

Chapter 532

(House Bill 116)

AN ACT concerning

Public Health – Correctional Services – Opioid Use Disorder Examinations and Treatment

FOR the purpose of ~~repealing the requirement for a certain inmate to be placed on a properly supervised program of methadone detoxification under certain circumstances;~~ requiring State and local correctional facilities to conduct certain assessments and examinations of inmates to determine whether certain opioid treatment or medication-assisted treatment for opioid addiction is appropriate under certain circumstances; requiring State and local correctional facilities to provide medication-assisted treatment, behavioral health counseling, and access to peer recovery specialists to inmates suffering from opioid use disorder under certain circumstances; requiring local correctional facilities to make available at least certain treatments; requiring State and local correctional facilities to evaluate and offer certain treatment to pregnant women with an opioid use disorder as soon as practicable; authorizing inmates to participate in peer recovery specialist training under certain circumstances; establishing certain procedures and standards to determine opioid use disorder and treatment of addicted inmates; repealing the requirement for the State to fund a certain program of methadone detoxification; requiring the State to fund a certain program of opioid use disorder screening, examination, and treatment; requiring the ~~Maryland Commission on Correctional Standards~~ Governor's Office of Crime Control and Prevention to report to the Maryland General Assembly on certain information regarding the examination and treatment outcomes of inmates with an opioid use disorder; requiring the ~~Maryland Commission on Correctional Standards and~~ Department of Public Safety and Correctional Services and the Maryland Department of Health to develop a timetable in accordance with medical best practices, for all inmates to receive assessments, examinations, or treatment; requiring the Governor's Office of Crime Control and Prevention, the Maryland Department of Health, and the Maryland Correctional Administrators Association to evaluate the implementation of certain provisions of this Act and make a certain determination; requiring the Department of Public Safety and Correctional Services to make a certain report to certain committees under certain circumstances; requiring the Department of Public Safety and Correctional Services to establish a certain program, beginning on or before a certain date; requiring the Governor's Office of Crime Control and Prevention, the Department of Public Safety and Correctional Services, and the Maryland Department of Health to apply for federal funding to support the implementation of this Act and make a certain report; providing for the construction of this Act; providing for the application of certain provisions of this Act; providing for the termination of certain provisions of this Act; defining certain terms; and generally relating to opioid use disorder examinations and treatment of inmates.

BY repealing and reenacting, with amendments,
 Article – Correctional Services
 Section 9–603
 Annotated Code of Maryland
 (2017 Replacement Volume and 2018 Supplement)

BY adding to
Article – Correctional Services
Section 9–603.1
Annotated Code of Maryland
(2017 Replacement Volume and 2018 Supplement)

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

Article – Correctional Services

9–603.

(A) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE REQUIREMENTS UNDER THIS SECTION SHALL APPLY TO:

(I) LOCAL DETENTION CENTERS IN THE FOLLOWING COUNTIES BY JANUARY 1, 2020:

- 1. HOWARD COUNTY;**
- 2. MONTGOMERY COUNTY;**
- 3. PRINCE GEORGE’S COUNTY; AND**
- 4. ST. MARY’S COUNTY; AND**

(II) LOCAL DETENTION CENTERS IN SIX ADDITIONAL COUNTIES BY OCTOBER 1, 2021.

(2) (I) THE GOVERNOR’S OFFICE OF CRIME CONTROL AND PREVENTION, THE MARYLAND DEPARTMENT OF HEALTH, AND THE MARYLAND CORRECTIONAL ADMINISTRATORS ASSOCIATION SHALL EVALUATE THE IMPLEMENTATION OF THE REQUIREMENTS OF THIS SECTION AND DETERMINE A SCHEDULE TO ADD ADDITIONAL COUNTIES, PROVIDED THAT THE PROVISIONS OF THIS SECTION SHALL APPLY TO ALL LOCAL DETENTION CENTERS AND THE BALTIMORE PRE–TRIAL COMPLEX BY JANUARY 2023.

(II) IF THE BALTIMORE PRE-TRIAL COMPLEX HAS NOT FULLY IMPLEMENTED THE PROVISIONS OF THIS SECTION BY JANUARY 2023, THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE JUDICIARY COMMITTEE, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, ON THE STATUS AND TIMELINE OF IMPLEMENTATION.

(III) FUNDING FOR THE PROGRAM AT THE BALTIMORE PRE-TRIAL COMPLEX SHALL BE AS PROVIDED IN THE STATE BUDGET.

~~[(a) An inmate in a State or local correctional facility shall be placed on a properly supervised program of methadone detoxification if:~~

- ~~(1) a physician determines that the inmate is an addict;~~
- ~~(2) the treatment is prescribed by a physician; and~~
- ~~(3) the inmate consents in writing to the treatment.]~~

~~(A)~~ **(B) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

(2) “HEALTH CARE PRACTITIONER” MEANS:

~~(I) A PHYSICIAN AUTHORIZED BY LAW TO PRACTICE MEDICINE IN THE STATE, AS DEFINED UNDER § 14-101 OF THE HEALTH OCCUPATIONS ARTICLE;~~

~~(II) A PHYSICIAN’S ASSISTANT LICENSED TO ACT AS AN ASSISTANT TO A LICENSED PHYSICIAN UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE; OR~~

~~(III) A NURSE PRACTITIONER, AS DEFINED UNDER § 8-508 OF THE HEALTH OCCUPATIONS ARTICLE~~ **AN INDIVIDUAL WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED TO PRACTICE UNDER THE HEALTH OCCUPATIONS ARTICLE.**

(3) “INMATE” MEANS AN INDIVIDUAL CONFINED WITHIN A LOCAL CORRECTIONAL FACILITY.

~~(3)~~ **(4) “MEDICATION” MEANS A MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID USE DISORDER.**

~~(4)~~ (5) “MEDICATION-ASSISTED TREATMENT” MEANS THE USE OF MEDICATION, IN COMBINATION WITH COUNSELING AND BEHAVIORAL HEALTH THERAPIES, TO PROVIDE A HOLISTIC APPROACH TO THE TREATMENT OF OPIOID USE DISORDER.

~~(5)~~ (6) “OPIOID USE DISORDER” MEANS A MEDICALLY DIAGNOSED PROBLEMATIC PATTERN OF OPIOID USE THAT CAUSES SIGNIFICANT IMPAIRMENT OR DISTRESS.

~~(6)~~ (7) “PEER RECOVERY SPECIALIST” MEANS AN INDIVIDUAL ~~IN RECOVERY FOR OPIOID USE DISORDER~~ WHO HAS BEEN CERTIFIED BY AN ENTITY APPROVED BY THE MARYLAND DEPARTMENT OF HEALTH FOR THE PURPOSE OF PROVIDING PEER SUPPORT SERVICES, AS DEFINED UNDER § 7.5-101(N) OF THE HEALTH – GENERAL ARTICLE.

[(a)] (C) An inmate in a State or local correctional facility shall be placed on a properly supervised program of methadone detoxification if:

(1) a physician determines that the inmate is [an addict] A PERSON WITH AN OPIOID USE DISORDER;

(2) the treatment is prescribed by a physician; and

(3) the inmate consents in writing to the treatment.

~~(B) (D)~~ (1) (H) ~~EACH STATE OR LOCAL CORRECTIONAL FACILITY SHALL CONDUCT AN ASSESSMENT OF THE MENTAL HEALTH AND SUBSTANCE USE STATUS OF EACH INMATE WITHIN 24 HOURS AFTER INCARCERATION, INCLUDING PRETRIAL INCARCERATION, USING GUIDELINES AND CRITERIA APPROVED BY THE BEHAVIORAL HEALTH ADMINISTRATION WITHIN THE MARYLAND DEPARTMENT OF HEALTH USING EVIDENCE-BASED SCREENINGS AND ASSESSMENTS, TO DETERMINE:~~

~~1. (I)~~ (I) IF THE MEDICAL DIAGNOSIS OF AN OPIOID USE DISORDER IS APPROPRIATE; AND

~~2. (II)~~ (II) IF MEDICATION-ASSISTED TREATMENT IS APPROPRIATE.

~~(H) AN ASSESSMENT UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL BE CONDUCTED USING GUIDELINES AND CRITERIA APPROVED BY THE BEHAVIORAL HEALTH ADMINISTRATION WITHIN THE MARYLAND DEPARTMENT OF HEALTH.~~

(2) IF AN ASSESSMENT CONDUCTED UNDER PARAGRAPH (1) OF THIS SUBSECTION INDICATES OPIOID USE DISORDER, ~~A PHYSICAL EXAMINATION AN EVALUATION~~ OF THE INMATE SHALL BE CONDUCTED BY A HEALTH CARE PRACTITIONER WITH PRESCRIPTIVE AUTHORITY AUTHORIZED UNDER TITLE 8, TITLE 14, OR TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE.

(3) INFORMATION SHALL BE PROVIDED TO THE INMATE DESCRIBING MEDICATION OPTIONS USED IN MEDICATION-ASSISTED TREATMENT.

~~(3)~~ (4) MEDICATION-ASSISTED TREATMENT SHALL BE AVAILABLE TO AN INMATE FOR WHOM SUCH TREATMENT IS DETERMINED TO BE APPROPRIATE UNDER THIS SUBSECTION.

(5) EACH LOCAL CORRECTIONAL FACILITY SHALL MAKE AVAILABLE AT LEAST ONE FORMULATION OF EACH FDA-APPROVED FULL OPIOID AGONIST, PARTIAL OPIOID AGONIST, AND LONG-ACTING OPIOID ANTAGONIST USED FOR THE TREATMENT OF OPIOID USE DISORDERS.

(6) EACH PREGNANT WOMAN IDENTIFIED WITH AN OPIOID USE DISORDER SHALL RECEIVE EVALUATION AND BE OFFERED MEDICATION-ASSISTED TREATMENT AS SOON AS PRACTICABLE.

~~(c)~~ (E) EACH ~~STATE AND~~ LOCAL CORRECTIONAL FACILITY SHALL:

(1) FOLLOWING AN ASSESSMENT USING CLINICAL GUIDELINES FOR MEDICATION-ASSISTED TREATMENT:

~~(1) (I) MAKE MEDICATION-ASSISTED TREATMENT AVAILABLE WITHIN 24 HOURS AFTER INCARCERATION TO ANY INMATE, INCLUDING INMATES INCARCERATED PRETRIAL, FOR WHOM SUCH TREATMENT IS FOUND TO BE APPROPRIATE UNDER SUBSECTION (B) OF THIS SECTION; MAKE MEDICATION AVAILABLE BY A QUALIFIED PROVIDER TO THE INMATE; OR~~

(II) BEGIN WITHDRAWAL MANAGEMENT SERVICES PRIOR TO ADMINISTRATION OF MEDICATION;

~~(2) MAINTAIN OR PROVIDE FOR THE CAPACITY TO POSSESS, DISPENSE, AND ADMINISTER MEDICATION FOR USE IN OPIOID TREATMENT THERAPY~~ MAKE AVAILABLE AND ADMINISTER MEDICATIONS FOR THE TREATMENT OF OPIOID USE DISORDER;

(3) PROVIDE BEHAVIORAL HEALTH COUNSELING FOR INMATES DIAGNOSED WITH OPIOID USE DISORDER CONSISTENT WITH THERAPEUTIC STANDARDS FOR SUCH THERAPIES IN A COMMUNITY SETTING;

(4) PROVIDE ACCESS TO A HEALTH CARE PRACTITIONER ~~LICENSED AS A DRUG ADDICTION TREATMENT ACT-WAIVER PRACTITIONER UNDER THE FEDERAL COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016~~ WHO CAN PROVIDE ACCESS TO ALL FDA-APPROVED MEDICATIONS FOR THE TREATMENT OF OPIOID USE DISORDERS; AND

(5) PROVIDE ON-PREMISES ACCESS TO PEER RECOVERY SPECIALISTS.

~~(D) IF AN INMATE IS DIAGNOSED WITH OPIOID USE DISORDER AND ELIGIBLE FOR WORK RELEASE OR LEAVE, A STATE OR LOCAL CORRECTIONAL FACILITY SHALL PAY THE COSTS FOR THE INMATE SEEKING PEER RECOVERY SPECIALIST CERTIFICATION FROM AN ENTITY APPROVED BY THE MARYLAND DEPARTMENT OF HEALTH FOR THE PURPOSE OF TRAINING INDIVIDUALS ON PEER SUPPORT SERVICES, AS DEFINED UNDER § 7.5-101 OF THE HEALTH GENERAL ARTICLE.~~

~~(E) (F) THE MARYLAND DEPARTMENT OF HEALTH SHALL DETERMINE WHETHER~~ IF AN INMATE RECEIVED MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER IMMEDIATELY PRECEDING OR DURING THE INMATE'S INCARCERATION, ~~INCLUDING PRETRIAL INCARCERATION, AND A LOCAL CORRECTIONAL FACILITY~~ SHALL CONTINUE THE TREATMENT ~~WITHIN 24 HOURS~~ AFTER INCARCERATION OR TRANSFER UNLESS:

(1) THE INMATE VOLUNTARILY DISCONTINUES THE TREATMENT, VERIFIED THROUGH A WRITTEN AGREEMENT THAT INCLUDES A SIGNATURE; OR

(2) A HEALTH CARE PRACTITIONER DETERMINES THAT THE TREATMENT IS NO LONGER MEDICALLY APPROPRIATE.

~~(F) (G)~~ BEFORE THE RELEASE OF AN INMATE DIAGNOSED WITH OPIOID USE DISORDER UNDER SUBSECTION ~~(E) (D)~~ OF THIS SECTION, A ~~STATE OR~~ LOCAL CORRECTIONAL FACILITY SHALL DEVELOP A PLAN OF REENTRY THAT:

(1) INCLUDES INFORMATION REGARDING POSTINCARCERATION ACCESS TO MEDICATION CONTINUITY, PEER RECOVERY SPECIALISTS, OTHER SUPPORTIVE THERAPY, AND ENROLLMENT IN HEALTH INSURANCE PLANS;

(2) INCLUDES ANY RECOMMENDED REFERRALS BY A HEALTH CARE PRACTITIONER TO MEDICATION CONTINUITY, PEER RECOVERY SPECIALISTS, AND OTHER SUPPORTIVE THERAPY; AND

(3) IS REVIEWED AND, IF NEEDED, REVISED BY A HEALTH CARE PRACTITIONER ~~AND OR~~ PEER RECOVERY SPECIALIST.

[(b)] ~~(G)~~ (H) The procedures and standards used to determine [drug addiction] ~~OPIOID USE DISORDER~~ and treatment of addicted SUBSTANCE USE DISORDER DIAGNOSIS AND TREATMENT OF inmates are subject to the guidelines and regulations adopted by the Maryland Department of Health.

[(c)] ~~(H)~~ (I) The AS PROVIDED IN THE STATE BUDGET, THE State shall fund the program of [methadone detoxification] OPIOID USE DISORDER SCREENING, ~~EXAMINATION~~ EVALUATION, AND TREATMENT OF INMATES AS PROVIDED UNDER THIS SECTION.

~~(I)~~ (J) ON OR BEFORE NOVEMBER 1, 2020, AND ANNUALLY THEREAFTER, ~~THE MARYLAND COMMISSION ON CORRECTIONAL STANDARDS~~ GOVERNOR’S OFFICE OF CRIME CONTROL AND PREVENTION SHALL REPORT DATA FROM INDIVIDUAL LOCAL CORRECTIONAL FACILITIES TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, ON:

(1) THE NUMBER OF INMATES DIAGNOSED WITH:

(I) A MENTAL HEALTH DISORDER;

(II) AN OPIOID USE DISORDER;

(III) A NON-OPIOID SUBSTANCE USE DISORDER; AND

(IV) A DUAL DIAGNOSIS OF MENTAL HEALTH AND SUBSTANCE USE DISORDER;

~~(1)~~ (2) THE NUMBER AND COST OF ~~BEHAVIORAL HEALTH ASSESSMENTS AND OPIOID USE DISORDER EXAMINATIONS~~ FOR INMATES IN ~~STATE AND~~ LOCAL CORRECTIONAL FACILITIES, INCLUDING ~~THE NUMBER OF ASSESSMENTS AND EXAMINATIONS, AND~~ THE NUMBER OF UNIQUE INMATES EXAMINED;

~~(2)~~ (3) THE NUMBER OF INMATES WHO WERE RECEIVING MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER IMMEDIATELY PRIOR TO INCARCERATION;

~~(3)~~ (4) THE TYPE AND PREVALENCE OF MEDICATION OR MEDICATION-ASSISTED TREATMENTS FOR OPIOID USE DISORDER PROVIDED;

~~(4)~~ (5) THE NUMBER OF INMATES DIAGNOSED WITH OPIOID USE DISORDER;

~~(5)~~ (6) THE NUMBER OF INMATES FOR WHOM MEDICATION AND MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER WAS PRESCRIBED;

~~(6)~~ (7) THE NUMBER OF INMATES FOR WHOM MEDICATION AND MEDICATION-ASSISTED TREATMENT WAS PRESCRIBED AND INITIATED FOR OPIOID USE DISORDER;

~~(7)~~ (8) THE NUMBER OF MEDICATIONS AND MEDICATION-ASSISTED TREATMENTS FOR OPIOID USE DISORDER PROVIDED ACCORDING TO EACH TYPE OF MEDICATION AND MEDICATION-ASSISTED TREATMENT OPTIONS;

~~(8)~~ (9) THE NUMBER OF INMATES WHO CONTINUED TO RECEIVE THE SAME MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER AS THE INMATE RECEIVED PRIOR TO INCARCERATION;

~~(9)~~ (10) THE NUMBER OF INMATES WHO RECEIVED A DIFFERENT MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER COMPARED TO WHAT THE INMATE RECEIVED PRIOR TO INCARCERATION;

~~(10)~~ (11) THE NUMBER OF INMATES WHO INITIATED TREATMENT WITH MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER WHO WERE NOT BEING TREATED FOR OPIOID USE DISORDER PRIOR TO INCARCERATION;

~~(11)~~ (12) THE NUMBER OF INMATES WHO DISCONTINUED MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER DURING INCARCERATION;

~~(12)~~ (13) A REVIEW AND SUMMARY OF THE PERCENT OF DAYS, INCLUDING THE AVERAGE PERCENT, MEDIAN PERCENT, MODE PERCENT, AND INTERQUARTILE RANGE OF PERCENT, FOR INMATES WITH OPIOID USE DISORDER RECEIVING MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER AS CALCULATED OVERALL AND STRATIFIED BY OTHER FACTORS, SUCH AS TYPE OF TREATMENT RECEIVED;

~~(13)~~ (14) THE NUMBER OF INMATES RECEIVING MEDICATION OR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER PRIOR TO RELEASE;

~~(14)~~ **(15)** THE NUMBER OF INMATES RECEIVING MEDICATION OR MEDICATION-ASSISTED TREATMENT PRIOR TO RELEASE FOR WHOM THE FACILITY HAD MADE A PRERELEASE REENTRY PLAN;

~~(15)~~ **(16)** A REVIEW AND SUMMARY OF ~~STATE AND LOCAL FACILITIES'~~ PRACTICES RELATED TO MEDICATION AND MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER FOR INMATES WITH OPIOID USE DISORDER BEFORE OCTOBER 1, 2019;

~~(16)~~ **(17)** A REVIEW AND SUMMARY OF ~~STATE AND LOCAL FACILITIES'~~ PRERELEASE PLANNING PRACTICES RELATIVE TO INMATES DIAGNOSED WITH OPIOID USE DISORDER PRIOR TO, AND FOLLOWING, OCTOBER 1, 2019; AND

~~(17)~~ **(18)** ANY OTHER INFORMATION REQUESTED BY THE MARYLAND DEPARTMENT OF HEALTH RELATED TO THE ADMINISTRATION OF THE PROVISIONS UNDER THIS SECTION.

~~(J)~~ **(K)** ANY BEHAVIORAL HEALTH ASSESSMENT, ~~PHYSICAL EXAMINATION~~ EVALUATION, TREATMENT RECOMMENDATION, OR COURSE OF TREATMENT SHALL BE REPORTED TO THE ~~MARYLAND COMMISSION ON CORRECTIONAL STANDARDS~~ GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION AND ALSO INCLUDE ANY OTHER DATA NECESSARY ~~FOR THE MARYLAND COMMISSION ON CORRECTIONAL STANDARDS~~ TO MEET REPORTING REQUIREMENTS UNDER THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Correctional Services

9-603.1.

(A) BEGINNING JANUARY 1, 2020, THE DEPARTMENT SHALL ESTABLISH A MEDICATION-ASSISTED TREATMENT PROGRAM THAT UTILIZES AT LEAST ONE FORMULATION OF EACH FDA-APPROVED FULL OPIOID AGONIST, PARTIAL OPIOID AGONIST, AND LONG-ACTING OPIOID ANTAGONISTS USED FOR THE TREATMENT OF OPIOID USE DISORDERS IN THE BALTIMORE PRE-TRIAL COMPLEX.

(B) FUNDING FOR THE PROGRAM SHALL BE AS PROVIDED IN THE STATE BUDGET.

(C) THE DEPARTMENT SHALL, IN CONSULTATION WITH ITS HEAD OF MEDICAL TREATMENT SERVICES, DETERMINE WHETHER THE PROGRAM IS CAPABLE

**OF BEING ADMINISTERED IN EXISTING STRUCTURES OF THE BALTIMORE
PRE-TRIAL COMPLEX.**

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That the ~~Maryland Commission on Correctional Standards~~ Department of Public Safety and Correctional Services and the Behavioral Health Administration within the Maryland Department of Health, in consultation with the Maryland Correctional Administrators Association, shall develop a timetable in accordance with medical best practices for inmates to receive assessments, ~~examinations~~ evaluation, or treatment under this Act.

SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall not be construed to supersede any federal law or existing agreement between a court or agency of the federal, state, or local government.

SECTION 5. AND BE IT FURTHER ENACTED, That on or before December 1, 2019, the Governor's Office of Crime Control and Prevention, the Department of Public Safety and Correctional Services, and the Maryland Department of Health shall apply for federal funding to support implementation of this Act beyond fiscal year 2020 and shall report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on the efforts to secure funding.

SECTION ~~3~~ 6. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2019. Section 2 of this Act shall remain effective for a period of 4 years and, at the end of September 30, 2023, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

Approved by the Governor, May 13, 2019.