

**Second Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO**

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 22-0815.01 Shelby Ross x4510

**HOUSE BILL 22-1302**

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**HOUSE SPONSORSHIP**

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**House Committees**

Public & Behavioral Health & Human Services  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING HEALTH-CARE PRACTICE TRANSFORMATION TO SUPPORT**  
102              **WHOLE-PERSON HEALTH THROUGH INTEGRATED CARE MODELS,**  
103              **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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**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/>.)*

The bill creates the primary care and behavioral health statewide integration grant program in the department of health care policy and financing to provide grants to primary care clinics for implementation of evidence-based clinical integration care models.

The bill requires the department of health care policy and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters or bold & italic numbers indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

HOUSE  
3rd Reading Unamended  
April 11, 2022

HOUSE  
Amended 2nd Reading  
April 8, 2022

financing, in collaboration with the behavioral health administration and other agencies, to develop a universal contract for behavioral health services.

The bill makes an appropriation.

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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) Since the COVID-19 pandemic began, rates of psychological  
5 distress, including anxiety, depression, and other behavioral and mental  
6 health disorders, among them substance use disorders, have increased;

7 (b) From 2015 to 2019, Colorado's state innovation model used  
8 federal grant funding to support 344 primary care practices and four  
9 community mental health centers to integrate behavioral and physical  
10 health care, build a network of regional health connectors that links  
11 practices with community resources, and advance the development of  
12 value-based payment structures;

13 (c) A federal evaluation showed that Colorado's practice  
14 transformation program was associated with greater access to behavioral  
15 health care and fewer behavioral-health-related emergency visits;

16 (d) Efforts to continue the progress of the state innovation model  
17 have continued, but too few Coloradans have access to behavioral health  
18 services, and even fewer have access to these services in their primary  
19 care provider's office;

20 (e) The federal government enacted the "American Rescue Plan  
21 Act of 2021" (ARPA), Pub.L. 117-2, to provide support to state, local,  
22 and tribal governments in responding to the impact of the COVID-19  
23 pandemic; and

1 (f) Regulations construing ARPA promulgated by the federal  
2 department of treasury identify a nonexclusive list of uses for the  
3 COVID-19 pandemic and its negative public health impacts.

4 (2) Therefore, the general assembly declares that:

5 (a) Investments in practice transformation, including behavioral  
6 health integration, will increase access to behavioral health-care services  
7 for Coloradans struggling due to the public health emergency; and

8 (b) The programs and services funded by the federal money in this  
9 act are important government services and appropriate uses of the money  
10 transferred to Colorado under ARPA.

11 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-332 as  
12 follows:

13 **25.5-5-332. Primary care and behavioral health statewide**  
14 **integration grant program - creation - report - definition - repeal.**

15 (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
16 REQUIRES, "GRANT PROGRAM" MEANS THE PRIMARY CARE AND  
17 BEHAVIORAL HEALTH STATEWIDE INTEGRATION GRANT PROGRAM  
18 CREATED IN SUBSECTION (2) OF THIS SECTION.

19 (2) THERE IS CREATED IN THE STATE DEPARTMENT THE PRIMARY  
20 CARE AND BEHAVIORAL HEALTH STATEWIDE INTEGRATION GRANT  
21 PROGRAM TO PROVIDE GRANTS TO PHYSICAL AND BEHAVIORAL HEALTH  
22 CARE PROVIDERS FOR IMPLEMENTATION OF EVIDENCE-BASED CLINICAL  
23 INTEGRATION CARE MODELS, AS DEFINED BY THE STATE DEPARTMENT, IN  
24 COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE  
25 DEPARTMENT OF HUMAN SERVICES.

26 (3) (a) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED  
27 THROUGH THE GRANT PROGRAM FOR THE FOLLOWING PURPOSES:

1 (I) DEVELOPING INFRASTRUCTURE FOR PRIMARY CARE, PEDIATRIC,  
2 AND BEHAVIORAL HEALTH-CARE PROVIDERS TO BETTER SERVE  
3 INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS IN OUTPATIENT HEALTH  
4 CARE SETTINGS;

5 (II) INCREASING ACCESS TO QUALITY HEALTH CARE FOR  
6 INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS;

7 (III) INVESTING IN EARLY INTERVENTIONS FOR CHILDREN, YOUTH,  
8 AND ADULTS THAT REDUCE ESCALATION AND EXACERBATION OF  
9 BEHAVIORAL HEALTH CONDITIONS;

10 (IV) ADDRESSING THE NEED TO EXPAND THE BEHAVIORAL  
11 HEALTH-CARE WORKFORCE; AND

12 (V) DEVELOPING AND IMPLEMENTING ALTERNATIVE PAYMENT  
13 MODELS, INCLUDING THE DEVELOPMENT OF PROTOCOLS, PROCESSES, WORK  
14 FLOW, AND PARTNERSHIPS.

15 (b) ANY MONEY RECEIVED THROUGH THE GRANT PROGRAM MUST  
16 SUPPLEMENT AND NOT SUPPLANT EXISTING HEALTH-CARE SERVICES.  
17 GRANT RECIPIENTS SHALL NOT USE MONEY RECEIVED THROUGH THE  
18 GRANT PROGRAM FOR:

19 (I) ONGOING OR EXISTING EXECUTIVE AND SENIOR STAFF  
20 SALARIES;

21 (II) SERVICES ALREADY COVERED BY MEDICAID OR A CLIENT'S  
22 INSURANCE; OR

23 (III) ONGOING OR EXISTING ELECTRONIC HEALTH RECORDS COSTS.

24 (c) (I) (A) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR  
25 HOSPITAL-AFFILIATED PRACTICE THAT IS NOT PART OF A HOSPITAL SYSTEM  
26 AND HAS LESS THAN TEN PERCENT TOTAL PROFIT AS MEASURED BY STATE  
27 DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL

1 PROVIDE A TWENTY-FIVE PERCENT MATCH FOR THE AWARDED AMOUNT.  
2 THE GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND  
3 PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE TWENTY-FIVE  
4 PERCENT MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(A).

5 (B) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR  
6 HOSPITAL-AFFILIATED PRACTICE THAT IS PART OF A HOSPITAL SYSTEM  
7 OR HAS TEN PERCENT OR MORE TOTAL PROFIT AS MEASURED BY STATE  
8 DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL  
9 PROVIDE A FIFTY PERCENT MATCH FOR THE AWARDED AMOUNT. THE  
10 GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND  
11 PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE FIFTY PERCENT  
12 MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(B).

13 (C) IF A GRANT RECIPIENT IS A CRITICAL ACCESS HOSPITAL, AS  
14 DEFINED IN SECTION 10-16-1303 (2), THE GRANT RECIPIENT SHALL  
15 PROVIDE A TEN PERCENT MATCH FOR THE AWARDED AMOUNT. THE GRANT  
16 RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND PERSONNEL  
17 TIME, OR FEDERAL RELIEF FUNDING FOR THE TEN PERCENT MATCH  
18 REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(C).

19 (II) FOR THE PURPOSES OF THIS SUBSECTION (3)(c),  
20 "HOSPITAL-AFFILIATED" MEANS THERE IS A CONTRACTUAL RELATIONSHIP  
21 BETWEEN A HOSPITAL OR AN ENTITY THAT IS OWNED BY OR UNDER  
22 COMMON OWNERSHIP AND CONTROL WITH THE HOSPITAL IN WHICH THE  
23 CONTRACTUAL RELATIONSHIP ENABLES THE HOSPITAL OR ENTITY THAT IS  
24 OWNED BY OR UNDER COMMON OWNERSHIP AND CONTROL WITH THE  
25 HOSPITAL TO EXERCISE CONTROL OVER ONE OF THE FOLLOWING ENTITIES:

26 (A) ANOTHER HOSPITAL;

27 (B) AN ENTITY OWNED BY OR UNDER COMMON OWNERSHIP AND

1 CONTROL WITH ANOTHER HOSPITAL; OR

2 (C) A PHYSICIAN GROUP PRACTICE.

3 (d) THE STATE DEPARTMENT MAY PROVIDE FUNDING TO PHYSICAL  
4 AND BEHAVIORAL HEALTH-CARE PROVIDERS THROUGH INFRASTRUCTURE  
5 BUILDING AND POPULATION-BASED PAYMENT MECHANISMS.

6 (e) GRANT RECIPIENTS SHALL PARTICIPATE IN TECHNICAL  
7 ASSISTANCE EDUCATION AND TRAINING AND RELATED WORKGROUPS AS  
8 DETERMINED BY THE STATE DEPARTMENT.

9 (4) (a) THE STATE DEPARTMENT SHALL ADMINISTER THE GRANT  
10 PROGRAM AND, SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD  
11 GRANTS AS PROVIDED IN THIS SECTION. SUBJECT TO AVAILABLE  
12 APPROPRIATIONS, GRANTS SHALL BE PAID OUT OF THE BEHAVIORAL AND  
13 MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230.

14 (b) IN ORDER TO SUPPORT REAL-TIME TRANSFORMATION AND  
15 ACCESS TO CARE, THE STATE DEPARTMENT SHALL ENSURE TIMELY  
16 PAYMENT TO GRANT RECIPIENTS FOR SERVICES RELATED TO THE GRANT  
17 PROGRAM.

18 (5) GRANT APPLICANTS SHALL DEMONSTRATE A COMMITMENT TO  
19 MAINTAINING MODELS AND PROGRAMS THAT, AT A MINIMUM:

20 (a) MEASURABLY INCREASE ACCESS TO BEHAVIORAL HEALTH  
21 SCREENING, REFERRAL, TREATMENT, AND RECOVERY CARE;

22 (b) IMPLEMENT OR EXPAND EVIDENCE-BASED MODELS FOR  
23 INTEGRATION;

24 (c) LEVERAGE MULTIDISCIPLINARY TREATMENT TEAMS;

25 (d) SERVE PUBLICLY FUNDED CLIENTS;

26 (e) MAINTAIN A PLAN FOR HOW TO ADDRESS A CLIENT WITH  
27 EMERGENCY NEEDS;

1 (f) MAINTAIN A PLAN FOR HOW TECHNOLOGY WILL BE LEVERAGED  
2 FOR WHOLE-PERSON CARE, WHICH MAY INCLUDE PLANS FOR DATA  
3 SECURITY, ELECTRONIC HEALTH RECORDS REFORMS, AND TELEHEALTH  
4 IMPLEMENTATION OR EXPANSION; AND

5 (g) IMPLEMENT OR ENGAGE IN STATE-DEPARTMENT-SPECIFIED  
6 TOOLS AND SHARED LEARNING AND RESOURCES, INCLUDING BUT NOT  
7 LIMITED TO:

8 (I) PEER LEARNING COLLABORATIVES TO DEVELOP SUSTAINABLE  
9 POPULATION-BASED PAYMENT MODELS LED BY THE STATE DEPARTMENT;

10 (II) USE OF ELECTRONIC TOOLS FOR SCREENING AND REFERRALS;  
11 AND

12 (III) DATA-SHARING BEST PRACTICES.

13 (6) IN SELECTING GRANT RECIPIENTS, THE STATE DEPARTMENT  
14 SHALL FIRST PRIORITIZE APPLICANTS THAT SERVE PRIORITY POPULATIONS  
15 THAT EXPERIENCE DISPARITIES IN HEALTH-CARE ACCESS AND OUTCOMES,  
16 INCLUDING BUT NOT LIMITED TO HISTORICALLY MARGINALIZED AND  
17 UNDERSERVED COMMUNITIES, DETERMINED BY THE COMMUNITIES WITH  
18 THE HIGHEST PROPORTION OF PATIENTS RECEIVING ASSISTANCE THROUGH  
19 THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF  
20 TITLE 25.5. THE STATE DEPARTMENT SHALL THEN PRIORITIZE APPLICANTS  
21 THAT MEET AS MANY OF THE FOLLOWING CRITERIA AS POSSIBLE:

22 (a) SERVE INDIVIDUALS WITH CO-OCCURRING AND COMPLEX CARE  
23 NEEDS, SERIOUS MENTAL ILLNESSES, OR DISABILITIES;

24 (b) SERVE CHILDREN AND YOUTH;

25 (c) INCLUDE OPPORTUNITIES TO BUILD OUT COMMUNITY HEALTH  
26 WORKER, BEHAVIORAL HEALTH AIDE, OR SIMILAR PROGRAMS, SUPPORTED  
27 BY POPULATION-BASED PAYMENTS;

- 1 (d) SERVE PREGNANT AND POSTPARTUM PEOPLE;
- 2 (e) THE PRACTICE IS CONSIDERED A SMALL AND INDEPENDENT
- 3 PRACTICE;
- 4 (f) DEMONSTRATE THE ABILITY AND INTENT TO SERVE
- 5 CULTURALLY DIVERSE POPULATIONS AND POPULATIONS WITH LIMITED
- 6 ENGLISH PROFICIENCY;
- 7 (g) INCLUDE WORKFORCE CAPACITY-BUILDING COMPONENTS;
- 8 (h) INCLUDE HIGH-INTENSITY OUTPATIENT SERVICES;
- 9 (i) IMPROVE DATA EXCHANGE AND DATA INTEGRATION THAT
- 10 SUPPORTS WHOLE-PERSON CARE;
- 11 (j) UTILIZE TELEHEALTH;
- 12 (k) ALIGN WITH OR PARTICIPATE IN COMMERCIAL ALTERNATIVE
- 13 PAYMENT MODELS;
- 14 (l) DEMONSTRATE COMMUNITY PARTNERSHIPS; OR
- 15 (m) PARTICIPATE IN THE REGIONAL HEALTH CONNECTOR
- 16 WORKFORCE PROGRAM CREATED IN SECTION 23-21-901.

17 (7) (a) THE STATE DEPARTMENT SHALL ESTABLISH A SET OF  
18 STATEWIDE RESOURCES TO SUPPORT GRANT RECIPIENTS. AT A MINIMUM,  
19 THE RESOURCES MUST INCLUDE:

20 (I) A CLINICAL CONSULTATION AND PRACTICE TRANSFORMATION  
21 SUPPORT TEAM PROVIDED BY THE COLORADO HEALTH EXTENSION SYSTEM  
22 IN THE PRACTICE INNOVATION PROGRAM; AND

23 (II) A SUSTAINABLE BILLING AND DATA PARTNERSHIP TEAM THAT  
24 WILL TRAIN AND SUPPORT GRANT RECIPIENTS IN MEETING STANDARDS FOR  
25 ALTERNATIVE PAYMENT MODELS AND CREATING AND IMPLEMENTING  
26 DATA-SHARING PRACTICES AND POLICIES THAT SUPPORT MENTAL HEALTH  
27 DISORDERS, SUBSTANCE USE DISORDERS, AND CO-OCCURRING DISORDERS.



1 (b) THE STATE DEPARTMENT MAY ENTER INTO INTERAGENCY  
2 AGREEMENTS OR PROCURE CONTRACTS TO ESTABLISH THE RESOURCES  
3 PURSUANT TO THIS SUBSECTION (7).

4 (8) THE STATE DEPARTMENT MAY PROCURE A GRANT APPLICATION  
5 AND SUPPORT TEAM TO ASSIST THE STATE DEPARTMENT WITH DRAFTING  
6 THE GRANT APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING  
7 AND PROCESSING GRANT AWARDS.

8 (9) A GRANT RECIPIENT SHALL SPEND OR OBLIGATE ANY MONEY  
9 RECEIVED PURSUANT TO THIS SECTION NO LATER THAN **DECEMBER 30,**  
10 **2024.** ANY MONEY A GRANT RECIPIENT OBLIGATES MUST BE EXPENDED NO  
11 LATER THAN **DECEMBER 30, 2026.**

12 (10) (a) THE STATE DEPARTMENT SHALL ESTABLISH A STEERING  
13 COMMITTEE TO:

14 (I) PROVIDE CONTINUOUS INPUT INTO GRANT APPLICATION  
15 REQUIREMENTS;

16 (II) PROVIDE FEEDBACK AND DIRECTION ON DATA COLLECTION  
17 STANDARDS AND REVIEW; AND

18 (III) ENGAGE WITH COMMUNITY PARTNERS WHO WILL HELP  
19 SUPPORT THE INTEGRATED CARE PRACTICES THROUGH REFERRALS AND  
20 TRUSTED COMMUNICATIONS.

21 (b) THE STATE DEPARTMENT SHALL SELECT A STATE DEPARTMENT  
22 EMPLOYEE TO CHAIR THE STEERING COMMITTEE, STAFF THE STEERING  
23 COMMITTEE, AND REIMBURSE ANY PARTICIPANT WHO IS NOT A STATE  
24 EMPLOYEE FOR REASONABLE TRAVEL EXPENSES.

25 (11) THE STATE DEPARTMENT SHALL, IN COLLABORATION WITH  
26 THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DIVISION OF  
27 INSURANCE, PREPARE A REPORT THAT INCLUDES RECOMMENDATIONS ON

1 BEST PRACTICES FOR SUSTAINING INTEGRATED CARE MODELS. IN  
2 PREPARING THE REPORT, THE STATE DEPARTMENT SHALL COLLECT DATA  
3 FROM EACH GRANT RECIPIENT RELATED TO CLINICAL QUALITY  
4 IMPROVEMENT AND ACCESS TO CARE. GRANT RECIPIENTS SHALL PROVIDE  
5 DATA TO THE STATE DEPARTMENT IN A TIMELY MANNER, AS DETERMINED  
6 BY THE STATE DEPARTMENT. THE STATE DEPARTMENT IS AUTHORIZED TO  
7 RECOUP OR DISCONTINUE GRANT FUNDING FOR GRANT RECIPIENTS THAT  
8 DO NOT COMPLY WITH THE DATA REPORTING REQUIREMENTS OR GRANT  
9 STANDARDS SET BY THE STATE DEPARTMENT.

10 (12) THE STATE DEPARTMENT AND ANY PERSON WHO RECEIVES  
11 MONEY FROM THE STATE DEPARTMENT PURSUANT TO THIS SECTION SHALL  
12 COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND  
13 PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF  
14 STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN  
15 ACCORDANCE WITH SECTION 24-75-226 (5).

16 (13) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

17 **SECTION 3.** In Colorado Revised Statutes, 25.5-5-402, **add** (3.5)  
18 as follows:

19 **25.5-5-402. Statewide managed care system - rules - definition**  
20 **- repeal.** (3.5) (a) NO LATER THAN JULY 1, 2023, THE STATE  
21 DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH  
22 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES AND OTHER  
23 STATE AGENCIES, SHALL DEVELOP THE UNIVERSAL CONTRACT AS  
24 DESCRIBED IN SECTION 27-50-203.

25 (b) (I) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL  
26 ASSEMBLY SHALL APPROPRIATE THREE MILLION DOLLARS FROM THE  
27 BEHAVIORAL AND MENTAL HEALTH CASH FUND, CREATED IN SECTION

1 24-75-230, TO THE STATE DEPARTMENT FOR THE DEVELOPMENT,  
2 IMPLEMENTATION, AND ADMINISTRATION OF THE UNIVERSAL CONTRACT.

3 (II) THIS SUBSECTION (3.5)(b) IS REPEALED, EFFECTIVE JULY 1,  
4 2024.

5 **SECTION 4. Appropriation.** (1) For the 2022-23 state fiscal  
6 year, \$31,750,000 is appropriated to the department of health care policy  
7 and financing for use by other medical services. This appropriation is  
8 from the behavioral and mental health cash fund created in section  
9 24-75-230 (2)(a), C.R.S., is of money the state received from the federal  
10 coronavirus state fiscal recovery fund, and is based on an assumption that  
11 the division will require an additional 2.3 FTE. To implement this act, the  
12 division may use this appropriation for the primary care and behavioral  
13 health statewide integration grant program. Any money appropriated in  
14 this section not expended prior to July 1, 2023, is further appropriated to  
15 the division from July 1, 2023, through December 30, 2024, for the same  
16 purpose.

17 (2) For the 2022-23 state fiscal year, \$3,000,000 is appropriated to  
18 the department of health care policy and financing for use by the  
19 executive director's office, general administration. This appropriation is  
20 from the behavioral and mental health cash fund created in section  
21 24-75-230 (2)(a), C.R.S., and is of money the state received from the  
22 federal coronavirus state fiscal recovery fund. To implement this act, the  
23 division may use this appropriation for the universal contract for  
24 behavioral health services. Any money appropriated in this section not  
25 expended prior to July 1, 2023, is further appropriated to the division  
26 from July 1, 2023, through December 30, 2024, for the same purpose.

27 (3) For the 2022-23 fiscal year, \$250,000 is appropriated to the

1 department of higher education for use by the regents of the university of  
2 Colorado. This appropriation is from the behavioral and mental health  
3 cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the  
4 state received from the federal coronavirus state fiscal recovery fund. To  
5 implement this act, the regents may use this appropriation for allocation  
6 to the school of medicine for the regional health connector workforce  
7 program.

8           **SECTION 5. Effective date.** This act takes effect upon passage;  
9 except that section 3 of this act takes effect only if House Bill 22-1278  
10 becomes law, in which case section 3 takes effect either upon the  
11 effective date of this act or House Bill 22-1278, whichever is later.

12           **SECTION 6. Safety clause.** The general assembly hereby finds,  
13 determines, and declares that this act is necessary for the immediate  
14 preservation of the public peace, health, or safety.