

Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

REVISED

*This Version Includes All Amendments Adopted  
on Second Reading in the Second House*

LLS NO. 24-0285.01 Yelana Love x2295

HOUSE BILL 24-1262

HOUSE SPONSORSHIP

**Garcia and Jodeh**, Bacon, Boesenecker, Brown, Duran, Epps, Froelich, Hamrick, Herod, Kipp, Lieder, Lindstedt, Mabrey, Marvin, McCormick, McLachlan, Ortiz, Parenti, Rutinel, Sirota, Story, Titone, Velasco, Willford, Young

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**Buckner and Michaelson Jenet**,

House Committees

Health & Human Services  
Appropriations

Senate Committees

Health & Human Services  
Appropriations

A BILL FOR AN ACT

101 CONCERNING MATERNAL HEALTH, AND, IN CONNECTION THEREWITH,  
102 MAKING AN APPROPRIATION.

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>.)*

Current law requires "direct-entry midwives" to register with the division of professions and occupations in the department of regulatory agencies before practicing. **Sections 2 through 12** of the bill make changes within the direct-entry midwives practice act to update the title of these professionals to "certified professional midwives" and change the regulation from registration to licensure. **Sections 21 through 31** make

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.*

SENATE  
Amended 2nd Reading  
May 3, 2024

HOUSE  
3rd Reading Unamended  
April 17, 2024

HOUSE  
Amended 2nd Reading  
April 16, 2024

the same updates to current law in other statutes outside of the practice act.

Current law allows the state board for community colleges and occupational education to use unexpended resources from the in-demand short-term health-care credentials program (program) to expand the eligible programs that may receive support through the program. **Section 13** allows the board to expand the eligible programs to include certified professional midwives.

**Section 14** requires the civil rights commission to establish certain parameters when receiving reports for maternity care. **Section 15** adds pregnancy as a protected class for purposes of discrimination in places of public accommodation.

The bill adds a midwife to the environmental justice advisory board (**section 16**) and the governor's expert emergency epidemic response committee (**section 20**).

**Section 17** requires a health facility that provides maternal health services to notify certain individuals before eliminating or reducing the services.

**Section 18** adds midwifery as a preferred area of expertise for members of the health equity commission.

**Section 19** requires the maternal mortality review committee to:

- Study closures related to perinatal health-care practices and facilities and perinatal health-care deserts and assets related to perinatal health and health-care services across the state, not limited to obstetric providers;
- Identify major outcome categories that the department of public health and environment should track over time and identify risks and opportunities;
- Explore the effects of practice and facility closures (closures) on maternal and infant health outcomes and experiences;
- Identify recommendations during closures and resultant transfers of care;
- Identify best practice guidelines during closures and resultant transfers of care; and
- Create a maternal health desert and asset map.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly  
3 finds and declares that:

4 (a) With the increased demand for reproductive health-care

1 services in the state, it is important to support the full infrastructure of  
2 reproductive health-care providers. This includes:

3 (I) Integrating the services and expertise of direct-entry midwives;

4 (II) Assessing and maintaining the level of reproductive  
5 health-care services needed in a community in a way that is accessible to  
6 the community;

7 (III) Understanding the assets and the gaps in services at the  
8 county level; and

9 (IV) Understanding and implementing best practices for when  
10 services are discontinued in a community, including providing notice  
11 and a transition plan to the state in order to recognize and monitor the  
12 ongoing impact to the community.

13 (b) Demand for community birth options jumped 30% from 2019  
14 to 2020, with the majority of demand coming from Black and Latinx  
15 birthing people;

16 (c) People are choosing community birth care because they find  
17 it supportive of not just their health needs but their social, spiritual, and  
18 community values and needs; however, community birth facilities and  
19 providers face barriers to providing care;

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21 (d) Patients should have the ability to choose the provider that is  
22 right for them, regardless of the setting. Especially for underserved Black,  
23 Indigenous, Asian, rural, refugee, or immigrant communities or someone  
24 dealing with a substance use or mental health condition, the ability to  
25 choose a provider that can meet their needs isn't just important, it could  
26 be lifesaving.

27 (e) Facility and practice closures leave communities scrambling

1 when they close suddenly and without guidance to patients. When  
2 closures occur, the state must ensure that vulnerable communities are  
3 protected.

4 (f) The preventable maternal mortality crisis is only growing  
5 worse in our state, disproportionately harming Black and Indigenous  
6 people; and

7 (g) The maternal mortality review committee has made several  
8 recommendations to combat this crisis, including:

9 (I) Increased access to a variety of health-care professionals, such  
10 as direct-entry midwives;

11 (II) Addressing critical maternal health workforce shortages, such  
12 as ensuring that direct-entry midwives can provide care at their full scope  
13 and preventing perinatal facility and practice closures as much as  
14 possible;

15 (III) Examining unintended consequences of policies and  
16 procedures, such as exploring the impact of facility and practice closures  
17 on Black, Indigenous, Latinx, Asian, rural, and immigrant and refugee  
18 communities; and

19 (IV) The Colorado department of public health and environment  
20 recommends that health-care providers be trained and prepared to provide  
21 a type of care that direct-entry midwives already specialize in. The  
22 midwifery model of care exemplifies certain recommendations such as  
23 dyad care, trauma-informed care, shared decision-making, and expertise  
24 in safe transitions, care navigation, and wraparound services.

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26 **SECTION 2.** In Colorado Revised Statutes, **amend** 12-225-114  
27 as follows:

1           **12-225-114. Repeal of article - subject to review.** This article  
2 225 is repealed, effective September 1, 2028. Before the repeal, the  
3 registering of direct-entry midwives by the division is scheduled for  
4 review in accordance with section 24-34-104.

5           ■  
6           **SECTION 3.** In Colorado Revised Statutes, 24-34-305, **amend**  
7 (1)(k) as follows:

8           **24-34-305. Powers and duties of commission.** (1) The  
9 commission has the following powers and duties:

10           (k) (I) To receive reports from people alleging MISTREATMENT IN  
11 THE CONTEXT OF maternity care, INCLUDING CARE that is not organized  
12 for, and provided to, a person who is pregnant or in the postpartum period  
13 AS DEFINED IN SECTION 12-225-103, in a manner that is culturally  
14 congruent; ~~maintains~~ THAT FAILS TO MAINTAIN the person's dignity,  
15 privacy, and confidentiality; ~~ensures~~ THAT FAILS TO ENSURE freedom from  
16 harm and mistreatment; and ~~enables~~ THAT FAILS TO ENABLE informed  
17 choices and continuous support.

18           (II) REPORTS SHALL BE COLLECTED IN A WAY TO ENSURE THAT:

19           (A) CONFIDENTIAL INFORMATION CAN BE DE-IDENTIFIED;

20           (B) INDIVIDUALS CAN IDENTIFY MISTREATMENT THEY  
21 EXPERIENCED BASED ON THE FOLLOWING MISTREATMENT INDEX  
22 CATEGORIES: PHYSICAL ABUSE, SEXUAL ABUSE, VERBAL ABUSE, STIGMA  
23 AND DISCRIMINATION, FAILURE TO MEET PROFESSIONAL STANDARDS OF  
24 CARE, OR POOR RAPPORT BETWEEN PATIENTS OR CLIENTS AND PROVIDERS;  
25 POOR CONDITIONS AND CONSTRAINTS PRESENTED BY THE HEALTH-CARE  
26 SYSTEM; AND OBSTETRIC RACISM;

27           (C) NUMBERS OF REPORTS BASED ON TYPOLOGY CAN BE

1 GENERATED AND SHARED WITH THE PUBLIC AND OTHER AGENCIES;

2 (D) AN INDIVIDUAL MAY IDENTIFY ANY PROTECTED CLASS THE  
3 INDIVIDUAL MAY BE PART OF AND THAT MAY HAVE FACTORED INTO THE  
4 INDIVIDUAL'S MISTREATMENT;

5 (E) AN INDIVIDUAL MAY INDICATE WHAT MIGHT HAVE BEEN DONE  
6 DIFFERENTLY TO IMPROVE THE INDIVIDUAL'S SITUATION;

7 (F) AN INDIVIDUAL MAY ENTER NARRATIVE INFORMATION IN THE  
8 INDIVIDUAL'S OWN WORDS; AND

9 (G) AN INDIVIDUAL MAY VOLUNTARILY SHARE THE INDIVIDUAL'S  
10 CONTACT INFORMATION AND INDICATE WHETHER THE INDIVIDUAL  
11 CONSENTS TO BEING CONTACTED BY THE DEPARTMENT OF REGULATORY  
12 AGENCIES OR THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

13 (III) THE COMMISSION SHALL GENERATE DE-IDENTIFIED  
14 COMPOSITE INFORMATION BASED ON REPORTS SUBMITTED PURSUANT TO  
15 THIS SUBSECTION (1)(k). NOTWITHSTANDING SECTION 24-1-136 (1)(a)(I),  
16 NO LATER THAN JULY 1, 2025, AND NO LATER THAN JULY 1 EVERY THREE  
17 YEARS THEREAFTER, THE COMMISSION SHALL SHARE THE GENERATED  
18 DE-IDENTIFIED COMPOSITE INFORMATION WITH:

19 (A) THE COLORADO MATERNAL MORTALITY REVIEW COMMITTEE  
20 CREATED IN SECTION 25-52-104 (1);

21 (B) THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN  
22 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES  
23 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES; AND

24 (C) THE MATERNITY ADVISORY COMMITTEE DEFINED IN SECTION  
25 25.5-4-506 (1)(b).

26 (IV) REPORTS MAY BE SHARED INTERNALLY WITH STAFF FOR  
27 STUDY, INVESTIGATION, REPORTS, PUBLICATIONS, OR HEARINGS.

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**SECTION 4.** In Colorado Revised Statutes, 25-1-134, **amend** (2)(c)(IV) as follows:

**25-1-134. Environmental justice - ombudsperson - advisory board - grant program - definitions - repeal.** (2) **Environmental justice advisory board.** (c) The advisory board consists of the following twelve members who, to the extent practicable, must reside in different geographic areas of the state, reflect the racial and ethnic diversity of the state, and have experience with a range of environmental issues, including air pollution, water contamination, and public health impacts:

(IV) Four voting members appointed by the executive director of the department, AT LEAST ONE OF WHOM MUST BE A MIDWIFE WHO IS PRACTICING IN A FREESTANDING BIRTH CENTER, IN A RURAL AREA, OR AS A HOME BIRTH PROVIDER.

**SECTION 5.** In Colorado Revised Statutes, **add** 25-3-131 as follows:

**25-3-131. Maternal health-care services - discontinuation - required notifications - definition - repeal.** (1) EXCEPT AS PROVIDED IN SUBSECTION (3) OF THIS SECTION, AT LEAST NINETY DAYS BEFORE A HOSPITAL PROVIDING MATERNAL HEALTH-CARE SERVICES OR A BIRTH CENTER MAY DISCONTINUE SUCH SERVICES, THE FACILITY SHALL PROVIDE NOTICE TO:

- (a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT RESPONSIBLE FOR LICENSING HEALTH FACILITIES PURSUANT TO SECTION 25-3-101;
- (b) THE PRIMARY CARE OFFICE, CREATED IN SECTION 25-1.5-403;
- (c) THE GOVERNOR;

1 (d) ALL PATIENTS RECEIVING MATERNAL HEALTH-CARE SERVICES  
2 AT THE FACILITY AS OF THE DATE OF THE NOTICE;

3 (e) ALL HEALTH-CARE PROVIDERS THAT PROVIDE MATERNAL  
4 HEALTH-CARE SERVICES FOR THE FACILITY AS OF THE DATE OF THE  
5 NOTICE; AND

6 (f) THE GENERAL PUBLIC.

7 (2) THE NOTICE REQUIRED IN SUBSECTION (1) OF THIS SECTION  
8 MUST INCLUDE:

9 (a) A DESCRIPTION OF THE MATERNAL HEALTH-CARE SERVICES  
10 BEING ■ DISCONTINUED;

11 (b) THE RATE THE MATERNAL HEALTH-CARE SERVICES HAD BEEN  
12 PROVIDED AT IN THE PREVIOUS YEAR;

13 (c) THE NUMBER AND TYPE OF HEALTH-CARE PROVIDERS  
14 IMPACTED;

15 (d) THE PROPOSED PLAN FOR TRANSITIONING PATIENTS TO NEW  
16 HEALTH-CARE PROVIDERS; AND

17 (e) THE PROPOSED PLAN FOR TRANSITIONING THE HEALTH-CARE  
18 PROVIDERS TO NEW POSITIONS.

19 (3) (a) IN THE EVENT OF AN EMERGENCY, A FACILITY SHALL  
20 PROVIDE THE NOTICE REQUIRED IN SUBSECTION (1) OF THIS SECTION ON  
21 THE DAY A DEFINITIVE PLAN FOR ALTERNATIVE PATIENT CARE HAS BEEN  
22 ARRANGED OR WITHIN SEVEN DAYS AFTER THE EMERGENCY HAS BEEN  
23 IDENTIFIED, WHICHEVER IS EARLIER.

24 (b) THIS SUBSECTION (3) DOES NOT APPLY IN THE EVENT OF AN  
25 EMERGENCY COVERED BY RULES PROMULGATED BY THE DEPARTMENT OF  
26 PUBLIC HEALTH AND ENVIRONMENT IF SUCH EMERGENCY AFFECTS THE  
27 PHYSICAL SPACE OF THE FACILITY AND NECESSITATES THE REMOVAL OF



1 CLIENTS, EMPLOYEES, OR CONTRACTORS FROM THE FACILITY.

2 (4) AS USED IN THIS SECTION:

3 (a) "EMERGENCY" MEANS A SUDDEN AND UNFORESEEN  
4 CIRCUMSTANCE OR FINANCIAL IMPEDIMENT THAT WOULD INHIBIT A  
5 HOSPITAL'S ABILITY TO SAFELY AND EFFECTIVELY OPERATE A MATERNAL  
6 HEALTH-CARE SERVICE.

7 (b) "MATERNAL HEALTH-CARE SERVICES" MEANS HEALTH-CARE  
8 SERVICES PROVIDED TO AN INDIVIDUAL REGARDING CARE RELATED TO THE  
9 INDIVIDUAL'S PREGNANCY, CHILDBIRTH, AND POSTPARTUM PERIOD.

10 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

11 **SECTION 6.** In Colorado Revised Statutes, 25-4-2206, **amend**  
12 (2)(a)(III) introductory portion and (2)(a)(III)(J); and **add** (2)(a)(III)(J.5)  
13 as follows:

14 **25-4-2206. Health equity commission - creation - repeal.**

15 (2) (a) The commission consists of the following twenty-three members,  
16 who are as follows:

17 (III) The executive director of the department shall appoint ten  
18 members who represent, to the extent practical, Colorado's diverse ethnic,  
19 racial, sexual orientation, gender identity, gender expression, disability,  
20 aging population, socioeconomic, and geographic backgrounds. Each  
21 ~~person~~ INDIVIDUAL appointed to the commission must have demonstrated  
22 expertise in at least one, and preferably two, of the following areas:

23 (J) Behavioral health; ~~or~~

24 (J.5) MIDWIFERY; OR

25 **SECTION 7.** In Colorado Revised Statutes, 25-52-104, **amend**  
26 (2)(b)(II); and **add** (5.5) as follows:

27 **25-52-104. Colorado maternal mortality review committee -**

1 **creation - members - duties - report to the general assembly - repeal.**

2 (2) (b) In appointing members to the committee, the executive director  
3 shall:

4 (II) Ensure that committee members represent diverse  
5 communities and a variety of clinical, forensic, and psychosocial  
6 specializations and community perspectives, INCLUDING  
7 COMMUNITY-BASED MIDWIFERY; and

8 (5.5) THE DEPARTMENT MAY CONTRACT WITH AN INDEPENDENT  
9 THIRD-PARTY EVALUATOR TO:

10 (a) STUDY CLOSURES, CONSOLIDATIONS, AND ACQUISITIONS  
11 RELATED TO PERINATAL HEALTH-CARE PRACTICES AND FACILITIES AND  
12 PERINATAL STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS,  
13 AS DEFINED IN SECTION 25-1.5-402 (11), AND ASSETS AND DEFICITS  
14 RELATED TO PERINATAL HEALTH AND HEALTH-CARE SERVICES ACROSS THE  
15 STATE, NOT LIMITED TO OBSTETRIC PROVIDERS;

16 (b) IDENTIFY MAJOR OUTCOME CATEGORIES AT THE CLINICAL,  
17 FAMILY, COMMUNITY, AND PROVIDER LEVELS THAT THE DEPARTMENT  
18 SHOULD TRACK OVER TIME AND IDENTIFY RISKS AND OPPORTUNITIES  
19 RELATED TO CLOSURES, CONSOLIDATIONS, AND ACQUISITIONS OF  
20 PERINATAL HEALTH-CARE PRACTICES AND FACILITIES;

21 (c) EXPLORE THE EFFECTS OF PRACTICE AND FACILITY CLOSURES  
22 ON MATERNAL AND INFANT HEALTH OUTCOMES AND EXPERIENCES, TO  
23 ILLUSTRATE STRUCTURAL NEEDS AROUND CLOSURES, WHEN APPLICABLE;

24 (d) IDENTIFY RECOMMENDATIONS DURING PRACTICE AND FACILITY  
25 CLOSURES AND RESULTANT TRANSFERS OF CARE. THE DEPARTMENT OR  
26 THIRD PARTY EVALUATOR MAY USE BOTH PRIMARY AND SECONDARY DATA  
27 IN MAKING THE RECOMMENDATIONS. THE DEPARTMENT OR THIRD PARTY

1 EVALUATOR SHALL USE THE MAP CREATED PURSUANT TO SUBSECTION  
2 (5.5)(f) OF THIS SECTION IN DEVELOPING THE RECOMMENDATIONS. THE  
3 RECOMMENDATIONS MUST:

4 (I) INCLUDE SOLUTIONS AT THE FACILITY LEVEL, THE PRACTICE  
5 LEVEL, THE WORKFORCE LEVEL, THE COMMUNITY LEVEL, AND THE  
6 PATIENT LEVEL;

7 (II) INCLUDE MINIMUM REQUIREMENTS FOR REPORTING ON  
8 CLOSURES, INCLUDING METRICS ON TIMELINES AND GEOGRAPHIC AREA,  
9 INCLUDING WHETHER THE TIMELINE CREATED IN SECTION 25-3-131 IS  
10 APPROPRIATE;

11 (III) DEVELOP RECOMMENDATIONS ON PRIMARY AND SECONDARY  
12 DATA COLLECTION RELATED TO CLOSURES AND RESULTANT TRANSFERS OF  
13 CARE.

14 (e) IDENTIFY BEST PRACTICE GUIDELINES DURING PRACTICE AND  
15 FACILITY CLOSURES AND RESULTANT TRANSFERS OF CARE. THE THIRD  
16 PARTY EVALUATOR MAY USE BOTH PRIMARY AND SECONDARY DATA IN  
17 IDENTIFYING THE BEST PRACTICE GUIDELINES. THE THIRD PARTY  
18 EVALUATOR SHALL USE THE MAP CREATED PURSUANT TO SUBSECTION  
19 (5.5)(f) OF THIS SECTION IN DEVELOPING THE GUIDELINES. THE GUIDELINES  
20 MUST CONSIDER THE FOLLOWING AREAS: RISKS AND OPPORTUNITIES;  
21 TRANSFERS OF CARE; COMMUNITY NOTICE NEEDS AND OPPORTUNITIES;  
22 NOTIFICATION TO THE DEPARTMENT; CLOSURE TIMELINE; AND RESOURCES  
23 NEEDED BY FACILITIES, PROVIDERS, AND FAMILIES.

24 (f) CREATE A HEALTH PROFESSIONAL SHORTAGE AREA AND  
25 PERINATAL HEALTH SERVICES ASSETS AND DEFICITS ASSET MAP THAT  
26 IDENTIFIES BY PERINATAL SERVICE AREA:

27 (I) PRIMARY HEALTH-CARE PROVIDERS, INCLUDING PHYSICIANS

1 AND MIDWIVES OF ALL CREDENTIAL TYPES WHO PROVIDE OR COULD BE  
2 PROVIDING PERINATAL HEALTH CARE;

3 (II) THE TYPE AND LOCATION OF PERINATAL HEALTH CARE  
4 OFFERED BY THE PROVIDERS LISTED PURSUANT TO SUBSECTION (5.5)(f)(I)  
5 OF THIS SECTION;

6 (III) COMMUNITY-BASED PERINATAL HEALTH-CARE WORKERS,  
7 SUCH AS DOULAS, CHILDBIRTH EDUCATORS, AND LACTATION SUPPORT  
8 CONSULTANTS; AND

9 (IV) RESOURCES SUCH AS COMMUNITY ADVOCATES, GATHERING  
10 PLACES, AND EDUCATIONAL HUBS;

11 (g) BY JULY 1, 2026, DELIVER THE BEST PRACTICES AND  
12 RECOMMENDATIONS CREATED PURSUANT TO THIS SUBSECTION (5.5) TO  
13 THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES  
14 COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE,  
15 OR THEIR SUCCESSOR COMMITTEES.

16 **SECTION 8.** In Colorado Revised Statutes, 24-33.5-704.5,  
17 **amend** (1)(b)(II)(G) and (1)(b)(II)(H); and **add** (1)(b)(II)(I) as follows:

18 **24-33.5-704.5. Governor's expert emergency epidemic**  
19 **response committee - creation.** (1) (b) (II) In addition to the state  
20 members of the committee, the governor shall appoint to the committee  
21 an individual from each of the following categories:

22 (G) A wildlife disease specialist with the division of wildlife; ~~and~~

23 (H) A pharmacist member of the state board of pharmacy; AND

24 (I) A MIDWIFE WITH EXPERIENCE IN OUT-OF-HOSPITAL BIRTHS.

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26 **SECTION 9. Appropriation.** (1) For the 2024-25 state fiscal  
27 year, \$328,946 is appropriated to the department of public health and

1 environment for use by the prevention services division. This  
2 appropriation is from the general fund. To implement this act, the division  
3 may use this appropriation for maternal and child health related to  
4 community health, which amount is based on an assumption that the  
5 division will require an additional 0.8 FTE.

6 (2) For the 2024-25 state fiscal year, \$111,072 is appropriated to  
7 the department of regulatory agencies. This appropriation is from the  
8 general fund. To implement this act, the department may use this  
9 appropriation as follows:

10 (a) \$54,717 from general fund for use by the civil rights division  
11 for personal services, which amount is based on an assumption that the  
12 division will require an additional 1.0 FTE;

13 (b) \$7,950 from general fund for use by the civil rights division  
14 for operating expenses;

15 ==  
16 (c) \$32,005 from general fund for the purchase of legal services;  
17 and

18 (d) \$16,400 from general fund for the purchase of information  
19 technology services.

20 (3) For the 2024-25 state fiscal year, \$32,005 is appropriated to  
21 the department of law. This appropriation is from reappropriated funds  
22 received from the department of regulatory agencies under subsection  
23 (2)(c) of this section and is based on an assumption that the department  
24 of law will require an additional 0.1 FTE. To implement this act, the  
25 department of law may use this appropriation to provide legal services for  
26 the department of regulatory agencies.

27 (4) For the 2024-25 state fiscal year, \$16,400 is appropriated to

1 the office of the governor for use by the office of information technology.  
2 This appropriation is from reappropriated funds received from the  
3 department of regulatory agencies under subsection (2)(d) of this section.  
4 To implement this act, the office may use this appropriation to provide  
5 information technology services for the department of regulatory  
6 agencies.

7       **SECTION 10. Safety clause.** The general assembly finds,  
8 determines, and declares that this act is necessary for the immediate  
9 preservation of the public peace, health, or safety or for appropriations for  
10 the support and maintenance of the departments of the state and state  
11 institutions.