### Second Regular Session Sixty-seventh General Assembly STATE OF COLORADO

# ENGROSSED

This Version Includes All Amendments Adopted on Second Reading in the House of Introduction SENATE BILL 10-124

LLS NO. 10-0448.01 Christy Chase

SENATE SPONSORSHIP

Carroll M.,

Ryden,

## HOUSE SPONSORSHIP

Senate Committees Health and Human Services Finance Appropriations

**House Committees** 

# A BILL FOR AN ACT

101	CONCERNING A REQUIREMENT THAT CERTAIN HEALTH CARE
102	PROVIDERS DISCLOSE INFORMATION ABOUT THEIR PRACTICE
103	HISTORY, AND MAKING AN APPROPRIATION THEREFOR.

#### **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://www.leg.state.co.us/billsummaries.)

Pursuant to the "Michael Skolnik Medical Transparency Act", enacted in 2007, physicians licensed in Colorado are required to report information pertaining to their practice history, including the following: ! The physician's name, address, and telephone number;

SENATE Am ended 2nd Reading M arch 25, 2010

- ! Information pertaining to any license to practice medicine held by the physician at any time;
- ! Any board certifications and specialties;
- ! Any affiliations with hospitals or health care facilities;
- ! Any health care-related business ownership interests or employment contracts if the aggregate value of the contracts exceeds \$5,000 annually;
- ! Any public disciplinary action taken by the state board or the regulatory body of another state or country;
- ! Any agreement or stipulation to temporarily cease or restrict practice or any board order restricting or suspending the physician's license;
- ! Any final action resulting in an involuntary limitation or probationary status on, or reduction, nonrenewal, denial, revocation, or suspension of the physician's medical staff membership or clinical privileges at a hospital or health care facility on or after September 1, 1990;
- ! Any involuntary surrender of the physician's United States drug enforcement administration registration;
- ! Any final criminal conviction or plea arrangement relating to the commission or alleged commission of a felony or crime of moral turpitude;
- ! Any final judgment, settlement, or arbitration award in a medical malpractice claim; and
- ! The refusal of an insurance carrier to issue a medical malpractice insurance policy to the physician due to past claims experience.

The bill enacts the "Michael Skolnik Medical Transparency Act of 2010" to extend similar reporting requirements, as applicable, to the following health care professionals who apply for a new license, certification, or registration or to renew, reinstate, or reactivate a license, certification, or registration, on or after July 1, 2011:

- Audiologists and licensed hearing aid providers;
- ! Acupuncturists;
- ! Podiatrists;
- ! Chiropractors;
- ! Dentists and dental hygienists;
- ! Physician assistants;
- ! Direct-entry midwives;
- Practical nurses, professional nurses, and advanced practice nurses;
- ! Optometrists;
- ! Physical therapists; and
- Psychologists, social workers, marriage and family therapists, professional counselors, addiction counselors,

and unlicensed psychotherapists.

The reporting requirements, as enacted in the original "Michael Skolnik Medical Transparency Act" of 2007, are modified to require all impacted professionals, including physicians, to:

- ! Report the location of the applicant's practice if different than the applicant's address of record;
- ! Report information about the education and training the person received pertaining to his or her profession;
- Provide information about other licenses, certifications, or registrations to practice the applicant's profession that were issued in the previous 10 years, rather than those issued at any time in the person's career; and
- ! Comply with their responsibility to report adverse actions to the appropriate regulatory body as otherwise required by law.

The requirement to report the license number, type, original issue date, last renewal date, and expiration date of any other license, certification, or registration issued to the person is eliminated.

In addition to the information required to be reported, an impacted professional is also permitted to submit information pertaining to relevant awards and recognitions received by the person.

1 Be it enacted by the General Assembly of the State of Colorado: 2 **SECTION 1.** Part 1 of article 34 of title 24, Colorado Revised 3 Statutes, is amended BY THE ADDITION OF A NEW SECTION 4 CONTAINING A RELOCATED PROVISION, WITH AMENDMENTS, 5 to read: 6 24-34-110. [Formerly 12-36-111.5] Medical transparency act 7 of 2010 - disclosure of information about health care licensees - fines 8 - rules - short title - legislative declaration. (1) This section shall be 9 known and may be cited as the "Michael Skolnik Medical Transparency 10 Act OF 2010". 11 (2) (a) The general assembly hereby finds and determines that: 12 (I) The people of Colorado need to be fully informed about the 13 past practices of persons practicing medicine A HEALTH CARE PROFESSION in this state in order to make informed decisions when choosing a medical
 HEALTH care provider and determining whether to proceed with a
 particular regimen of care recommended by a medical HEALTH care
 provider;

5 (II) The purpose of this section is to provide transparency to the 6 public regarding the competency of persons engaged in the practice of 7 medicine CERTAIN HEALTH CARE PROFESSIONS in this state to assist 8 citizens in making informed health care decisions.

9 (b) The general assembly further finds and declares that it is 10 important to make information about persons engaged in the practice of 11 medicine A HEALTH CARE PROFESSION available to the public in a manner 12 that is efficient, cost-effective, and maintains the integrity of the 13 information, and to that end, the general assembly encourages persons to 14 file the required information with the state board of medical examiners 15 DIVISION OF REGISTRATIONS electronically, to the extent possible.

16 (3) (a) AS USED IN THIS SECTION, "APPLICANT" MEANS A PERSON
17 APPLYING FOR A NEW LICENSE, CERTIFICATION, OR REGISTRATION OR TO
18 RENEW, REINSTATE, OR REACTIVATE A LICENSE, CERTIFICATION, OR
19 REGISTRATION TO PRACTICE:

20 (I) AUDIOLOGY PURSUANT TO PART 1 OF ARTICLE 5.5 OF TITLE 12,
21 C.R.S.;

(II) AS A LICENSED HEARING AID PROVIDER PURSUANT TO PART 2
OF ARTICLE 5.5 OF TITLE 12, C.R.S.;

24 (III) ACUPUNCTURE PURSUANT TO ARTICLE 29.5 OF TITLE 12,
25 C.R.S.;

26 (IV) PODIATRY PURSUANT TO ARTICLE 32 OF TITLE 12, C.R.S.;
27 (V) CHIROPRACTIC PURSUANT TO ARTICLE 33 OF TITLE 12, C.R.S.;

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1	(VI) DENTISTRY PURSUANT TO ARTICLE 35 OF TITLE 12, C.R.S.;
2	(VII) DENTAL HYGIENE PURSUANT TO ARTICLE 35 OF TITLE 12,
3	C.R.S.;
4	(VIII) MEDICINE PURSUANT TO ARTICLE 36 OF TITLE 12, C.R.S.;
5	(IX) AS A PHYSICIAN ASSISTANT PURSUANT TO ARTICLE 36 OF
6	TITLE 12, C.R.S.;
7	(X) DIRECT-ENTRY MIDWIFERY PURSUANT TO ARTICLE $37$ of title
8	12, C.R.S.;
9	(XI) PRACTICAL NURSING, PROFESSIONAL NURSING, OR ADVANCED
10	PRACTICE NURSING PURSUANT TO ARTICLE 38 OF TITLE 12, C.R.S.;
11	(XII) OPTOMETRY PURSUANT TO ARTICLE 40 OF TITLE 12, C.R.S.;
12	(XIII) PHYSICAL THERAPY PURSUANT TO ARTICLE 41 OF TITLE 12,
13	C.R.S.;
14	(XIV) PSYCHOLOGY PURSUANT TO PART 3 OF ARTICLE 43 OF TITLE
15	12, C.R.S.;
16	(XV) Social work pursuant to part 4 of article 43 of title
17	12, C.R.S.;
18	(XVI) MARRIAGE AND FAMILY THERAPY PURSUANT TO PART $5$ of
19	ARTICLE 43 OF TITLE 12, C.R.S.;
20	(XVII) PROFESSIONAL COUNSELING PURSUANT TO PART 6 OF
21	ARTICLE 43 OF TITLE 12, C.R.S.; AND
22	(XVIII) ADDICTION COUNSELING PURSUANT TO PART $8$ of article
23	43 OF TITLE 12, C.R.S.
24	(b) "APPLICANT" INCLUDES AN UNLICENSED THERAPIST ENGAGED
25	IN THE PRACTICE OF PSYCHOTHERAPY WHO IS OBLIGATED TO COMPLY WITH
26	RECORDING REQUIREMENTS PURSUANT TO SECTION 12-43-702.5, C.R.S.
27	(3) (4) On and after January 1, 2008, any person applying for a

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1	new license or to renew, reinstate, or reactivate a license to practice
2	medicine in this state, AND ON AND AFTER JULY 1, 2011, EACH APPLICANT
3	FOR A NEW LICENSE, CERTIFICATION, OR REGISTRATION OR TO RENEW,
4	REINSTATE, OR REACTIVATE A LICENSE, CERTIFICATION, OR REGISTRATION
5	IN THIS STATE, shall provide the following information to the board
6	DIRECTOR OF THE DIVISION OF REGISTRATIONS, in a form and manner
7	determined by the board that is consistent with the requirements of
8	section 12-36-111 (1) or 12-36-123 (1) DIRECTOR, AS APPLICABLE TO
9	EACH PROFESSION:
10	(a) (I) The applicant's full name, including any known aliases;
11	(II) THE APPLICANT'S current address of record and telephone
12	number;
13	(III) THE APPLICANT'S LOCATION OF PRACTICE, IF DIFFERENT THAN
14	THE ADDRESS OF RECORD;
15	$(\mathrm{IV})\ \mathrm{The}\ \mathrm{applicant}$ 's education and training related to his
16	OR HER PROFESSION;
17	(V) Information pertaining to any license, CERTIFICATION, OR
18	REGISTRATION to practice medicine held by the applicant at any time IN
19	THE PROFESSION FOR WHICH THE APPLICANT SEEKS LICENSURE,
20	CERTIFICATION, OR REGISTRATION, ISSUED OR HELD DURING THE
21	IMMEDIATELY PRECEDING TEN YEARS, including the license, <del>number, type</del>
22	CERTIFICATION, OR REGISTRATION status original issue date, last renewal
23	date, and expiration date YEAR OF ISSUANCE;
24	(VI) Any board certifications and specialties, if applicable;
25	(VII) Any affiliations with hospitals or health care facilities;
26	(VIII) Any health care-related business ownership interests;
27	(IX) INFORMATION PERTAINING TO THE APPLICANT'S EMPLOYER,

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1 INCLUDING NAME, CURRENT ADDRESS, AND TELEPHONE NUMBER; and

2 (X) Information pertaining to any health care-related employment 3 contracts or contracts establishing an independent contractor relationship 4 with any entities if the annual aggregate value of the contracts exceeds 5 five thousand dollars, as adjusted by the board DIRECTOR during each 6 license, CERTIFICATION, OR REGISTRATION renewal cycle to reflect 7 changes in the United States department of labor, bureau of labor 8 statistics, consumer price index for Denver-Boulder-Greeley, all items, all 9 urban consumers, or its successor index;

(b) Any public disciplinary action taken against the applicant by
the DIRECTOR, THE APPLICABLE STATE board THAT REGULATES THE
APPLICANT'S PROFESSION, or by the board or licensing agency of any other
state or country. The applicant shall provide a copy of the action to the
board DIRECTOR at the time the application is made.

15 (c) Any agreement or stipulation entered into between the 16 APPLICANT AND THE DIRECTOR, THE APPLICABLE STATE board THAT 17 REGULATES THE APPLICANT'S PROFESSION, or the board or licensing 18 agency of any other state or country and the applicant whereby the 19 applicant agrees to temporarily cease or restrict his or her practice, of 20 medicine or any DIRECTOR OR board order restricting or suspending the 21 applicant's medical license, CERTIFICATION, OR REGISTRATION. The 22 applicant shall provide a copy of the agreement, stipulation, or order to 23 the board DIRECTOR at the time the application is made.

(d) (I) Any final action that results in an involuntary limitation or
probationary status on, or a reduction, nonrenewal, denial, revocation, or
suspension of, the applicant's medical staff membership or clinical
privileges at any hospital or health care facility occurring on or after

1 September 1, 1990. The applicant shall not be required to report a 2 precautionary or administrative suspension of medical staff membership 3 or clinical privileges, as defined by the board DIRECTOR by rule, unless 4 the applicant resigns his or her medical staff membership or clinical 5 privileges while the precautionary or administrative suspension is 6 pending. To report the information required by this paragraph (d), the 7 applicant shall complete a form developed by the board DIRECTOR that 8 requires the applicant to report only the following information regarding 9 the action: 10 (A) The name of the facility or entity that took the action; 11 (B) The date the action was taken; 12 (C) The type of action taken, including any terms and conditions 13 of the action: 14 (D) The duration of the action; and 15 (E) Whether the applicant has fulfilled the terms or conditions of 16 the action, if applicable. 17 (II) Notwithstanding article 36.5 of this title <u>12</u>, and article 3 of 18 title 25, C.R.S., AND ANY PROVISION OF LAW TO THE CONTRARY, the form 19 completed by the applicant pursuant to this paragraph (d) shall be IS a 20 public record and shall IS not be confidential. Compliance with this 21 paragraph (d) shall DOES not constitute a waiver of any privilege or 22 confidentiality conferred by any applicable state or federal law. 23 (e) ANY FINAL ACTION OF AN EMPLOYER THAT RESULTS IN THE 24 APPLICANT'S LOSS OF EMPLOYMENT WHERE THE GROUNDS FOR 25 TERMINATION CONSTITUTE A VIOLATION OF THE LAWS GOVERNING THE 26 APPLICANT'S PRACTICE. TO REPORT THE INFORMATION REQUIRED BY THIS 27 PARAGRAPH (e), THE APPLICANT SHALL COMPLETE A FORM DEVELOPED BY

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THE DIRECTOR THAT REQUIRES THE APPLICANT TO REPORT ONLY THE
 FOLLOWING INFORMATION REGARDING THE ACTION:

3 (I) THE NAME OF THE EMPLOYER THAT TERMINATED THE
4 EMPLOYMENT; AND

5 (II) THE DATE THE TERMINATION OCCURRED OR BECAME6 EFFECTIVE.

7 (e) (f) Any involuntary surrender of the applicant's United States
8 drug enforcement administration registration. The applicant shall provide
9 a copy of the order requiring the surrender of such registration to the
10 board DIRECTOR at the time the application is made.

(f) (g) Any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction at any time after the person has been issued a license, CERTIFICATION, OR REGISTRATION to practice medicine HIS OR HER HEALTH CARE PROFESSION in any state or country. The applicant shall provide a copy of the final conviction or plea arrangement to the board DIRECTOR at the time the application is made.

(g) (h) Any final judgment against, settlement entered into by, or
arbitration award paid on behalf of the applicant on or after September 1,
1990, for medical malpractice. To report the information required by this
paragraph (g) (h), the applicant shall complete a form developed by the
board DIRECTOR that requires the applicant to report only the following
information regarding the medical malpractice action:

24 (I) Whether the action was resolved by a final judgment against,
25 settlement entered into by, or arbitration award paid on behalf of the
26 applicant;

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(II) The date of the judgment, settlement, or arbitration award;

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(III) The location or jurisdiction in which the action occurred or
 was resolved; and

3 (IV) The court in which the final judgment was ordered, the
4 mediator that aided in the settlement, if applicable, or the arbitrator that
5 granted the arbitration award.

6 (h) (i) Any refusal by an issuer of medical malpractice 7 PROFESSIONAL LIABILITY insurance to issue a medical malpractice 8 insurance policy to the applicant due to past claims experience. The 9 applicant shall provide a copy of the refusal to the board DIRECTOR at the 10 time the application is made.

(5) IN ADDITION TO THE INFORMATION REQUIRED BY SUBSECTION
(4) OF THIS SECTION, AN APPLICANT MAY SUBMIT INFORMATION
REGARDING AWARDS AND RECOGNITIONS HE OR SHE HAS <u>RECEIVED OR</u>
<u>CHARITY CARE HE OR SHE HAS PROVIDED.</u> THE DIRECTOR MAY REMOVE
INFORMATION REGARDING AWARDS AND RECOGNITIONS THAT THE
DIRECTOR FINDS TO BE UNRELATED TO THE APPLICANT'S PROFESSION OR
OFFENSIVE OR INAPPROPRIATE.

18 (4) (6) The board DIRECTOR shall make the information specified 19 in subsection (3) SUBSECTIONS (4) AND (5) of this section that is submitted 20 by an applicant readily available to the public in a manner that allows the 21 public to search the information by name, license number, board 22 certification or specialty area, IF APPLICABLE, or city of the licensee's 23 APPLICANT'S address of record. The board DIRECTOR may satisfy this 24 requirement by posting and allowing the ability to search the information 25 on the board's DIRECTOR'S WEB SITE OR ON THE web site FOR THE STATE 26 REGULATORY BOARD THAT OVERSEES THE APPLICANT'S PRACTICE. If the 27 information is made available on its EITHER web site, the board DIRECTOR

shall update ENSURE THAT the web site IS UPDATED at least monthly and
 shall indicate on the web site THAT the date when the information was last
 updated ON WHICH THE UPDATE OCCURS IS INDICATED ON THE WEB SITE.

4 (5) (7) When disclosing information regarding a licensee or AN
5 applicant to the public, the DIRECTOR OR APPLICABLE STATE board THAT
6 REGULATES THE APPLICANT'S PROFESSION shall include the following
7 statement or a similar statement that communicates the same meaning:

8 Some studies have shown that there is no significant 9 correlation between malpractice history and a doctor's 10 [INSERT APPLICABLE TYPE OF HEALTH CARE PROVIDER]'S 11 competence. At the same time, the state board of medical 12 examiners [DIRECTOR OR BOARD OF \_\_\_\_\_, AS 13 APPLICABLE] believes that consumers should have access to 14 malpractice information. To make the best health care 15 decisions, you should view this information in perspective. You could miss an opportunity for high quality care by 16 17 selecting a doctor HEALTH CARE PROVIDER based solely on 18 malpractice history. When considering malpractice data, 19 please keep in mind:

Malpractice histories tend to vary by PROFESSION AND, AS
APPLICABLE, BY specialty. Some PROFESSIONS OR
specialties are more likely than others to be the subject of
litigation.

You should take into account how long the doctor HEALTH
CARE PROVIDER has been in practice when considering
malpractice averages.

27 The incident causing the malpractice claim may have

1 happened years before a payment MALPRACTICE ACTION is 2 finally made RESOLVED. Sometimes, it takes a long time 3 for a malpractice lawsuit to move through the legal system. 4 Some doctors HEALTH CARE PROVIDERS work primarily with high-risk patients. These doctors HEALTH CARE 5 6 PROVIDERS may have malpractice histories that are higher 7 than average because they specialize in cases or patients 8 who are at very high risk for problems.

9 Settlement of a claim may occur for a variety of reasons 10 that do not necessarily reflect negatively on the 11 professional competence or conduct of the physician 12 HEALTH CARE PROVIDER. A payment in settlement of a 13 medical malpractice action or claim should not be 14 construed as creating a presumption that medical 15 malpractice has occurred.

You may wish to discuss information provided by the
board [DIRECTOR OR BOARD OF \_\_\_\_\_, AS
APPLICABLE], and malpractice generally, with your doctor
HEALTH CARE PROVIDER.

20The information posted on the state board of medical21examiner's [DIRECTOR'S OR BOARD OF \_\_\_\_\_'S, AS22APPLICABLE] web site was provided by applicants for a23medical license and applicants for renewal, reinstatement,24or reactivation of a medical license.

25 (6) (8) (a) A person licensed by the board pursuant to this article
 26 EXCEPT AS SPECIFIED IN PARAGRAPH (b) OF THIS SUBSECTION (8), AN
 27 APPLICANT, LICENSEE, CERTIFICATE HOLDER, OR REGISTRANT shall ensure

that the information required by subsection (3) (4) of this section is current and shall report any updated information and provide copies of the required documentation to the board DIRECTOR within thirty days after the date of the action described in said subsection (3) (4) or as otherwise determined by the board DIRECTOR by rule to ensure that the information provided to the public is as accurate as possible.

(b) Notwithstanding the requirements of paragraph (a) of this
subsection (6), a licensee AN APPLICANT shall report updated information
regarding THE APPLICANT'S EMPLOYER, any health care-related business
ownership interests, and any health care-related employment contracts or
contracts establishing an independent contractor relationship, as required
by paragraph (a) of subsection (3) (4) of this section, within one year after
a change in that information.

(7) (9) (a) The board DIRECTOR may impose an administrative fine
not to exceed five thousand dollars against an applicant, LICENSEE,
CERTIFICATE HOLDER, OR REGISTRANT who fails to comply with this
section. THE DIRECTOR SHALL NOTIFY THE APPLICABLE STATE BOARD
THAT REGULATES THE PROFESSION WHEN THE DIRECTOR IMPOSES A FINE
PURSUANT TO THIS SUBSECTION (9). ANY FINE IMPOSED PURSUANT TO
THIS SUBSECTION (9) SHALL BE DEPOSITED IN THE GENERAL FUND.

(b) The imposition of an administrative fine pursuant to this
subsection (7) (9) shall not constitute a disciplinary action pursuant to
section 12-36-118 THE LAWS GOVERNING THE APPLICANT'S, LICENSEE'S,
CERTIFICATE HOLDER'S, OR REGISTRANT'S PRACTICE AREA and shall not
preclude the STATE REGULATORY board THAT OVERSEES THE APPLICANT'S,
LICENSEE'S, CERTIFICATE HOLDER'S, OR REGISTRANT'S PRACTICE AREA
from taking disciplinary action against an applicant, LICENSEE,

CERTIFICATE HOLDER, OR REGISTRANT for failure to comply with this
 section. The board shall not issue a license to or renew, reinstate, or
 reactivate the license of an applicant who A LICENSE, CERTIFICATION, OR
 REGISTRATION SHALL NOT BE ISSUED, RENEWED, REINSTATED, OR
 REACTIVATED IF THE APPLICANT has failed to pay a fine imposed pursuant
 to this subsection (7) (9).

7 (c) FAILURE OF AN APPLICANT, LICENSEE, CERTIFICATE HOLDER, OR
8 REGISTRANT TO COMPLY WITH THIS SECTION CONSTITUTES
9 UNPROFESSIONAL CONDUCT OR GROUNDS FOR DISCIPLINE UNDER THE
10 SPECIFIC ARTICLE OF TITLE 12, C.R.S., THAT REGULATES THE APPLICANT'S,
11 LICENSEE'S, CERTIFICATE HOLDER'S, OR REGISTRANT'S PROFESSION.

(10) NOTHING IN THIS SECTION RELIEVES AN APPLICANT, LICENSEE,
CERTIFICATE HOLDER, OR REGISTRANT FROM HIS OR HER OBLIGATION TO
REPORT ADVERSE ACTIONS TO THE DIRECTOR OR APPLICABLE STATE
BOARD THAT REGULATES THE APPLICANT'S PROFESSION, AS REQUIRED BY
THE APPLICABLE LAWS IN TITLE 12, C.R.S., REGULATING THAT
PROFESSION.

18 (8) (11) The board DIRECTOR may adopt rules, as necessary, to
 19 implement this section.

20 SECTION 2. Repeal of provision being relocated in this
21 act. 12-36-111.5, Colorado Revised Statutes, is repealed.

22 <u>SECTION 3. Appropriation. (1) In addition to any other</u> 23 <u>appropriation, there is hereby appropriated, out of any moneys in the</u> 24 division of registrations cash fund created in section 24-34-105 (2) (b) (I).

24 <u>division of registrations cash fund created in section 24-34-105 (2) (b) (I)</u>,

25 <u>Colorado Revised Statutes, not otherwise appropriated, to the department</u>

26 <u>of regulatory agencies, for allocation to the division of registrations, for</u>

27 the fiscal year beginning July 1, 2010, the sum of ninety-eight thousand

1 eight hundred seventy-three dollars (\$98,873) cash funds and 1.0 FTE, or 2 so much thereof as may be necessary, for the implementation of this act. 3 (2) In addition to any other appropriation, there is hereby 4 appropriated to the department of law, for the fiscal year beginning July 5 1, 2010, the sum of seven thousand five hundred thirty-eight dollars 6 (\$7,538), or so much thereof as may be necessary, for the provision of 7 legal services to the department of regulatory agencies related to the 8 implementation of this act. Said sum shall be from reappropriated funds 9 received from the department of regulatory agencies out of the 10 appropriation made in subsection (1) of this section.

11 **SECTION 4.** Act subject to petition - effective date. This act 12 shall take effect at 12:01 a.m. on the day following the expiration of the 13 ninety-day period after final adjournment of the general assembly (August 11, 2010, if adjournment sine die is on May 12, 2010); except that, if a 14 15 referendum petition is filed pursuant to section 1 (3) of article V of the 16 state constitution against this act or an item, section, or part of this act 17 within such period, then the act, item, section, or part shall not take effect 18 unless approved by the people at the general election to be held in 19 November 2010 and shall take effect on the date of the official declaration 20 of the vote thereon by the governor.