
11 IS REQUIRED UNDER HIPAA OR 42 CFR 2.

12 (4) NOTHING IN THIS SECTION REQUIRES AUTHORIZATION WHEN
13 DISCLOSURE OF PROTECTED HEALTH INFORMATION IS PERMITTED WITHOUT
14 AUTHORIZATION UNDER HIPAA OR 42 CFR 2.

15 (5) IF A RELEASE FORM CONFLICTS OR IS INCONSISTENT WITH
16 ANOTHER AUTHORIZATION OR CONSENT FORM FOR AN INDIVIDUAL, A
17 PROVIDER OR COVERED ENTITY MAY CHOOSE WHETHER TO RELY UPON THE
18 RELEASE FORM AND INCURS NO LIABILITY AS A CONSEQUENCE OF
19 CHOOSING TO RELY UPON THE RELEASE FORM OR TO NOT RELY UPON THE
20 RELEASE FORM. A PROVIDER OR COVERED ENTITY INCURS NO LIABILITY
21 FOR NOT DISCLOSING INFORMATION PROVIDED IN A RELEASE FORM IF THE
22 PROVIDER OR COVERED ENTITY HAS A GOOD FAITH, REASONABLE BELIEF
23 THAT THE INDIVIDUAL HAS REVOKED THE RELEASE FORM. A PROVIDER OR
24 COVERED ENTITY IS PRESUMED TO HAVE ACTED IN GOOD FAITH AND WITH
25 A REASONABLE BELIEF. THIS PRESUMPTION MAY BE REBUTTED BY CLEAR
26 AND CONVINCING EVIDENCE.

27 (6) THE BHA MAY PROMULGATE RULES TO DEVELOP THE RELEASE

1 FORM.

2 (7) IN IMPLEMENTING THIS SECTION, THE DEPARTMENT SHALL
3 ENGAGE WITH AND SOLICIT FEEDBACK FROM INTERESTED AND IMPACTED
4 STAKEHOLDERS, INCLUDING STAKEHOLDERS WITH LEGAL EXPERTISE
5 REGARDING 42 CFR 2, OR SUCCESSOR FEDERAL REGULATIONS, AND
6 HIPAA; BEHAVIORAL HEALTH PROVIDERS, INCLUDING BEHAVIORAL
7 HEALTH SAFETY NET PROVIDERS; SUBSTANCE USE PROVIDERS;
8 REPRESENTATIVES OF CONSUMER ADVOCACY ORGANIZATIONS;
9 REPRESENTATIVES OF DISABILITY ADVOCACY ORGANIZATIONS; AND ANY
10 OTHER INDIVIDUALS THAT THE BHA DEEMS NECESSARY.

11 (8) THE DEPARTMENT SHALL MAKE THE RELEASE FORM AVAILABLE
12 TO THE PUBLIC ON THE DEPARTMENT'S WEBSITE. THE DEPARTMENT SHALL
13 NOTIFY AFFECTED COVERED ENTITIES ABOUT THE RELEASE FORM.

14 **27-50-110. Centralized digital consent repository working**
15 **group - duties - report - repeal.** (1) THE OFFICE OF E-HEALTH
16 INNOVATION IN THE GOVERNOR'S OFFICE SHALL CONVENE A WORKING
17 GROUP TO EVALUATE THE FEASIBILITY OF CREATING A CENTRALIZED
18 DIGITAL CONSENT REPOSITORY THAT:

19 (a) ALLOWS PATIENTS TO PROVIDE, EXTEND, DENY, AND REVOKE
20 CONSENT FOR SHARING THEIR MEDICAL DATA AND INFORMATION BETWEEN
21 PHYSICAL AND BEHAVIORAL HEALTH-CARE PROVIDERS, FAMILY MEMBERS,
22 COMMUNITY ORGANIZATIONS, PAYERS, AND STATE AGENCIES AT ANY
23 TIME;

24 (b) ENHANCES CARE COORDINATION AMONG PATIENTS, PROVIDERS,
25 AND FAMILY MEMBERS; AND

26 (c) ENSURES PATIENT DATA IS ACCURATELY RECORDED AND
27 SECURELY STORED.

1 (2) THE WORKING GROUP SHALL:

2 (a) REVIEW THE STATE'S EXISTING EFFORTS TO DEVELOP A
3 CENTRALIZED DIGITAL CONSENT REPOSITORY;

4 (b) DETERMINE THE PROCESS REQUIRED TO ESTABLISH A
5 CENTRALIZED DIGITAL CONSENT REPOSITORY;

6 (c) EVALUATE THE POTENTIAL COST OF IMPLEMENTING A
7 CENTRALIZED DIGITAL CONSENT REPOSITORY;

8 (d) IDENTIFY THE INFRASTRUCTURE NEEDED TO ESTABLISH A
9 CENTRALIZED DIGITAL CONSENT REPOSITORY;

10 (e) IDENTIFY BEST PRACTICES FOR PROTECTING PATIENT DATA;

11 (f) IDENTIFY SOLUTIONS FOR THE SECURE STORAGE OF DATA AND
12 FOR PATIENT AND PROVIDER ACCESS TO THE DATA;

13 (g) DISCUSS THE ROLE OF THE CENTRALIZED DIGITAL CONSENT
14 REPOSITORY IN CRISIS SITUATIONS AND HOW TO ENSURE EMERGENT
15 INFORMATION IS COMMUNICATED IN A TIMELY MANNER BETWEEN A
16 PATIENT, A PROVIDER OR FACILITY, AND OTHER AUTHORIZED PERSONS;

17 (h) ENGAGE WITH THE DEPARTMENT OF REGULATORY AGENCIES
18 REGARDING IMPLEMENTATION OF THE RELEASE FORMS; AND

19 (i) MAKE RECOMMENDATIONS ON ANY OTHER TOPICS THE
20 WORKING GROUP DEEMS RELEVANT.

21 (3) THE WORKING GROUP MAY CONSULT WITH ADDITIONAL
22 STAKEHOLDERS AND EXPERTS AS NEEDED TO INFORM THE WORKING
23 GROUP'S DISCUSSIONS AND TO ANSWER QUESTIONS TO ASSIST THE
24 WORKING GROUP IN FINALIZING ITS FINDINGS AND RECOMMENDATIONS.

25 (4) THE WORKING GROUP MUST INCLUDE INDIVIDUALS WITH LEGAL
26 EXPERTISE REGARDING 42 CFR 2, OR SUCCESSOR FEDERAL REGULATIONS,
27 AND HIPAA; A REPRESENTATIVE FROM THE BHA; A REPRESENTATIVE OF

1 A HEALTH INFORMATION ORGANIZATION NETWORK; A REPRESENTATIVE OF
2 A HOSPITAL; LICENSED BEHAVIORAL HEALTH PROVIDERS, INCLUDING
3 BEHAVIORAL HEALTH SAFETY NET PROVIDERS; SUBSTANCE USE
4 PROVIDERS; REPRESENTATIVES OF CONSUMER ADVOCACY ORGANIZATIONS;
5 REPRESENTATIVES OF DISABILITY ADVOCACY ORGANIZATIONS; AND ANY
6 OTHER INDIVIDUALS THAT THE OFFICE OF E-HEALTH INNOVATION
7 DETERMINES ARE NECESSARY.

8 (5) BEGINNING SEPTEMBER 1, 2024, THE WORKING GROUP SHALL
9 MEET AT LEAST ONCE IN EACH QUARTER OF THE CALENDAR YEAR TO
10 DEVELOP THE REPORT CREATED PURSUANT TO SUBSECTION (6) OF THIS
11 SECTION.

12 (6) (a) ON OR BEFORE JANUARY 1, 2026, THE WORKING GROUP
13 SHALL SUBMIT A REPORT INCLUDING RECOMMENDATIONS REGARDING THE
14 FEASIBILITY OF CREATING A CENTRALIZED DIGITAL CONSENT REPOSITORY
15 TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES
16 COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, AND
17 THE JOINT TECHNOLOGY COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

18 (b) THE OFFICE OF E-HEALTH INNOVATION SHALL MAKE THE
19 REPORT AVAILABLE TO THE PUBLIC ON THE OFFICE'S WEBSITE.

20 (7) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2026.

21 **27-50-111. Friends and family input form - rules - definition.**

22 (1) ON OR BEFORE JULY 1, 2025, THE BHA SHALL CREATE A FRIENDS AND
23 FAMILY INPUT FORM TO ALLOW AN INDIVIDUAL TO PROVIDE A TREATING
24 PROFESSIONAL OR A LICENSED OR DESIGNATED FACILITY OR
25 ORGANIZATION WITH PROTECTED INFORMATION RELATED TO A PATIENT
26 RECEIVING MENTAL HEALTH OR SUBSTANCE USE SERVICES, INCLUDING:

27 (a) INFORMATION ABOUT A PATIENT'S:

- 1 (I) DIAGNOSIS;
- 2 (II) PAST HOSPITALIZATIONS;
- 3 (III) DE-ESCALATION TECHNIQUES;
- 4 (IV) CURRENT AND PAST PROVIDERS AND THEIR CONTACT
- 5 INFORMATION;
- 6 (V) POTENTIAL TRIGGERS;
- 7 (VI) HOUSING STATUS;
- 8 (VII) FAMILY HISTORY, RELATIONSHIPS, OR SOCIAL CONTEXT;
- 9 (VIII) CURRENT MEDICAL CONDITIONS; AND
- 10 (IX) CURRENT AND PAST MEDICATIONS; AND
- 11 (b) ANY OTHER INFORMATION AS DETERMINED BY THE BHA BASED
- 12 ON FEEDBACK RECEIVED FROM STAKEHOLDERS.

13 (2) ON OR BEFORE OCTOBER 1, 2024, THE BHA SHALL CONVENE
14 ONE OR MORE MEETINGS TO OBTAIN INPUT AND RECOMMENDATIONS FROM
15 STAKEHOLDERS, INCLUDING CONSUMER ADVOCATES; BEHAVIORAL
16 HEALTH PROVIDERS, INCLUDING BEHAVIORAL HEALTH SAFETY NET
17 PROVIDERS; REPRESENTATIVES FROM THE DEPARTMENT OF PUBLIC HEALTH
18 AND ENVIRONMENT AND THE DEPARTMENT OF CORRECTIONS; INDIVIDUALS
19 WITH EXPERTISE IN STATE AND FEDERAL PRIVACY LAW; AND INDIVIDUALS
20 WHO HAVE ACCESSED MENTAL HEALTH OR SUBSTANCE USE SERVICES,
21 CONCERNING THE BEST PRACTICES FOR CREATION AND USE OF THE FRIENDS
22 AND FAMILY INPUT FORM DESCRIBED IN SUBSECTION (1) OF THIS SECTION.

23 (3) (a) THE FRIENDS AND FAMILY INPUT FORM MAY BE ACCEPTED
24 IN WRITING OR ELECTRONICALLY BY ANY HEALTH-CARE FACILITY OR
25 PROVIDER LICENSED OR DESIGNATED BY THE BHA, ANY LICENSEE AS
26 DEFINED IN SECTION 12-245-202 (8), ANY REGISTRANT AS DEFINED IN
27 SECTION 12-245-202 (16), THE DEPARTMENT OF PUBLIC HEALTH AND

1 ENVIRONMENT, THE DEPARTMENT OF CORRECTIONS, A COUNTY OR
2 DISTRICT PUBLIC HEALTH AGENCY, THE DEPARTMENT OF HEALTH CARE
3 POLICY AND FINANCING, OR ANY OTHER TREATMENT FACILITY FOR
4 INDIVIDUALS WITH BEHAVIORAL OR MENTAL HEALTH DISORDERS.

5 (b) COVERED ENTITIES MAY ACCEPT PARTIALLY COMPLETED
6 SUBMISSIONS OF THE FRIENDS AND FAMILY INPUT FORM.

7 (c) A TREATING PROFESSIONAL OR A LICENSED OR DESIGNATED
8 FACILITY OR ORGANIZATION SHALL NOT DISTRIBUTE THE FRIENDS AND
9 FAMILY INPUT FORM TO ANY OTHER ENTITY, UNLESS A PATIENT HAS
10 AUTHORIZED THE DISCLOSURE OF THE PATIENT'S FORM OR OF THE
11 PATIENT'S FULL MENTAL HEALTH RECORD OR UNLESS A COURT OR OTHER
12 LEGAL AUTHORITY HAS ORDERED SUCH DISCLOSURE.

13 (d) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO MODIFY OR
14 ALTER ANY GENERALLY ACCEPTED ETHICS, STANDARDS, PROTOCOLS, OR
15 LAWS GOVERNING TREATING PROFESSIONALS. A COVERED ENTITY,
16 TREATING PROFESSIONAL, OR THE PROFESSIONAL'S DESIGNEE IS NOT
17 SUBJECT TO ANY CIVIL, CRIMINAL, OR REGULATORY SANCTION FOR ACTING
18 OR FAILING TO ACT IN RESPONSE TO THE INFORMATION CONTAINED IN THE
19 FRIENDS AND FAMILY INPUT FORM OR FOR DECLINING TO ACCEPT A
20 FRIENDS AND FAMILY INPUT FORM.

21 (e) IF A PATIENT EXPLICITLY OBJECTS TO A COVERED ENTITY
22 RECEIVING INFORMATION REGARDING THE PATIENT FROM A SPECIFIC
23 INDIVIDUAL, THE COVERED ENTITY SHALL NOT ACCEPT INFORMATION
24 FROM THE SPECIFIC INDIVIDUAL.

25 (4) (a) A FRIEND OR FAMILY MEMBER PROVIDING INFORMATION
26 ABOUT AN INDIVIDUAL SHALL ENSURE THE INFORMATION IS ACCURATE TO
27 THE BEST KNOWLEDGE OF THE FRIEND OR FAMILY MEMBER PROVIDING THE

1 INFORMATION.

2 (b) (I) IT IS UNLAWFUL FOR AN INDIVIDUAL TO KNOWINGLY AND
3 INTENTIONALLY MAKE A FALSE STATEMENT ON A FRIENDS AND FAMILY
4 INPUT FORM.

5 (II) AN INDIVIDUAL WHO KNOWINGLY AND INTENTIONALLY MAKES
6 A FALSE STATEMENT ON A FRIENDS AND FAMILY INPUT FORM COMMITS AN
7 UNCLASSIFIED MISDEMEANOR AND, UPON CONVICTION OF THE
8 MISDEMEANOR, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN ONE
9 THOUSAND DOLLARS.

10 (5) (a) AN INDIVIDUAL WITH A CLOSE, PERSONAL INTEREST IN THE
11 WELL-BEING OF THE PATIENT MAY PROVIDE INFORMATION PURSUANT TO
12 THIS SUBSECTION (5).

13 (b) A TREATING PROFESSIONAL OR A LICENSED OR DESIGNATED
14 FACILITY OR ORGANIZATION MAY ACCEPT INPUT IN WRITING OR THROUGH
15 E-MAIL FROM ANOTHER INDIVIDUAL.

16 (c) A TREATING PROFESSIONAL OR A LICENSED OR DESIGNATED
17 FACILITY OR ORGANIZATION MAY ACCEPT INPUT VERBALLY, INCLUDING
18 THROUGH VOICEMAIL. IF A TREATING PROFESSIONAL OR A LICENSED OR
19 DESIGNATED FACILITY OR ORGANIZATION ACCEPTS INPUT VERBALLY, THE
20 TREATING PROFESSIONAL OR LICENSED OR DESIGNATED FACILITY OR
21 ORGANIZATION SHALL ESTABLISH AND DOCUMENT THE PROCESS FOR
22 ACCEPTING VERBAL INPUT.

23 (d) THE PROVIDER SHALL ACKNOWLEDGE RECEIPT OF THE INPUT
24 PROVIDED PURSUANT TO THIS SUBSECTION (5) BUT IS NOT REQUIRED TO
25 DISCLOSE ADDITIONAL INFORMATION.

26 (6) (a) IF THE DISCLOSURES ARE PERMITTED BY HIPAA, A
27 PROVIDER MAY SHARE A PATIENT'S INFORMATION WITH FAMILY, FRIENDS,

1 OR ANY INDIVIDUAL WITH A CLOSE, PERSONAL INTEREST IN THE
2 WELL-BEING OF THE PATIENT WITHOUT THE PATIENT'S CONSENT IF THE
3 PATIENT IS NOT PRESENT OR IS INCAPACITATED AND THE TREATING
4 PROFESSIONAL OR THE PROFESSIONAL'S DESIGNEE DETERMINES, BASED ON
5 PROFESSIONAL JUDGMENT, THAT IT IS IN THE BEST INTEREST OF THE
6 PATIENT.

7 (b) IF A PROVIDER DISCLOSES INFORMATION ABOUT A PATIENT
8 WITHOUT THE PATIENT'S CONSENT PURSUANT TO SUBSECTION (6)(a) OF
9 THIS SECTION, THE PROVIDER SHALL DISCUSS ONLY THE INFORMATION
10 THAT AN INDIVIDUAL INVOLVED NEEDS TO KNOW ABOUT A PATIENT'S CARE
11 OR PAYMENT.

12 (c) A PROVIDER OR FACILITY SHALL NOT INFORM A PATIENT'S
13 FAMILY, FRIENDS, OR ANY INDIVIDUAL WITH A CLOSE, PERSONAL INTEREST
14 IN THE WELL-BEING OF THE PATIENT ABOUT A PAST MEDICAL PROBLEM
15 THAT IS UNRELATED TO THE PATIENT'S CURRENT CONDITION.

16 (d) A PROVIDER IS NOT REQUIRED BY HIPAA TO SHARE A
17 PATIENT'S INFORMATION WHEN THE PATIENT IS NOT PRESENT OR IS
18 INCAPACITATED. THE PROVIDER MAY WAIT UNTIL THE PATIENT HAS THE
19 OPPORTUNITY TO AGREE TO THE DISCLOSURE.

20 (7) THE BHA SHALL CREATE A RESOURCE PAGE FOR BOTH
21 PROVIDERS AND FAMILIES ON ITS WEBSITE THAT INCLUDES THE FRIENDS
22 AND FAMILY INPUT FORM AND INFORMATION FROM FEDERAL GUIDANCE
23 DOCUMENTS AND SHALL NOTIFY INTERESTED STAKEHOLDERS OF THE
24 AVAILABILITY OF THE FRIENDS AND FAMILY INPUT FORM AND RESOURCE
25 PAGE.

26 (8) THE BHA MAY PROMULGATE RULES TO IMPLEMENT THIS
27 SECTION.

1 **SECTION 3. Safety clause.** The general assembly finds,
2 determines, and declares that this act is necessary for the immediate
3 preservation of the public peace, health, or safety or for appropriations for
4 the support and maintenance of the departments of the state and state
5 institutions.