

CHAPTER 590

(Senate Bill 566)

AN ACT concerning

Health Care Facility Visitation and Medical Decisions – Domestic Partners

FOR the purpose of requiring certain health care facilities to allow domestic partners and certain relatives of domestic partners to visit a domestic partner except under certain circumstances; requiring two adults to be treated as domestic partners under certain circumstances related to medical emergencies; providing that a health care agent retains certain authority to make certain decisions notwithstanding certain provisions of law; providing that an individual who asserts a domestic partnership may be required to provide certain proof; prohibiting the Department of Health and Mental Hygiene from denying a domestic partner the right to inspect a record to permit a disinterment or reinterment of a body; authorizing a domestic partner to give consent to conduct a postmortem examination of a certain body; authorizing a domestic partner to arrange for the final disposition of the body of a decedent under certain circumstances; authorizing a domestic partner to make the health care decisions for a certain person; authorizing a domestic partner of a certain patient to petition a court to enjoin the actions of a certain health care provider; authorizing a domestic partner to accompany an individual being transported from one health care facility to another health care facility under certain circumstances; establishing that a domestic partner may be a representative of a deceased from whom a hospital is asking for authorization for a human organ donation; prohibiting a hospital from billing a domestic partner for the costs associated with the deceased domestic partner's organ donation; requiring that domestic partners be given the opportunity to share a room in a certain facility under certain circumstances; requiring certain related institutions to allow a resident who is a party to a domestic partnership to have privacy during a visit by the other domestic partner; authorizing a domestic partner of a resident of a facility to file a certain complaint; authorizing a domestic partner to arrange the final disposition of the body of a decedent with a mortician under certain circumstances; establishing that for purposes of an interest in the property of a burial site, a domestic partner is a person in interest; establishing that a domestic partner is a next of kin for purposes of making anatomical gifts of a decedent; defining certain terms; making the provisions of this Act severable; providing for the construction of this Act; and generally relating to health care facility visitation and medical decisions by a domestic partner.

BY repealing and reenacting, with amendments,
Article – Health – General

Section 1–101, 4–215(e), 5–501(b), 5–509(c), 5–605(a)(2), 5–612(b), 10–807(e),
19–310(a)(4) and (7), and 19–344(h), (k), and (q)(1)
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, without amendments,
Article – Health – General
Section 4–215(a), 5–501(a), 5–509(a), 5–605(a)(1), 5–612(a), 10–807(a), and
19–344(a)
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY adding to
Article – Health – General
Section 6–101 through 6–203 to be under the new title “Title 6. Health Care
Facility Visitation and Medical Emergencies”
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, without amendments,
Article – Health Occupations
Section 7–410(a)
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, with amendments,
Article – Health Occupations
Section 7–410(c)
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, with amendments,
Article – Real Property
Section 14–121(a)
Annotated Code of Maryland
(2003 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, with amendments,
Article – Estates and Trusts
Section 4–501
Annotated Code of Maryland
(2001 Replacement Volume and 2007 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

1–101.

(a) In this article the following words have the meanings indicated.

(b) “County” means a county of this State and, unless expressly provided otherwise, Baltimore City.

(c) “Department” means the Department of Health and Mental Hygiene.

(D) “DOMESTIC PARTNER” MEANS AN INDIVIDUAL WHO MEETS THE REQUIREMENTS OF § 6–101 OF THIS ARTICLE.

[(d)] **(E)** “Health officer” means, unless expressly provided otherwise, the Baltimore City Commissioner of Health or the health officer of a county.

[(e)] **(F)** “Includes” or “including” means includes or including by way of illustration and not by way of limitation.

[(f)] **(G)** “Local health planning agency” means the health department of a jurisdiction or a body designated by the local health department to perform health planning functions.

[(g)] **(H)** “Medical examiner” means:

- (1) The Chief Medical Examiner;
- (2) The Deputy Chief Medical Examiner;
- (3) Any assistant medical examiner; or
- (4) Any deputy medical examiner.

[(h)] **(I)** “Person” means an individual, receiver, trustee, guardian, personal representative, fiduciary, or representative of any kind and any partnership, firm, association, corporation, or other entity.

[(i)] **(J)** “Physician” means an individual who is authorized under the Maryland Medical Practice Act to practice medicine in this State.

[(j)] **(K)** “Secretary” means the Secretary of Health and Mental Hygiene.

[(k)] **(L)** “State” means:

- (1) A state, possession, or territory of the United States;

- (2) The District of Columbia; or
- (3) The Commonwealth of Puerto Rico.

4-215.

(a) In this section, "cemetery" includes a crematory or other place for final disposition.

(e) (1) A permit for disinterment and reinterment is required before the disinterment of human remains if reinterment is not to be made in the same cemetery. The Secretary or a health officer shall issue the permit after receipt of an application on the form that the Secretary requires.

(2) If all human remains in a cemetery are to be disinterred for purposes of relocation or abandonment of the cemetery, one application is sufficient for that purpose.

(3) The Department shall keep a record of each permit issued for the disinterment and reinterment of human remains.

(4) Except as provided in paragraph (5) of this subsection, the Department may not disclose or allow public inspection of information in a permit record about the location of the site of a disinterment or reinterment if a local burial sites advisory board or the Director of the Maryland Historical Trust determines that:

(i) The site is historic property, as defined in § 5A-301 of the State Finance and Procurement Article; and

(ii) Disclosure would create a substantial risk of harm, theft, or destruction to the site.

(5) The Department may not deny inspection of a permit record to:

(i) The owner of the site of the disinterment or reinterment;

(ii) A governmental entity that has the power of eminent domain; or

(iii) The spouse, **DOMESTIC PARTNER**, next of kin, or appointed personal representative of the deceased whose human remains have been disinterred or reinterred.

5-501.

(a) Consent for a postmortem examination of a body by a physician is sufficient if the consent is given as provided in this section.

(b) (1) The consent may be given by any one of the following persons if that person, whether alone or with another, has assumed control of the body for its final disposition:

(i) A parent;

(ii) A spouse;

(III) A DOMESTIC PARTNER;

~~[(iii)]~~ **(IV)** A child;

~~[(iv)]~~ **(V)** A guardian;

~~[(v)]~~ **(VI)** A next of kin; or

~~[(vi)]~~ **(VII)** In the absence of these persons, any other person.

(2) If a person does not assume control of a body under paragraph (1) of this subsection, the consent may be given by the State Anatomy Board.

5-509.

(a) Any individual who is 18 years of age or older may decide the disposition of the individual's own body after that individual's death without the predeath or post-death consent of another person by executing a document that expresses the individual's wishes regarding disposition of the body or by entering into a pre-need contract.

(c) Unless a person has knowledge that contrary directions have been given by the decedent, if a decedent has not executed a document under subsection (a) of this section, the following persons, in the order of priority stated, have the right to arrange for the final disposition of the body of the decedent, including by cremation under § 5-502 of this subtitle:

(1) The surviving spouse **OR DOMESTIC PARTNER** of the decedent;

(2) An adult child of the decedent;

(3) A parent of the decedent;

(4) An adult brother or sister of the decedent;

(5) A person acting as a representative of the decedent under a signed authorization of the decedent;

(6) The guardian of the person of the decedent at the time of the decedent's death, if one has been appointed; or

(7) In the absence of any person under paragraphs (1) through (6) of this subsection, any other person willing to assume the responsibility to act as the authorizing agent for purposes of arranging the final disposition of the decedent's body, including the personal representative of the decedent's estate, after attesting in writing that a good faith effort has been made to no avail to contact the individuals under paragraphs (1) through (6) of this subsection.

5-605.

(a) (1) In this subsection, "unavailable" means:

(i) After reasonable inquiry, a health care provider is unaware of the existence of a health care agent or surrogate decision maker;

(ii) After reasonable inquiry, a health care provider cannot ascertain the whereabouts of a health care agent or surrogate decision maker;

(iii) A health care agent or surrogate decision maker has not responded in a timely manner, taking into account the health care needs of the individual, to a written or oral message from a health care provider;

(iv) A health care agent or surrogate decision maker is incapacitated; or

(v) A health care agent or surrogate decision maker is unwilling to make decisions concerning health care for the individual.

(2) The following individuals or groups, in the specified order of priority, may make decisions about health care for a person who has been certified to be incapable of making an informed decision and who has not appointed a health care agent in accordance with this subtitle or whose health care agent is unavailable. Individuals in a particular class may be consulted to make a decision only if all individuals in the next higher class are unavailable:

(i) A guardian for the patient, if one has been appointed;

(ii) The patient's spouse **OR DOMESTIC PARTNER**;

(iii) An adult child of the patient;

(iv) A parent of the patient;

(v) An adult brother or sister of the patient; or

(vi) A friend or other relative of the patient who meets the requirements of paragraph (3) of this subsection.

5-612.

(a) (1) A health care provider for an individual incapable of making an informed decision who believes that an instruction to withhold or withdraw a life-sustaining procedure from the patient is inconsistent with generally accepted standards of patient care shall:

(i) Petition a patient care advisory committee for advice concerning the withholding or withdrawal of the life-sustaining procedure from the patient if the patient is in a hospital or related institution; or

(ii) File a petition in a court of competent jurisdiction seeking injunctive or other relief relating to the withholding or withdrawal of the life-sustaining procedure from the patient.

(2) In reviewing a petition filed under paragraph (1) of this subsection, the court shall follow the standards set forth in §§ 13-711 through 13-713 of the Estates and Trusts Article.

(b) On petition of the patient's spouse, **DOMESTIC PARTNER**, a parent, adult child, grandchild, brother, or sister of the patient, or a friend or other relative who has qualified as a surrogate under § 5-605 of this subtitle to a circuit court of the county or city in which the patient for whom treatment will be or is currently being provided, withheld, or withdrawn under this subtitle resides or is located, the court may enjoin that action upon finding by a preponderance of the evidence that the action is not lawfully authorized by this subtitle or by other State or federal law.

TITLE 6. HEALTH CARE FACILITY VISITATION AND MEDICAL EMERGENCIES.

SUBTITLE 1. IN GENERAL.

6-101.

(A) IN THIS TITLE, "DOMESTIC PARTNERSHIP" MEANS A RELATIONSHIP BETWEEN TWO INDIVIDUALS WHO:

(1) ARE AT LEAST 18 YEARS OLD;

(2) ARE NOT RELATED TO EACH OTHER BY BLOOD OR MARRIAGE WITHIN FOUR DEGREES OF CONSANGUINITY UNDER CIVIL LAW RULE;

(3) ARE NOT MARRIED OR IN A CIVIL UNION OR DOMESTIC PARTNERSHIP WITH ANOTHER INDIVIDUAL; AND

(4) AGREE TO BE IN A RELATIONSHIP OF MUTUAL INTERDEPENDENCE IN WHICH EACH INDIVIDUAL CONTRIBUTES TO THE MAINTENANCE AND SUPPORT OF THE OTHER INDIVIDUAL AND THE RELATIONSHIP, EVEN IF BOTH INDIVIDUALS ARE NOT REQUIRED TO CONTRIBUTE EQUALLY TO THE RELATIONSHIP.

(B) AN INDIVIDUAL WHO ASSERTS A DOMESTIC PARTNERSHIP UNDER SUBSECTION (A) OF THIS SECTION MAY BE REQUIRED TO PROVIDE ~~PROOF~~:

(1) AN AFFIDAVIT SIGNED UNDER PENALTY OF PERJURY BY TWO INDIVIDUALS STATING THAT THEY HAVE ESTABLISHED A DOMESTIC PARTNERSHIP; AND

(2) PROOF OF ANY TWO OF THE FOLLOWING DOCUMENTS:

~~(1)~~ (I) JOINT LIABILITY OF THE INDIVIDUALS FOR A MORTGAGE, LEASE, OR LOAN;

~~(2)~~ (II) THE DESIGNATION OF ONE OF THE INDIVIDUALS AS THE PRIMARY BENEFICIARY UNDER A LIFE INSURANCE POLICY ON THE LIFE OF THE OTHER INDIVIDUAL OR UNDER A RETIREMENT PLAN OF THE OTHER INDIVIDUAL;

~~(3)~~ (III) THE DESIGNATION OF ONE OF THE INDIVIDUALS AS THE PRIMARY BENEFICIARY OF THE WILL OF THE OTHER INDIVIDUAL;

~~(4)~~ (IV) A DURABLE POWER OF ATTORNEY FOR HEALTH CARE OR FINANCIAL MANAGEMENT GRANTED BY ONE OF THE INDIVIDUALS TO THE OTHER INDIVIDUAL;

~~(5)~~ (V) JOINT OWNERSHIP OR LEASE BY THE INDIVIDUALS OF A MOTOR VEHICLE;

~~(6) A JOINT CHECKING ACCOUNT, JOINT INVESTMENTS, OR A JOINT CREDIT ACCOUNT;~~

(VI) A JOINT CHECKING ACCOUNT, JOINT INVESTMENTS, OR A JOINT CREDIT ACCOUNT;

~~(7)~~ ~~(VI)~~ (VII) A JOINT RENTER'S OR HOMEOWNER'S INSURANCE POLICY;

~~(8)~~ ~~(VII)~~ (VIII) COVERAGE ON A HEALTH INSURANCE POLICY;

~~(9)~~ ~~(VIII)~~ (IX) JOINT RESPONSIBILITY FOR CHILD CARE, SUCH AS GUARDIANSHIP OR SCHOOL DOCUMENTS; OR

~~(10)~~ ~~(IX)~~ (X) A RELATIONSHIP OR COHABITATION CONTRACT; OR,

~~(11) DOCUMENTATION OF A MARRIAGE, CIVIL UNION, OR DOMESTIC PARTNERSHIP ENTERED INTO SUBJECT TO THE LAWS OF THE UNITED STATES, ANY STATE, OR LOCAL OR FOREIGN JURISDICTION.~~

SUBTITLE 2. VISITATION AND MEDICAL EMERGENCIES.

6-201.

(A) A HOSPITAL, RELATED INSTITUTION, OR RESIDENTIAL TREATMENT CENTER, AS DEFINED IN § 19-301 OF THIS ARTICLE, SHALL ALLOW A PATIENT'S OR RESIDENT'S DOMESTIC PARTNER, THE CHILDREN OF THE PATIENT'S OR RESIDENT'S DOMESTIC PARTNER, AND THE DOMESTIC PARTNER OF THE PATIENT'S OR RESIDENT'S PARENT OR CHILD TO VISIT, UNLESS:

(1) NO VISITORS ARE ALLOWED;

(2) THE FACILITY REASONABLY DETERMINES THAT THE PRESENCE OF A PARTICULAR VISITOR WOULD ENDANGER THE HEALTH OR SAFETY OF A PATIENT, RESIDENT, OR MEMBER OF THE FACILITY STAFF; OR

(3) THE PATIENT OR RESIDENT OR THE PATIENT'S OR RESIDENT'S PERSONAL REPRESENTATIVE TELLS THE FACILITY STAFF THAT THE PATIENT OR RESIDENT DOES NOT WANT A PARTICULAR PERSON TO VISIT.

(B) THIS SECTION DOES NOT PROHIBIT A HOSPITAL, RELATED INSTITUTION, OR RESIDENTIAL TREATMENT CENTER FROM ESTABLISHING REASONABLE RESTRICTIONS ON VISITATION, INCLUDING RESTRICTIONS ON THE HOURS OF VISITATION AND NUMBER OF VISITORS.

6-202.

(A) IN THE CASE OF A MEDICAL EMERGENCY, TWO ADULTS SHALL BE TREATED AS DOMESTIC PARTNERS IF ONE OF THE ADULTS, IN GOOD FAITH, TELLS THE EMERGENCY MEDICAL PROVIDER OR HOSPITAL PERSONNEL THAT THE ADULTS ARE IN A MUTUALLY INTERDEPENDENT RELATIONSHIP, FOR THE FOLLOWING PURPOSES ONLY:

(1) ALLOWING ONE ADULT TO ACCOMPANY THE ILL OR INJURED ADULT BEING TRANSPORTED TO A HOSPITAL IN AN EMERGENCY VEHICLE; AND

(2) VISITATION WITH THE ILL OR INJURED ADULT ADMITTED TO A HOSPITAL ON AN EMERGENCY BASIS ON THE SAME BASIS AS A MEMBER OF THE ILL OR INJURED ADULT'S IMMEDIATE FAMILY.

6-203.

NOTWITHSTANDING ANY PROVISIONS OF THIS TITLE OR ANY OTHER PROVISION OF LAW, IF A DOMESTIC PARTNER HAS SELECTED A HEALTH CARE AGENT IN ACCORDANCE WITH TITLE 5, SUBTITLE 6 OF THIS ARTICLE, THAT HEALTH CARE AGENT RETAINS THE AUTHORITY TO MAKE ANY DECISIONS FOR THE DOMESTIC PARTNER THAT ARE PROVIDED FOR IN THE SELECTION OF THE HEALTH CARE AGENT UNTIL THE HEALTH CARE AGENCY HAS BEEN REVOKED IN ACCORDANCE WITH THE PROVISIONS OF TITLE 5, SUBTITLE 6 OF THIS ARTICLE.

10-807.

(a) The Director may transfer an individual from a public facility to another public facility or, if a private facility agrees, to that private facility, if the Director finds that:

(1) The individual either can receive better care or treatment in or would be more likely to benefit from care or treatment at the other facility; or

(2) The safety or welfare of other individuals would be furthered.

(e) An individual may not be transported to or from any facility unless accompanied by:

(1) An ambulance attendant or other individual who is authorized by the facility and is of the same sex. However, the chief executive officer of the facility or that officer's designee may designate an ambulance attendant or other person of either sex to provide transportation to an individual, if deemed appropriate; or

(2) The parent, spouse, **DOMESTIC PARTNER**, adult sibling, or adult offspring of the individual.

19–310.

(a) (4) (i) Except as provided in paragraph (10) of this subsection, when an individual dies in a hospital in accordance with § 5–202 of this article, a representative of the appropriate organ, tissue, or eye recovery agency or a designated requestor shall request, with sensitivity, in the order of stated priority, that the individual’s representative consent to the donation of all or any of the decedent’s organs or tissues as an anatomical donation if suitable.

(ii) For the purposes of subparagraph (i) of this paragraph, the representative of the deceased individual is 1 of the following individuals listed in the following order of priority:

1. A spouse **OR DOMESTIC PARTNER**, but, if not alive or not competent, then;

2. A son or daughter who is at least 18 years old, but, if not alive, competent, or immediately available, then;

3. A parent, but, if not alive, competent, or immediately available, then;

4. A brother or sister who is at least 18 years old, but, if not alive or not competent, then;

5. A guardian;

6. A friend or other relative of the decedent, if the individual:

A. Is a competent individual; and

B. Presents an affidavit to the attending physician stating:

I. That the individual is a relative or close friend of the decedent; and

II. Specific facts and circumstances demonstrating that the individual maintained regular contact with the decedent sufficient to be familiar with the decedent’s activities, health, and personal beliefs; or

7. Any other person authorized or required to dispose of the body.

(iii) 1. This paragraph does not apply if the decedent has given contrary directions.

2. The failure of the decedent to make a gift is not a contrary direction for purposes of this paragraph.

(iv) Contrary directions given by the decedent under this paragraph shall be recorded in the decedent's medical record.

(v) The representative of the appropriate organ, tissue, or eye recovery agency or the designated requestor and the representative of the deceased patient are entitled to protection from civil and criminal liability as provided in § 4-508(b) of the Estates and Trusts Article.

(7) A hospital may not bill the estate of the decedent, a surviving spouse **OR DOMESTIC PARTNER** of the decedent, any heirs of the decedent, or an insurer of the decedent for the costs associated with the removal of all or any of the decedent's organs or tissues for the purpose of an anatomical donation.

19-344.

(a) To carry out the policy set forth in § 19-343 of this subtitle, the following procedures are required for all services provided to a resident of a facility.

(h) If it is feasible to do so and not medically contraindicated, spouses **OR DOMESTIC PARTNERS** who are both residents of the facility shall be given the opportunity to share a room.

(k) **(1)** Each married resident of a facility shall have privacy during a visit by the spouse.

(2) EACH RESIDENT OF A FACILITY WHO HAS A DOMESTIC PARTNER SHALL HAVE PRIVACY DURING A VISIT BY THE OTHER DOMESTIC PARTNER.

(q) **(1)** A resident of a facility or the next of kin **OR DOMESTIC PARTNER** or guardian of the person of a resident may file a complaint about an alleged violation of this section.

Article - Health Occupations

7-410.

(a) Any individual who is 18 years of age or older may decide the disposition of the individual's own body after the individual's death without the pre-death or post-death consent of another person by executing a document that expresses the individual's wishes or by entering into a pre-need contract.

(c) Unless a person has knowledge that contrary directions have been given by the decedent, if a decedent has not executed a document under subsection (a) of this section, the following persons, in the order of priority stated, have the right to arrange for the final disposition of the body of the decedent under this section and are liable for the reasonable costs of preparation, care, and disposition of the decedent:

(1) The surviving spouse **OR DOMESTIC PARTNER, AS DEFINED IN § 1-101 OF THE HEALTH - GENERAL ARTICLE**, of the decedent;

(2) An adult child of the decedent;

(3) A parent of the decedent;

(4) An adult brother or sister of the decedent;

(5) A person acting as a representative of the decedent under a signed authorization of the decedent;

(6) The guardian of the person of the decedent at the time of the decedent's death, if a guardian has been appointed; or

(7) In the absence of any person under paragraphs (1) through (6) of this subsection, any other person willing to assume the responsibility to act as the authorizing agent for purposes of arranging the final disposition of the decedent's body, including the personal representative of the decedent's estate, after attesting in writing that a good faith effort has been made to no avail to contact the persons described in paragraphs (1) through (6) of this subsection.

Article - Real Property

14-121.

(a) (1) In this section the following words have the meanings indicated.

(2) (i) "Burial site" means any natural or prepared physical location, whether originally located below, on, or above the surface of the earth into which human remains or associated funerary objects are deposited as a part of a death rite or ceremony of any culture, religion, or group.

(ii) “Burial site” includes the human remains and associated funerary objects that result from a shipwreck or accident and are intentionally left to remain at the site.

(3) “Cultural affiliation” means a relationship of shared group identity that can be reasonably traced historically between a present-day group, tribe, band, or clan and an identifiable earlier group.

(4) “Person in interest” means a person who:

(i) Is related by blood or marriage to the person interred in a burial site;

(ii) IS A DOMESTIC PARTNER, AS DEFINED IN § 1-101 OF THE HEALTH – GENERAL ARTICLE, OF A PERSON INTERRED IN A BURIAL SITE;

~~[(ii)]~~ **(iii)** Has a cultural affiliation with the person interred in a burial site; or

~~[(iii)]~~ **(iv)** Has an interest in a burial site that the Office of the State’s Attorney for the county where the burial site is located recognizes is in the public interest after consultation with a local burial sites advisory board or, if such a board does not exist, the Maryland Historical Trust.

Article – Estates and Trusts

4-501.

(a) In this subtitle the following words have the meanings indicated.

(b) “Body” or “part of body” includes organs, tissues, bones, blood, and other body fluids.

(c) “Licensed hospital” includes any hospital licensed by the State Department of Health and Mental Hygiene under the laws of the State, and any hospital operated by the United States government, although not required to be licensed under the laws of the State.

(d) “Next of kin” includes spouse **AND DOMESTIC PARTNER, AS DEFINED IN § 1-101 OF THE HEALTH – GENERAL ARTICLE.**

(e) “Person” means any individual, corporation, government or governmental agency or subdivision, estate, trust, partnership or association, or any other legal entity.

(f) “Physician” or “surgeon” means any physician or surgeon licensed to practice under the laws of the State.

SECTION 2. AND BE IT FURTHER ENACTED, That if any provision of this Act or the application thereof to any person or circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity does not affect other provisions or any other application of this Act which can be given effect without the invalid provision or application, and for this purpose the provisions of this Act are declared severable.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act may not be construed to have any effect on § 2-201 of the Family Law Article.

SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2008.

Approved by the Governor, May 22, 2008.