HOUSE BILL 1270

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EMERGENCY BILL ENROLLED BILL

(7lr 3269)

— Health and Government Operations/Education, Health, and Environmental Affairs —

Introduced by Delegates Hubbard, Bohanan, Frush, Hammen, Hecht, James, McHale, Pena-Melnyk, and Rosenberg Rosenberg, Beitzel, Benson, Bromwell, Donoghue, Elliott, Kach, Kipke, Kullen, McDonough, Mizeur, Montgomery, Morhaim, Nathan-Pulliam, Oaks, Pendergrass, Riley, Tarrant, V. Turner, and Weldon

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

	day	of	at		o'clock,	M.
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Speaker.

CHAPTER _____

1 AN ACT concerning

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Maryland HIV/AIDS Reporting Act

FOR the purpose of requiring certain physicians to report certain information to the
 Secretary of Health and Mental Hygiene and to certain health officers;
 requiring certain laboratories to report certain information to the Secretary;
 requiring certain institutions to report certain information to certain health
 officers; providing that certain reports, proceedings, records, or files are not

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law. <u>Underlining</u> indicates amendments to bill. Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment. *Italics indicate opposite chamber / conference committee amendments*.



1 discoverable and are not admissible in evidence in any civil action; making 2 certain reports confidential; repealing certain authority for compiling or 3 distributing certain lists of names of patients in certain reports; requiring 4 certain custodians of public records to deny access to certain reports: 5 establishing certain penalties for certain violations relating to the disclosure or acquisition of certain information; providing that a person is liable for actual 6 7 damages arising out of certain offenses under certain circumstances; providing 8 certain immunity from liability; defining certain terms; making this Act an 9 emergency measure; and generally relating to reporting of diseases.

- 10 BY repealing and reenacting, with amendments,
- 11 Article Health General
- 12 Section 18–201.1, 18–205, 18–207, and 18–215
- 13 Annotated Code of Maryland
- 14 (2005 Replacement Volume and 2006 Supplement)
- 15 BY adding to
- 16 Article Health General
- 17 Section 18–202.1
- 18 Annotated Code of Maryland
- 19 (2005 Replacement Volume and 2006 Supplement)
- 20 BY repealing and reenacting, with amendments,
- 21 Article State Government
- 22 Section 10–617(b)
- 23 Annotated Code of Maryland
- 24 (2004 Replacement Volume and 2006 Supplement)
 - Preamble

WHEREAS, The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (H.R. 6143) became law on December 19, 2006, and the federal funding calculations for HIV care services will now be based on the names-based reporting of actual living HIV/AIDS cases; now, therefore

30 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 31 MARYLAND, That the Laws of Maryland read as follows:

- 32 Article Health General
- 33 18–201.1.

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1 (a) A physician who has diagnosed a patient under the physician's care with 2 HUMAN IMMUNODEFICIENCY VIRUS INFECTION OR acquired immunodeficiency 3 syndrome according to the current definition published in the morbidity and mortality 4 weekly report by the Centers for Disease Control and Prevention of the Department of 5 Health and Human Services shall submit immediately a report to the health officer for 6 the county where the physician cares for that patient.

- 7 (b) The report shall:
- 8 (1) Be on the form that the Secretary provides;
- 9 (2) Identify the disease;
- 10 (3) State the name, age, race, sex, and residence address of the 11 patient; and
- 12 (4) Be signed by the physician.

13 (C) (1) A PHYSICIAN SHALL SUBMIT A REPORT AS DESCRIBED IN 14 SUBSECTION (B) OF THIS SECTION TO THE SECRETARY WITHIN 48 HOURS OF 15 THE BIRTH OF AN INFANT WHOSE MOTHER HAS TESTED POSITIVE FOR THE 16 HUMAN IMMUNODEFICIENCY VIRUS.

17 (2) IF A NEWBORN INFANT DOES NOT BECOME HIV POSITIVE 18 AFTER 18 MONTHS FROM THE DATE THAT THE REPORT REQUIRED IN 19 PARAGRAPH (1) OF THIS SUBSECTION WAS SUBMITTED, THE SECRETARY SHALL 20 HAVE THE NEWBORN INFANT'S NAME REMOVED FROM THE HIV REGISTRY.

- 21 [(c)](D) (1) All physician reports required under this section are:
- 22 (i) Confidential and subject to Title 4, Subtitle 1 of this article;
 23 and

24 (ii) Not medical records under Title 4, Subtitle 3 of this article, 25 but are subject to the confidentiality requirements of Title 4, Subtitle 1 of this article.

(2) THE REPORTS AND ANY PROCEEDINGS, RECORDS, OR FILES
 RELATING TO THE REPORTS REQUIRED UNDER THIS SECTION ARE NOT
 DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION.

1 [(2)] (3) This subsection does not apply to a disclosure by the 2 Secretary to another governmental agency performing its lawful duties pursuant to 3 State or federal law where the Secretary determines the agency to whom the 4 information is disclosed will maintain the confidentiality of the disclosure.

5 **18–202.1.**

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- 6 (A) IN THIS SECTION, "INSTITUTION" INCLUDES:
 - (1) A HOSPITAL;
- 8 (2) A NURSING HOME;
- 9 (3) A HOSPICE FACILITY;
- 10 (4) A MEDICAL CLINIC IN A CORRECTIONAL FACILITY;
- 11 (5) AN INPATIENT PSYCHIATRIC FACILITY; AND
- 12 (6) AN INPATIENT DRUG REHABILITATION FACILITY.

13 **(B)** WHEN AN INSTITUTION HAS AN INDIVIDUAL IN THE CARE OF THE 14 INSTITUTION WITH A DIAGNOSIS OF HUMAN IMMUNODEFICIENCY VIRUS OR 15 ACQUIRED IMMUNODEFICIENCY SYNDROME ACCORDING TO THE CURRENT 16 DEFINITION PUBLISHED IN THE MORBIDITY AND MORTALITY WEEKLY REPORT BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, A CLINICAL OR 17 18 INFECTION CONTROL PRACTITIONER IMMEDIATELY SHALL SUBMIT A REPORT 19 WITHIN 48 HOURS TO THE HEALTH OFFICER FOR THE COUNTY WHERE THE 20 **INSTITUTION IS LOCATED.**

- 21 (C) THE REPORT SHALL:
- 22 (1) BE ON THE FORM THAT THE SECRETARY PROVIDES;
- 23 (1) (2) IDENTIFY THE DISEASE;

24 (2) (3) STATE THE NAME, AGE, RACE, SEX, AND RESIDENCE
 25 ADDRESS OF THE INDIVIDUAL WITH THE DISEASE;

26(3) (4)STATE THE NAME OF THE ADMINISTRATIVE HEAD OF27THE INSTITUTION; AND

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(4) (5) STATE THE ADDRESS OF THE INSTITUTION. 1 2 **(D)** (1) ALL INSTITUTION REPORTS REQUIRED UNDER THIS SECTION 3 ARE: **CONFIDENTIAL AND SUBJECT TO TITLE 4, SUBTITLE 1** 4 **(I)** 5 **OF THIS ARTICLE; AND** NOT MEDICAL RECORDS UNDER TITLE 4, SUBTITLE 3 6 **(II)** 7 OF THIS ARTICLE, BUT ARE SUBJECT TO THE CONFIDENTIALITY REQUIREMENTS 8 OF TITLE 4, SUBTITLE 1 OF THIS ARTICLE. 9 (2) THE REPORTS AND ANY PROCEEDINGS, RECORDS, OR FILES RELATING TO THE REPORTS REQUIRED UNDER THIS SECTION ARE NOT 10 DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION. 11 (3) 12 THIS SUBSECTION DOES NOT APPLY TO A DISCLOSURE BY THE SECRETARY TO ANOTHER GOVERNMENTAL AGENCY PERFORMING ITS LAWFUL 13 14 DUTIES IN ACCORDANCE WITH STATE OR FEDERAL LAW WHERE THE SECRETARY DETERMINES THE AGENCY TO WHOM THE INFORMATION IS 15 16 DISCLOSED WILL MAINTAIN THE CONFIDENTIALITY OF THE DISCLOSURE. 18-205. 17 In this section, "invasive disease" means a disease in which an organism 18 (a) 19 is detected in a specimen taken from a normally sterile body site. 20 (b) (1)The director of a medical laboratory located in this State shall submit a report to the health officer for the county where the laboratory is located 21 22 within 48 hours after an examination of a human specimen shows evidence of any 23 disease or condition listed in subsection (c) of this section. 24 (2)The director of a medical laboratory located outside of this State 25 that performs a medical laboratory test on a human specimen acquired from a person 26 in this State shall submit a report to the Secretary within 48 hours after an examination of that specimen shows evidence of any disease or condition listed in 27 subsection (c) of this section. 28 29 The diseases or conditions reportable by a medical laboratory director (c)

30 under this section are:

1	(1)	Amoebiasis.
2	(2)	Anthrax.
3	(3)	Arbovirus infection (all types).
4	(4)	Bacteremia in newborns.
5	(5)	Botulism.
6	(6)	Brucellosis.
7	(7)	Campylobacter infection.
8	(8)	CD 4+ count[, if less than 200/MM3].
9	(9)	Chlamydia infection.
10	(10)	Cholera.
11	(11)	Coccidioidomycosis.
12	(12)	Creutzfeldt–Jakob Disease.
13	(13)	Cryptosporidiosis.
14	(14)	Cyclosporiasis.
15	(15)	Dengue fever.
16	(16)	Diphtheria.
17	(17)	Ehrlichiosis.
18	(18)	Encephalitis, infectious.
19	(19)	E. Coli 0157:H7 infection.
20	(20)	Giardiasis.
21	(21)	Gonorrhea.

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1 (22)	Haemophilus influenzae, invasive disease.
2 (23)	Hansen disease (leprosy).
3 (24)	Hantavirus infection.
4 (25)	Hepatitis, viral, types A, B, C, and other types.
5 (26)	Human immunodeficiency virus infection.
6 (27)	Isosporiasis.
7 (28)	Legionellosis.
8 (29)	Leptospirosis.
9 (30)	Listeriosis.
10 (31)	Lyme disease.
11 (32)	Malaria.
12 (33)	Measles.
13 (34)	Meningococcal invasive disease.
14 (35)	Meningitis, infectious.
15 (36)	Microsporidiosis.
16 (37)	Mumps.
17 (38)	Pertussis.
18 (39)	Pesticide related illness.
19 (40)	Plague.
20 (41)	Poliomyelitis.
21 (42)	Psittacosis.
22 (43)	Q fever.

1 (44	4)	Rabies.
2 (48	5)	Ricin toxin.
3 (40	6)	Rocky Mountain spotted fever.
4 (4'	7)	Rubella and congenital rubella syndrome.
5 (48	8)	Salmonellosis (nontyphoid fever types).
6 (49	9)	Severe acute respiratory syndrome.
7 (50	0)	Shiga–like toxin production.
8 (5)	1)	Shigellosis.
9 (52	2)	Smallpox and other orthopox viruses.
10 (53	3)	Staphylococcal enterotoxin.
11 (54	4)	Streptococcal invasive disease, group A.
12 (58	5)	Streptococcal invasive disease, group B.
13 (50	6)	Streptococcus pneumoniae, invasive disease.
14 (5'	7)	Syphilis.
15 (58	8)	Trichinosis.
16 (59	9)	Tuberculosis.
17 (60	0)	Tularemia.
18 (6)	1)	Typhoid fever.
19 (62	2)	Varicella (chickenpox), fatal cases only.
20 (63	3)	Vibriosis, noncholera.
21 (64	4)	Viral hemorrhagic fevers (all types).

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1	(65)	Yellow fever.			
2	(66)	Yersiniosis.			
3 4 5	- <i>i</i>	When more than 1 specimen is taken from a patient during 1 he director of the medical laboratory need not report every test result shows evidence of the same disease in that patient if:			
6		(i) At least 1 positive test result is reported; and			
7 8	test results.	(ii) The health officer has approved the reporting of less than all			
9 10 11	(2) The director of the medical laboratory need not report vibriosis, noncholera, under subsection $(c)(62)$ of this section if the disease is found in a specimen obtained from the patient's teeth, gingival tissues, or oral mucosa.				
12	(e) The r	eport shall:			
13 14	(1) Be either in the form that the Department prescribes or on the form that the Department provides; and				
15	(2)	State at a minimum:			
16 17	a disease required	(i) The date, type, and result of the test that shows evidence of to be reported;			
18 19 20	(ii) [1. Except as provided in item 2 of this item, the] THE name, age, sex, and residence address of the patient from whom the specimen was taken; and				
21 22 23	[2. For reports of human immunodeficiency virus infection and CD 4+ count under 200/MM3, the unique patient identifying number, age, sex, and zip code of residence of the patient; and]				
24 25	test.	(iii) The name and address of the physician who requested the			
26 27		section does not relieve [an attending physician] A PERSON of the er § 18–201, § 18–201.1 , § 18–202, OR § 18–202.1 of this subtitle.			

1 (1)A health officer shall inform the Secretary of each laboratory (g) 2 examination report received under subsection (b)(1) of this section. The Secretary shall inform the health officer of the jurisdiction 3 (2)4 where the patient resides of a laboratory examination report received under this section from a medical laboratory located outside this State. 5 6 (h) The Secretary, a health officer, or an agent of the Secretary or health officer may discuss a laboratory report with the attending physician, but, if the 7 physician is reasonably available, may communicate with a patient only with the 8 consent of the attending physician. 9 10 (i) [All] EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS (1)11 **SUBSECTION, ALL** laboratory reports required under this section are: 12 Confidential; (i) Not open to public inspection; and 13 (ii) 14 Subject to subpoena or discovery in a criminal or civil (iii) proceeding only pursuant to a court order sealing the court record. 15 (2) **REPORTS SUBMITTED UNDER THIS SECTION RELATING TO** 16 17 HUMAN IMMUNODEFICIENCY VIRUS AND ACQUIRED IMMUNODEFICIENCY 18 **SYNDROME ARE:** 19 **(I) CONFIDENTIAL AND SUBJECT TO TITLE 4, SUBTITLE 1** 20 **OF THIS ARTICLE; AND** 21 **(II)** NOT MEDICAL RECORDS UNDER TITLE 4, SUBTITLE 3 OF THIS ARTICLE, BUT ARE SUBJECT TO THE CONFIDENTIALITY REQUIREMENTS 22 OF TITLE 4, SUBTITLE 1 OF THIS ARTICLE. 23 24 (3) THE REPORTS AND ANY PROCEEDINGS, RECORDS, OR FILES 25 SUBMITTED UNDER THIS SECTION RELATED TO HIV/AIDS ARE NOT 26 DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION. 27 **[**(2)**] (4)** This subsection does not apply to a disclosure by the Secretary to another governmental agency performing its lawful duties as authorized 28 29 by an act of the Maryland General Assembly or the United States Congress where the Secretary determines that: 30

1 (i) The agency to whom the information is disclosed will 2 maintain the confidentiality of the disclosure; and 3 (ii) The disclosure is necessary to protect the public health or to prevent the spread of an infectious or contagious disease. 4 5 To assure compliance with this section, the Secretary, a health officer, or (j) 6 an agent of the Secretary or health officer may inspect pertinent laboratory records. 7 (\mathbf{k}) (1)Except as provided in paragraph (2) of this subsection, a director of a medical laboratory, the Secretary, a health officer, or an agent of the director, 8 9 Secretary, or health officer may compile or distribute a reproducible list of any of the 10 names of patients that are in reports required under this section. 11 (2)A director of a medical laboratory, the Secretary, a health officer, 12 or an agent of the director, Secretary, or health officer may not compile or distribute a reproducible list of any of the names of patients in reports relating to human 13 immunodeficiency virus infection or CD 4+ count, if less than 200/MM3.1 14 18 - 207.15 In this section the following words have the meanings indicated. 16 (a) (1)17 (2)"HIV/AIDS case report" means an abstract of the medical record of diagnosed 18 patient with human immunodeficiency virus or acquired а 19 immunodeficiency syndrome which contains: 20 Reasonably obtained patient demographic information, (i) including NAME AND risk factors; 21 Relevant information on the: 22 (ii) 1. 23 Initial diagnosis; 2. Treatment and referral; and 24 Clinical condition; AND 25 3. Facility and other provider identification information [; and 26 (iii)

1 (iv) For reports of HIV, the unique identifier of the patient, but 2 not the patient's name]. "Report" means: 3 (3)4 (i) A laboratory examination report for HIV or CD 4+ count as required by § 18–205 of this subtitle; 5 A [physician] report for **HIV OR** AIDS as required by § 6 (ii) 18-201.1, § 18-202, OR § 18-202.1 of this subtitle; or 7 8 (iii) An HIV/AIDS case report. 9 "Designated anonymous HIV test site" means an HIV counseling (4)and testing site approved by the Department of Health and Mental Hygiene as a site 10 where a patient may have an anonymous HIV test. 11 Except for a designated anonymous HIV test site, a facility or office 12 (b) (1)13 that orders a test for HIV and receives a test result that documents the presence of 14 HIV as defined by the CDC laboratory criteria shall, upon the Secretary's request, 15 make available to the Secretary, or an agent of the Secretary, the information 16 necessary to compile an HIV/AIDS case report. A report or information assembled or obtained under this section 17 (2)18 [shall be confidential]: 19 **(I) IS CONFIDENTIAL** and subject to Title 4, Subtitle 1 of this 20 article[.]; AND 21 [(i)] **(II)** [A report in this section is] **IS** not a medical record under Title 4, Subtitle 3 of this article, but is subject to the confidentiality 22 23 requirements of Title 4, Subtitle 1 of this article. 24 [(ii)] **(III)** This subsection does not apply to a disclosure by the Secretary to another governmental agency performing its lawful duties pursuant to 25 State or federal law where the Secretary determines that the agency to whom the 26 27 information is disclosed will maintain the confidentiality of the disclosure. 28 (3) THE REPORT AND ANY PROCEEDINGS, RECORDS, OR FILES RELATING TO THE REPORTS REQUIRED UNDER THIS SECTION ARE NOT 29 DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION. 30

1 [(c) The director of a medical laboratory in which serum samples are tested 2 for human immunodeficiency virus may not disclose, directly or indirectly, the 3 identity of any individual tested for human immunodeficiency virus in any report 4 submitted to the Department or the health officer for the county where the laboratory 5 is located.]

6 18–215.

7 (a) In addition to any other penalty provided by law, a physician who fails to 8 submit the report required under § 18–204 of this subtitle, on conviction, is subject to 9 a fine not exceeding \$10.

10 (b) A person who violates any provision of § 18–202 of this subtitle is guilty 11 of a misdemeanor and on conviction is subject to a fine not exceeding \$50.

12 (c) In addition to any other penalty provided by law, a physician who fails to 13 submit the report required under § 18–201 of this subtitle, on conviction, is subject to 14 a fine not exceeding \$100.

15 (d) A person who violates any provision of § 18–205 of this subtitle is guilty 16 of a misdemeanor and on conviction is subject to a fine not exceeding \$500.

17 **(E)** EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (F) OF THIS 18 SECTION, A A HEALTH CARE PROVIDER OR ANY OTHER PERSON, INCLUDING AN 19 OFFICER OR EMPLOYEE OF A GOVERNMENTAL UNIT, WHO KNOWINGLY AND 20 WILLFULLY DISCLOSES PERSONAL IDENTIFYING HEALTH INFORMATION ACQUIRED FOR THE PURPOSES OF HIV AND AIDS REPORTING UNDER 21 § 18-201.1, § 18-202.1, § 18-205, OR § 18-207 OF THIS SUBTITLE TO ANY 22 23 PERSON WHO IS NOT AUTHORIZED TO RECEIVE PERSONAL IDENTIFYING 24 HEALTH INFORMATION UNDER THIS SUBTITLE OR OTHERWISE IN VIOLATION OF 25 THIS SUBTITLE IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING \$1,000 FOR THE FIRST OFFENSE AND NOT 26 EXCEEDING \$5,000 FOR EACH SUBSEQUENT CONVICTION FOR A VIOLATION OF 27 ANY PROVISION OF THIS SUBTITLE. 28

(F) (1) A HEALTH CARE PROVIDER OR ANY OTHER PERSON,
INCLUDING AN OFFICER OR EMPLOYEE OF A GOVERNMENTAL UNIT, WHO
KNOWINGLY AND WILLFULLY REQUESTS OR OBTAINS INFORMATION ON HIV
AND AIDS DEVELOPED UNDER § 18–201.1, § 18–202.1, § 18–205, OR § 18–207
OF THIS SUBTITLE UNDER FALSE PRETENSES OR THROUGH DECEPTION ON
CONVICTION, IS SUBJECT TO:

(I) A FINE NOT EXCEEDING \$100,000, IMPRISONMENT FOR
 NOT MORE THAN 5 YEARS, OR BOTH; AND
 (II) IF THE OFFENSE IS COMMITTED WITH INTENT TO SELL,
 TRANSFER, OR USE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION FOR
 COMMERCIAL ADVANTAGE, PERSONAL GAIN, OR MALICIOUS HARM, A FINE NOT

6 EXCEEDING \$250,000, IMPRISONMENT FOR NOT MORE THAN 10 YEARS, OR
 7 BOTH.

8 (2) THIS SUBSECTION DOES NOT APPLY TO AN OFFICER OR 9 EMPLOYEE OF A GOVERNMENTAL UNIT THAT IS CONDUCTING A CRIMINAL 10 INVESTIGATION.

11(G) A HEALTH CARE PROVIDER OR ANY OTHER PERSON WHO12KNOWINGLY VIOLATES SUBSECTION (E) OR (F) OF THIS SECTION IS LIABLE FOR13ACTUAL DAMAGES.

14 (H) A PHYSICIAN, LABORATORY, OR INSTITUTION AS DEFINED IN § 15 18–202.1 OF THIS SUBTITLE THAT IN GOOD FAITH SUBMITS A REPORT OR 16 OTHERWISE DISCLOSES INFORMATION IN ACCORDANCE WITH THIS SUBTITLE IS 17 NOT LIABLE IN ANY ACTION ARISING FROM THE DISCLOSURE OF THE 18 INFORMATION.

19

Article – State Government

20 10-617.

21 (b) (1) In this subsection, "disability" has the meaning stated in Article 22 49B, § 20 of the Code.

(2) Subject to paragraph (3) of this subsection, a custodian shall deny
 inspection of the part of a public record that contains:

(i) medical or psychological information about an individual,
 other than an autopsy report of a medical examiner; [or]

27 (ii) personal information about an individual with a disability or
28 an individual perceived to have a disability; OR

1(III) ANY REPORT ON HUMAN IMMUNODEFICIENCY VIRUS OR2ACQUIRED IMMUNODEFICIENCY SYNDROME SUBMITTED IN ACCORDANCE WITH3TITLE 18 OF THE HEALTH – GENERAL ARTICLE.

- 4 (3) A custodian shall permit the person in interest to inspect the 5 public record to the extent permitted under § 4–304(a) of the Health – General Article.
- 6 (4) [This] EXCEPT FOR PARAGRAPH (2)(III) OF THIS SUBSECTION,
 7 THIS subsection does not apply to:
- 8 (i) a nursing home as defined in § 19–1401 of the 9 Health – General Article; or
- (ii) an assisted living facility as defined in § 19–1801 of the
 Health General Article.

12 SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an emergency 13 measure, is necessary for the immediate preservation of the public health or safety, 14 has been passed by a yea and nay vote supported by three-fifths of all the members 15 elected to each of the two Houses of the General Assembly, and shall take effect from 16 the date it is enacted.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.