

Chapter 17

(Senate Bill 57)

AN ACT concerning

Health Insurance – *Conformity with Federal Law* – Mental Health Benefits – ~~Group Health Plans and~~ Medical and Surgical Benefits for Mastectomies – ~~Parity with Federal Law, and the Federal Patient Protection and Affordable Care Act~~

FOR the purpose of providing that it is not discriminatory, under certain provisions of law that prohibit certain health insurance policies, contracts, or certificates from discriminating against a person with a mental illness, emotional disorder, drug abuse disorder, or alcohol abuse disorder, if the benefits for partial hospitalization and outpatient expenses under certain ~~group health plans~~ contracts covering employees of one or more large employers are covered in a certain manner; providing that, under certain ~~group health plans~~ contracts covering employees of one or more large employers, certain benefits for mental illnesses, emotional disorders, drug abuse disorders, or alcohol abuse disorders may be delivered under a managed care system only if the benefits for physical illnesses are delivered under a managed care system; requiring certain factors used to manage certain benefits for mental illnesses, emotional disorders, drug abuse disorders, or alcohol abuse disorders under certain group contracts to be comparable as written and in operation to, and applied no more stringently than, the factors used to manage the benefits for certain physical illnesses; requiring certain contracts to provide coverage for certain physical complications of all stages of mastectomy in a certain manner; providing that certain provisions of law enacted after a certain date do not apply to certain group health plans and certain health insurance coverage under certain circumstances; providing for a certain exception; providing that certain provisions of federal law apply to certain insurers, nonprofit health service plans, and health maintenance organizations; authorizing the Maryland Insurance Commissioner to enforce certain provisions of law; making certain provisions of this Act applicable to health maintenance organizations; defining certain terms; altering a certain definition; making conforming and technical changes; making this Act an emergency measure; providing for the termination of certain provisions of this Act; and generally relating to health insurance ~~and mental health benefits.~~

BY repealing and reenacting, with amendments,

Article – Health – General

Section 19–703.1

Annotated Code of Maryland

(2009 Replacement Volume)

BY adding to

Article – Health – General
Section 19–706(cccc) and (dddd)
Annotated Code of Maryland
(2009 Replacement Volume)

BY adding to

Article – Insurance
Section 15–134 and 15–135
Annotated Code of Maryland
(2006 Replacement Volume and 2009 Supplement)

BY repealing and reenacting, with amendments,
 Article – Insurance
 Section 15–802 and 15–815
 Annotated Code of Maryland
 (2006 Replacement Volume and 2009 Supplement)

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

Article – Health – General

19–703.1.

- (a) (1) In this section the following terms have the meanings indicated.
- (2) “Alcohol abuse” has the meaning stated in § 8–101 of this article.
- (3) “Drug abuse” has the meaning stated in § 8–101 of this article.

~~(4) “GROUP HEALTH PLAN” MEANS AN EMPLOYER SPONSORED HEALTH BENEFIT PLAN SUBJECT TO THE PROVISIONS OF 29 U.S.C. § 1185A OR 26 U.S.C. § 9812.~~

~~(5) (4) “HEALTH BENEFIT PLAN” HAS THE MEANING STATED IN § 15–1401 OF THE INSURANCE ARTICLE.~~

~~(5) “LARGE EMPLOYER” MEANS AN EMPLOYER THAT HAS MORE THAN 50 EMPLOYEES AND IS NOT A SMALL EMPLOYER.~~

[~~(4)~~ (6) “Managed care system” means a method that a carrier uses to review and preauthorize a treatment plan that a health care practitioner develops

for a covered person using a variety of cost containment methods to control utilization, quality, and claims.

[(5)] (7) “Partial hospitalization” means the provision of medically directed intensive or intermediate short-term treatment for mental illness, emotional disorders, drug abuse or alcohol abuse for a period of less than 24 hours but more than 4 hours in a day for a member or subscriber in a licensed or certified facility or program.

(8) “SMALL EMPLOYER” HAS THE MEANING STATED IN § 15-1201 OF THE INSURANCE ARTICLE.

(b) (1) Subject to the provisions of this section, each contract or certificate issued to a member or subscriber by a health maintenance organization that provides health benefits and services for diseases may not discriminate against any person with a mental illness, emotional disorder or a drug abuse or alcohol abuse disorder by failing to provide benefits for treatment and diagnosis of these illnesses under the same terms and conditions as provided for covered benefits offered under the contract or certificate for the treatment of physical illness.

(2) It shall not be considered to be discriminatory under paragraph (1) of this subsection if at least the following benefits are provided:

(i) With respect to inpatient benefits provided in a licensed or certified facility, which shall include hospital inpatient benefits, the total number of days for which benefits are payable shall be [:

1. Except as provided in subsection (d) of this section, from July 1, 1994 through June 30, 1995, at least 60 days in any calendar year or benefit period of not more than 12 months under the same terms and conditions that apply to benefits available under the contract or certificate for physical illness; and

2. On or after July 1, 1995,] at least equal to the same terms and conditions that apply to the benefits available under the contract or certificate for physical illness;

(ii) [Subject] **EXCEPT AS PROVIDED IN ITEM (III) OF THIS PARAGRAPH AND SUBJECT** to subsection [(f)] **(E)** of this section, with respect to benefits for partial hospitalization, at least 60 days of partial hospitalization shall be covered under the same terms and conditions that apply to the benefit available under the contract or certificate for physical illness; [and]

~~**(III) FOR GROUP HEALTH PLANS, WITH RESPECT TO BENEFITS FOR PARTIAL HOSPITALIZATION, THE BENEFITS SHALL BE COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO THE BENEFITS**~~

~~AVAILABLE UNDER THE CONTRACT FOR OUTPATIENT HOSPITAL ADMISSIONS FOR PHYSICAL ILLNESS FOR AT LEAST 60 DAYS;~~

(iii) FOR GROUP CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, WITH RESPECT TO BENEFITS FOR PARTIAL HOSPITALIZATION FOR THE TREATMENT OF MENTAL ILLNESS, EMOTIONAL DISORDERS, DRUG ABUSE, AND ALCOHOL ABUSE, THE GREATER OF:

1. THE SAME BENEFITS PAYABLE UNDER THE CONTRACT FOR PARTIAL HOSPITALIZATION FOR PHYSICAL ILLNESS; OR

2. AT LEAST 60 DAYS OF PARTIAL HOSPITALIZATION COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO OUTPATIENT TREATMENT OF PHYSICAL ILLNESSES;

[(iii)] (iv) [With] EXCEPT AS PROVIDED IN ITEM (v) OF THIS PARAGRAPH, WITH respect to outpatient coverage, other than for inpatient or partial hospitalization services, benefits for covered expenses arising from services, including psychological and neuropsychological testing for diagnostic purposes, [which] THAT are rendered to treat mental illness, emotional disorders, drug abuse, and alcohol abuse shall be at a rate [which] THAT is, after the applicable deductible, not less than:

1. 80 percent for the first 5 visits in any calendar year or benefit period of not more than 12 months;

2. 65 percent for the 6th through 30th visit in any calendar year or benefit period of not more than 12 months; and

3. 50 percent for the 31st visit and any visit after the 31st visit in any calendar year or benefit period of not more than 12 months; AND

(v) FOR GROUP ~~HEALTH PLANS~~ CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, BENEFITS FOR COVERED OUTPATIENT EXPENSES ARISING FROM SERVICES, INCLUDING ALL OFFICE VISITS AND PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING FOR DIAGNOSTIC PURPOSES, THAT ARE RENDERED TO TREAT MENTAL ILLNESS, EMOTIONAL DISORDERS, DRUG ABUSE, AND ALCOHOL ABUSE SHALL BE COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO SIMILAR BENEFITS AVAILABLE UNDER THE CONTRACT FOR PHYSICAL ILLNESS.

(c) (1) The benefits under this section shall be required only for expenses arising for treatment of mental illnesses, emotional disorders, drug abuse, and alcohol abuse [which] THAT in the professional judgment of practitioners is medically necessary and treatable.

(2) The benefits required under this section shall be provided as one set of benefits covering mental illnesses, emotional disorders, drug abuse, and alcohol abuse.

(3) **[The] SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION, THE** benefits required under this section may be delivered under a managed care system.

(4) FOR GROUP ~~HEALTH PLANS~~ CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, THE BENEFITS REQUIRED UNDER THIS SECTION MAY BE DELIVERED UNDER A MANAGED CARE SYSTEM ONLY IF THE BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE CONTRACT ARE DELIVERED UNDER A MANAGED CARE SYSTEM.

(5) FOR GROUP CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, THE PROCESSES, STRATEGIES, EVIDENTIARY STANDARDS, OR OTHER FACTORS USED TO MANAGE THE BENEFITS REQUIRED UNDER THIS SECTION MUST BE COMPARABLE AS WRITTEN AND IN OPERATION TO, AND APPLIED NO MORE STRINGENTLY THAN, THE PROCESSES, STRATEGIES, EVIDENTIARY STANDARDS, OR OTHER FACTORS USED TO MANAGE THE BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE CONTRACT.

[(4)] ~~(5)~~ (6) Except as specifically provided in this section, benefits for illnesses covered by this section and the benefits for physical illnesses covered under a contract or certificate shall have the same terms and conditions.

[(5)] ~~(6)~~ (7) Except for the coinsurance provisions in subsection **[(b)(2)(iii)] (B)(2)(IV)** of this section, a contract or certificate that is subject to this section may not have:

(i) Separate lifetime maximums for physical illnesses and illnesses covered under this section;

(ii) Separate deductibles and coinsurance amounts for physical illnesses and illnesses covered under this section; or

(iii) Separate out-of-pocket limits in a benefit period of not more than 12 months for physical illnesses and illnesses covered under this section.

[(6)] ~~(7)~~ (8) (i) Subject to subparagraph (ii) of this paragraph, any copayments required under a contract or certificate for benefits for illnesses covered under this section shall be:

1. Actuarially equivalent to any coinsurance requirements under this section; or

2. Where there are no coinsurance requirements, not greater than a copayment required for a benefit under the contract or a certificate for a physical illness.

(ii) A health maintenance organization may not charge a copayment that is greater than 50% of the daily cost for methadone maintenance treatment.

(d) [Notwithstanding the provisions of subsection (b)(2)(i)1 of this section, until July 1, 1995, a contract or certificate that is subject to this section that offers less than 60 days coverage for inpatient care for health care for physical illness must only include coverage for mental illness, emotional disorders, drug abuse, and alcohol abuse that is at least equal to the benefit offered for those other types of health care. On and after July 1, 1995, the provisions of subsection (b)(2)(i)2 of this section shall apply.

(e) An office visit to a physician or other health care provider for the purpose of medication management may not be counted against the number of visits required to be covered as a part of the benefits required under subsection [(b)(2)(iii)] **(B)(2)(IV)** of this section and shall be reimbursed under the same terms and conditions as an office visit for physical illnesses covered under the contract or certificate.

[(f)] **(E)** Nothing in this section shall be construed to prohibit exceeding the minimum benefits required under subsection (b)(2)(ii) **OR (III)** of this section for any partial hospitalization day that is medically necessary and would serve to prevent inpatient hospitalization.

19-706.

(CCCC) THE PROVISIONS OF § 15-134 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

Article – Insurance

15-134.

(A) IN THIS SECTION, “GRANDFATHERED HEALTH PLAN” HAS THE MEANING STATED IN THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT, AS AMENDED BY THE FEDERAL HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.

(B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, A PROVISION OF THIS TITLE OR TITLE 14 OF THIS ARTICLE ENACTED AFTER JANUARY 1, 2010, MAY NOT APPLY TO A GROUP HEALTH PLAN THAT IS A GRANDFATHERED HEALTH PLAN OR HEALTH INSURANCE COVERAGE THAT IS A

GRANDFATHERED HEALTH PLAN IF THE PROVISION WOULD PREVENT THE GROUP HEALTH PLAN OR HEALTH INSURANCE COVERAGE FROM BEING CONSIDERED A GRANDFATHERED HEALTH PLAN.

(C) SUBSECTION (B) OF THIS SECTION DOES NOT APPLY TO ANY PROVISION OF THIS TITLE OR TITLE 14 OF THIS ARTICLE ENACTED AFTER JANUARY 1, 2010, TO ENFORCE A PROVISION OF FEDERAL LAW THAT WAS ENACTED ON OR BEFORE JANUARY 1, 2010.

15-802.

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

(2) “Alcohol abuse” has the meaning stated in § 8-101 of the Health – General Article.

(3) “Drug abuse” has the meaning stated in § 8-101 of the Health – General Article.

~~(4) “GROUP HEALTH PLAN” MEANS AN EMPLOYER SPONSORED HEALTH BENEFIT PLAN SUBJECT TO THE PROVISIONS OF 29 U.S.C. § 1185A OR 26 U.S.C. § 9812.~~

~~(5) (4) “HEALTH BENEFIT PLAN” HAS THE MEANING STATED IN § 15-1401 OF THIS TITLE.~~

(5) “LARGE EMPLOYER” MEANS AN EMPLOYER THAT HAS MORE THAN 50 EMPLOYEES AND IS NOT A SMALL EMPLOYER.

~~[(4)] (6) “Managed care system” means a system of cost containment methods that a carrier uses to review and preauthorize a treatment plan developed by a health care provider for a covered individual in order to control utilization, quality, and claims.~~

~~[(5)] (7) “Partial hospitalization” means the provision of medically directed intensive or intermediate short-term treatment:~~

- ~~(i) to an insured, subscriber, or member;~~
- ~~(ii) in a licensed or certified facility or program;~~
- ~~(iii) for mental illness, emotional disorders, drug abuse, or alcohol abuse; and~~

(iv) for a period of less than 24 hours but more than 4 hours in a day.

(8) “SMALL EMPLOYER” HAS THE MEANING STATED IN § 15-1201 OF THIS TITLE.

(b) This section applies to each health insurance policy or contract that is delivered or issued for delivery in the State to an employer or individual on a group or individual basis and that provides coverage on an expense-incurred basis.

(c) A policy or contract subject to this section may not discriminate against an individual with a mental illness, emotional disorder, drug abuse disorder, or alcohol abuse disorder by failing to provide benefits for the diagnosis and treatment of these illnesses under the same terms and conditions that apply under the policy or contract for the diagnosis and treatment of physical illnesses.

(d) It is not discriminatory under subsection (c) of this section if at least the following benefits are provided:

(1) with respect to inpatient benefits for services provided in a licensed or certified facility, including hospital inpatient benefits, the total number of days for which benefits are payable and the terms and conditions that apply to those benefits are at least equal to those that apply to the benefits available under the policy or contract for physical illnesses;

(2) **EXCEPT AS PROVIDED IN ITEM (3) OF THIS SUBSECTION AND** subject to subsection (g) of this section, with respect to benefits for partial hospitalization, at least 60 days of partial hospitalization are covered under the same terms and conditions that apply to the benefits available under the policy or contract for physical illnesses; [and]

~~**(3) FOR GROUP HEALTH PLANS, WITH RESPECT TO BENEFITS FOR PARTIAL HOSPITALIZATION, THE BENEFITS ARE COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO THE BENEFITS AVAILABLE UNDER THE CONTRACT FOR OUTPATIENT HOSPITAL ADMISSIONS FOR PHYSICAL ILLNESS FOR AT LEAST 60 DAYS;**~~

(3) FOR GROUP CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, WITH RESPECT TO BENEFITS FOR PARTIAL HOSPITALIZATION FOR THE TREATMENT OF MENTAL ILLNESS, EMOTIONAL DISORDERS, DRUG ABUSE, AND ALCOHOL ABUSE, THE GREATER OF:

(1) THE SAME BENEFITS PAYABLE UNDER THE CONTRACT FOR PARTIAL HOSPITALIZATION FOR PHYSICAL ILLNESS; OR

(II) AT LEAST 60 DAYS OF PARTIAL HOSPITALIZATION COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO OUTPATIENT TREATMENT OF PHYSICAL ILLNESSES;

[(3)] (4) EXCEPT AS PROVIDED IN ITEM (5) OF THIS SUBSECTION, with respect to outpatient coverage, other than for inpatient or partial hospitalization services, benefits for covered expenses arising from services, including psychological and neuropsychological testing for diagnostic purposes, provided to treat mental illnesses, emotional disorders, drug abuse, or alcohol abuse are at a rate that, after the applicable deductible, is not less than:

(i) 80% for the first five visits in a calendar year or benefit period of not more than 12 months;

(ii) 65% for the 6th through 30th visit in a calendar year or benefit period of not more than 12 months; and

(iii) 50% for the 31st visit and any subsequent visit in a calendar year or benefit period of not more than 12 months; **AND**

(5) FOR GROUP ~~HEALTH PLANS~~ CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, BENEFITS FOR COVERED OUTPATIENT EXPENSES ARISING FROM SERVICES, INCLUDING ALL OFFICE VISITS AND PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING FOR DIAGNOSTIC PURPOSES, PROVIDED TO TREAT MENTAL ILLNESSES, EMOTIONAL DISORDERS, DRUG ABUSE, OR ALCOHOL ABUSE ARE COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO SIMILAR BENEFITS AVAILABLE UNDER THE CONTRACT FOR PHYSICAL ILLNESSES.

(e) (1) The benefits under this section are required only for expenses arising from the treatment of mental illnesses, emotional disorders, drug abuse, or alcohol abuse if, in the professional judgment of health care providers:

(i) the mental illness, emotional disorder, drug abuse, or alcohol abuse is treatable; and

(ii) the treatment is medically necessary.

(2) The benefits required under this section:

(i) shall be provided as one set of benefits covering mental illnesses, emotional disorders, drug abuse, and alcohol abuse;

(ii) shall have the same terms and conditions as the benefits for physical illnesses covered under the policy or contract subject to this section, except as specifically provided in this section; and

(iii) **SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION**, may be delivered under a managed care system.

(3) FOR GROUP ~~HEALTH PLANS~~ CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, THE BENEFITS REQUIRED UNDER THIS SECTION MAY BE DELIVERED UNDER A MANAGED CARE SYSTEM ONLY IF THE BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE CONTRACT ARE DELIVERED UNDER A MANAGED CARE SYSTEM.

(4) FOR GROUP CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, THE PROCESSES, STRATEGIES, EVIDENTIARY STANDARDS, OR OTHER FACTORS USED TO MANAGE THE BENEFITS REQUIRED UNDER THIS SECTION MUST BE COMPARABLE AS WRITTEN AND IN OPERATION TO, AND APPLIED NO MORE STRINGENTLY THAN, THE PROCESSES, STRATEGIES, EVIDENTIARY STANDARDS, OR OTHER FACTORS USED TO MANAGE THE BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE CONTRACT.

[(3)] ~~(4)~~ (5) Except for the coinsurance requirements under subsection **[(d)(3)] (D)(4)** of this section, a policy or contract subject to this section may not have:

(i) separate lifetime maximums for physical illnesses and illnesses covered under this section;

(ii) separate deductibles and coinsurance amounts for physical illnesses and illnesses covered under this section; or

(iii) separate out-of-pocket limits in a benefit period of not more than 12 months for physical illnesses and illnesses covered under this section.

[(4)] ~~(5)~~ (6) (i) Subject to subparagraph (ii) of this paragraph, any copayments required under a policy or contract subject to this section for benefits for illnesses covered under this section shall be:

1. actuarially equivalent to any coinsurance requirements under this section; or

2. if there are no coinsurance requirements, not greater than any copayment required under the policy or contract for a benefit for a physical illness.

(ii) An insurer or nonprofit health service plan may not charge a copayment that is greater than 50% of the daily cost for methadone maintenance treatment.

(f) An office visit to a physician or other health care provider for medication management:

(1) may not be counted against the number of visits required to be covered as a part of the benefits required under subsection [(d)(3)] **(D)(4)** of this section; and

(2) shall be reimbursed under the same terms and conditions as an office visit for a physical illness covered under the policy or contract subject to this section.

(g) This section does not prohibit exceeding the minimum benefits required under subsection (d)(2) **OR (3)** of this section for any partial hospitalization day that is medically necessary and would serve to prevent inpatient hospitalization.

15-815.

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

(2) “Mastectomy” means the surgical removal of all or part of a breast [as a result of breast cancer].

(3) (i) “Reconstructive breast surgery” means surgery performed as a result of a mastectomy to reestablish symmetry between the two breasts.

(ii) “Reconstructive breast surgery” includes augmentation mammoplasty, reduction mammoplasty, and mastopexy.

(b) This section applies to **CONTRACTS ISSUED BY:**

(1) insurers and nonprofit health service plans that provide [hospital, medical, or] **MEDICAL AND** surgical benefits to individuals or groups on an expense-incurred basis under health insurance [policies] **CONTRACTS** that are issued or delivered in the State; and

(2) health maintenance organizations that provide [hospital, medical, or] **MEDICAL AND** surgical benefits to individuals or groups under contracts that are issued or delivered in the State.

(c) [An entity] **A CONTRACT** subject to this section shall provide coverage for:

(1) reconstructive breast surgery, including coverage for all stages of reconstructive breast surgery performed on a nondiseased breast to establish symmetry with the diseased breast when reconstructive breast surgery is performed on the diseased breast; AND

(2) PHYSICAL COMPLICATIONS OF ALL STAGES OF MASTECTOMY, INCLUDING LYMPHEDEMAS, IN A MANNER DETERMINED IN CONSULTATION WITH THE ATTENDING PHYSICIAN AND THE PATIENT.

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

Article – Health – General

19-706.

(DDDD) THE PROVISIONS OF § 15-135 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

Article – Insurance

15-135.

(A) THE PROVISIONS OF TITLE I, SUBTITLES A AND C OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT, AS AMENDED BY §§ 10101 AND 10103 OF THAT ACT AND THE FEDERAL HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010, APPLY TO ALL INSURERS, NONPROFIT HEALTH SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS THAT DELIVER OR ISSUE FOR DELIVERY INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS IN THE STATE.

(B) THE COMMISSIONER MAY ENFORCE THIS SECTION UNDER ANY APPLICABLE PROVISIONS OF THIS ARTICLE.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a yea and nay vote supported by three-fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted. Section 2 of this Act shall remain effective through June 30, 2011, and, at the end of June 30, 2011, with no further action required by the General Assembly, Section 2 of this Act shall be abrogated and of no further force and effect.

Approved by the Governor, April 13, 2010.