Second Regular Session Sixty-seventh General Assembly STATE OF COLORADO

REVISED

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

LLS NO. 10-0448.01 Christy Chase

SENATE BILL 10-124

SENATE SPONSORSHIP

Carroll M.,

HOUSE SPONSORSHIP

Ryden,

Senate Committees

Health and Human Services Finance **Appropriations**

House Committees

Health and Human Services Finance **Appropriations**

A BILL FOR AN ACT

101	CONCERNING A	REQUIREMENT	THAT	CERTAIN	HEALTH	CARE
102	PROVIDERS	S DISCLOSE INFO	RMATIC	ON ABOUT	THEIR PRA	CTICE
103	HISTORY, A	AND MAKING AN A	PPROPI	RIATION TH	IEREFOR.	

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;

ended 2nd Reading HOUSE Am (

3rd Reading Unam ended SENATE

Am ended 2nd Reading SENATE

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

- ! 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,

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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.

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:

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6 **24-34-110.** [Formerly 12-36-111.5] Medical transparency act

7 of 2010 - disclosure of information about health care licensees - fines

- 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 past practices of persons practicing medicine A HEALTH CARE PROFESSION

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1	in this state in order to make informed decisions when choosing a medical
2	HEALTH care provider and determining whether to proceed with a
3	particular regimen of care recommended by a medical HEALTH care
4	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, ACTIVE LICENSE, CERTIFICATION, OR REGISTRATION
18	OR TO RENEW, REINSTATE, OR REACTIVATE AN ACTIVE LICENSE,
19	CERTIFICATION, OR REGISTRATION TO PRACTICE:
20	(I) AUDIOLOGY PURSUANT TO PART 1 OF ARTICLE 5.5 OF TITLE 12,
21	C.R.S.;
22	(II) As a licensed hearing aid provider pursuant to part 2
23	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.;

(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	(IV) THE 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, number, type
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 OR CLINICAL PRIVILEGES HELD IN
26	hospitals or health care facilities;
27	(VIII) Any health care-related business ownership interests;

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(IX) INFORMATION PERTAINING TO THE APPLICANT'S EMPLOYER
IF ANY, INCLUDING NAME, CURRENT ADDRESS, AND TELEPHONE NUMBER
and
(X) Information pertaining to any health care-related employment

(X) Information pertaining to any health care-related employment contracts or contracts establishing an independent contractor relationship with any entities if the annual aggregate value of the contracts exceeds five thousand dollars, as adjusted by the board DIRECTOR during each license, CERTIFICATION, OR REGISTRATION renewal cycle to reflect changes in the United States department of labor, bureau of labor statistics, consumer price index for Denver-Boulder-Greeley, all items, all urban consumers, or its successor index. Nothing in this subparagraph (X) requires an applicant to report such information regarding contracts with insurance carriers for reimbursement of health care services provided to patients.

- (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.
- (c) Any agreement or stipulation entered into between the APPLICANT AND THE DIRECTOR, THE APPLICABLE STATE board THAT REGULATES THE APPLICANT'S PROFESSION, or the board or licensing agency of any other state or country and the applicant whereby the applicant agrees to temporarily cease or restrict his or her practice, of medicine or any DIRECTOR OR board order restricting or suspending the applicant's medical license, CERTIFICATION, OR REGISTRATION. The applicant shall provide a copy of the agreement, stipulation, or order to

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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 September 1, 1990. The applicant shall not be required to report a precautionary or administrative suspension of medical staff membership or clinical privileges, as defined by the board DIRECTOR by rule, unless the applicant resigns his or her medical staff membership or clinical privileges while the precautionary or administrative suspension is pending. To report the information required by this paragraph (d), the applicant shall complete a form developed by the board DIRECTOR that requires the applicant to report only the following information regarding the action:

- (A) The name of the facility or entity that took the action;
- (B) The date the action was taken;
- 17 (C) The type of action taken, including any terms and conditions 18 of the action;
 - (D) The duration of the action; and
- 20 (E) Whether the applicant has fulfilled the terms or conditions of the action, if applicable.
 - (II) Notwithstanding article 36.5 of this title 12, and article 3 of title 25, C.R.S., AND ANY PROVISION OF LAW TO THE CONTRARY, the form completed by the applicant pursuant to this paragraph (d) shall be IS a public record and shall IS not be confidential. Compliance with this paragraph (d) shall DOES not constitute a waiver of any privilege or confidentiality conferred by any applicable state or federal law.

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1	(e) Any final action of an employer that results in the
2	APPLICANT'S LOSS OF EMPLOYMENT WHERE THE GROUNDS FOR
3	TERMINATION CONSTITUTE A VIOLATION OF THE LAWS GOVERNING THE
4	APPLICANT'S PRACTICE. TO REPORT THE INFORMATION REQUIRED BY THIS
5	PARAGRAPH (e), THE APPLICANT SHALL COMPLETE A FORM DEVELOPED BY
6	THE DIRECTOR THAT REQUIRES THE APPLICANT TO REPORT ONLY THE
7	FOLLOWING INFORMATION REGARDING THE ACTION:
8	(I) THE NAME OF THE EMPLOYER THAT TERMINATED THE
9	EMPLOYMENT; AND
10	(II) THE DATE THE TERMINATION OCCURRED OR BECAME
11	EFFECTIVE.
12	(e) (f) Any involuntary surrender of the applicant's United States
13	drug enforcement administration registration. The applicant shall provide
14	a copy of the order requiring the surrender of such registration to the
15	board DIRECTOR at the time the application is made.
16	(f) (g) Any final criminal conviction or plea arrangement resulting
17	from the commission or alleged commission of a felony or crime of moral
18	turpitude in any jurisdiction at any time after the person has been issued
19	a license, CERTIFICATION, OR REGISTRATION to practice medicine HIS OR
20	HER HEALTH CARE PROFESSION in any state or country. The applicant
21	shall provide a copy of the final conviction or plea arrangement to the
22	board DIRECTOR at the time the application is made.
23	(g) (h) Any final judgment against, settlement entered into by, or
24	arbitration award paid on behalf of the applicant on or after September 1,
25	1990, for medical malpractice. To report the information required by this
26	paragraph (g) (h), the applicant shall complete a form developed by the
27	board DIRECTOR that requires the applicant to report only the following

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1	information regarding the medical malpractice action:
2	(I) Whether the action was resolved by a final judgment against,
3	settlement entered into by, or arbitration award paid on behalf of the
4	applicant;
5	(II) The date of the judgment, settlement, or arbitration award;
6	(III) The location or jurisdiction in which the action occurred or
7	was resolved; and
8	(IV) The court in which the final judgment was ordered, the
9	mediator that aided in the settlement, if applicable, or the arbitrator that
10	granted the arbitration award.
11	(h) (i) Any refusal by an issuer of medical malpractice
12	PROFESSIONAL LIABILITY insurance to issue a medical malpractice
13	insurance policy to the applicant due to past claims experience. The
14	applicant shall provide a copy of the refusal to the board DIRECTOR at the
15	time the application is made.
16	(5) In addition to the information required by subsection
17	(4) OF THIS SECTION, AN APPLICANT MAY SUBMIT INFORMATION
18	REGARDING AWARDS AND RECOGNITIONS HE OR SHE HAS RECEIVED OR
19	CHARITY CARE HE OR SHE HAS PROVIDED. THE DIRECTOR MAY REMOVE
20	INFORMATION REGARDING AWARDS AND RECOGNITIONS THAT THE
21	DIRECTOR FINDS TO BE UNRELATED TO THE APPLICANT'S PROFESSION OR
22	OFFENSIVE OR INAPPROPRIATE.
23	(4) (6) The board DIRECTOR shall make the information specified

(4) (6) The board DIRECTOR shall make the information specified in subsection (3) SUBSECTIONS (4) AND (5) of this section that is submitted by an applicant readily available to the public in a manner that allows the public to search the information by name, license number, board certification or specialty area, IF APPLICABLE, or city of the licensee's

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1 APPLICANT'S address of record. The board DIRECTOR may satisfy this 2 requirement by posting and allowing the ability to search the information 3 on the board's DIRECTOR'S WEB SITE OR ON THE web site FOR THE STATE 4 REGULATORY BOARD THAT OVERSEES THE APPLICANT'S PRACTICE. If the 5 information is made available on its EITHER web site, the board DIRECTOR 6 shall update ENSURE THAT the web site IS UPDATED at least monthly and 7 shall indicate on the web site THAT the date when the information was last 8 updated ON WHICH THE UPDATE OCCURS IS INDICATED ON THE WEB SITE. 9 (5) (7) When disclosing information regarding a licensee or AN 10 applicant to the public, the DIRECTOR OR APPLICABLE STATE board THAT 11 REGULATES THE APPLICANT'S PROFESSION shall include the following 12 statement or a similar statement that communicates the same meaning: 13 Some studies have shown that there is no significant 14 correlation between malpractice history and a doctor's 15 [INSERT APPLICABLE TYPE OF HEALTH CARE PROVIDER]'S 16 competence. At the same time, the state board of medical 17 examiners [DIRECTOR OR BOARD OF _____, AS 18 APPLICABLE] believes that consumers should have access to 19 malpractice information. To make the best health care 20 decisions, you should view this information in perspective. 21 You could miss an opportunity for high quality care by 22 selecting a doctor HEALTH CARE PROVIDER based solely on 23 malpractice history. When considering malpractice data, 24 please keep in mind: 25 Malpractice histories tend to vary by PROFESSION AND, AS 26 APPLICABLE, BY specialty. Some PROFESSIONS OR 27 specialties are more likely than others to be the subject of

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1	litigation.
2	You should take into account how long the doctor HEALTH
3	CARE PROVIDER has been in practice when considering
4	malpractice averages.
5	The incident causing the malpractice claim may have
6	happened years before a payment MALPRACTICE ACTION is
7	finally made RESOLVED. Sometimes, it takes a long time
8	for a malpractice lawsuit to move through the legal system.
9	Some doctors HEALTH CARE PROVIDERS work primarily
10	with high-risk patients. These doctors HEALTH CARE
11	PROVIDERS may have malpractice histories that are higher
12	than average because they specialize in cases or patients
13	who are at very high risk for problems.
14	Settlement of a claim may occur for a variety of reasons
15	that do not necessarily reflect negatively on the
16	professional competence or conduct of the physician
17	HEALTH CARE PROVIDER. A payment in settlement of a
18	medical malpractice action or claim should not be
19	construed as creating a presumption that medical
20	malpractice has occurred.
21	You may wish to discuss information provided by the
22	board [DIRECTOR OR BOARD OF, AS
23	APPLICABLE], and malpractice generally, with your doctor
24	HEALTH CARE PROVIDER.
25	The information posted on the state board of medical
26	examiner's [DIRECTOR'S OR BOARD OF'S, AS
27	APPLICABLE] web site was provided by applicants for a

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1	medical license and applicants for renewal, reinstatement,
2	or reactivation of a medical license.
3	(6) (8) (a) A person licensed by the board pursuant to this article
4	EXCEPT AS SPECIFIED IN PARAGRAPH (b) OF THIS SUBSECTION (8), AN
5	APPLICANT, LICENSEE, CERTIFICATE HOLDER, OR REGISTRANT shall ensure
6	that the information required by subsection (3) (4) of this section is
7	current and shall report any updated information and provide copies of
8	the required documentation to the board DIRECTOR within thirty days after
9	the date of the action described in said subsection (3) (4) or as otherwise
10	determined by the board by rule PROVIDED IN THE ARTICLE OF TITLE 12,
11	C.R.S., THAT REGULATES THE APPLICANT'S, LICENSEE'S, CERTIFICATE
12	HOLDER'S, OR REGISTRANT'S PROFESSION to ensure that the information
13	provided to the public is as accurate as possible.
14	(b) Notwithstanding the requirements of paragraph (a) of this
15	subsection (6), a licensee AN APPLICANT shall report updated information
16	regarding THE APPLICANT'S EMPLOYER, any health care-related business
17	ownership interests, and any health care-related employment contracts or
18	contracts establishing an independent contractor relationship, as required
19	by paragraph (a) of subsection (3) (4) of this section, within one year after
20	a change in that information.
21	(7) (9) (a) The board DIRECTOR may impose an administrative fine
22	not to exceed five thousand dollars against an applicant, LICENSEE,
23	CERTIFICATE HOLDER, OR REGISTRANT who fails to comply with this
24	section. THE DIRECTOR SHALL NOTIFY THE APPLICABLE STATE BOARD
25	THAT REGULATES THE PROFESSION WHEN THE DIRECTOR IMPOSES A FINE
26	PURSUANT TO THIS SUBSECTION (9). ANY FINE IMPOSED PURSUANT TO
27	THIS SUBSECTION (9) SHALL BE DEPOSITED IN THE GENERAL FUND.

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1	(b) The imposition of an administrative fine pursuant to this
2	subsection (7) (9) shall not constitute a disciplinary action pursuant to
3	section 12-36-118 THE LAWS GOVERNING THE APPLICANT'S, LICENSEE'S,
4	CERTIFICATE HOLDER'S, OR REGISTRANT'S PRACTICE AREA and shall not
5	preclude the STATE REGULATORY board THAT OVERSEES THE APPLICANT'S,
6	LICENSEE'S, CERTIFICATE HOLDER'S, OR REGISTRANT'S PRACTICE AREA
7	from taking disciplinary action against an applicant, LICENSEE,
8	CERTIFICATE HOLDER, OR REGISTRANT for failure to comply with this
9	section. The board shall not issue a license to or renew, reinstate, or
10	reactivate the license of an applicant who A LICENSE, CERTIFICATION, OR
11	REGISTRATION SHALL NOT BE ISSUED, RENEWED, REINSTATED, OR
12	REACTIVATED IF THE APPLICANT has failed to pay a fine imposed pursuant
13	to this subsection (7) (9).
14	(c) FAILURE OF AN APPLICANT, LICENSEE, CERTIFICATE HOLDER, OR
15	REGISTRANT TO COMPLY WITH THIS SECTION CONSTITUTES
16	UNPROFESSIONAL CONDUCT OR GROUNDS FOR DISCIPLINE UNDER THE
17	SPECIFIC ARTICLE OF TITLE $12, C.R.S.$, THAT REGULATES THE APPLICANT'S,
18	LICENSEE'S, CERTIFICATE HOLDER'S, OR REGISTRANT'S PROFESSION.
19	(10) NOTHING IN THIS SECTION RELIEVES AN APPLICANT, LICENSEE,
20	CERTIFICATE HOLDER, OR REGISTRANT FROM HIS OR HER OBLIGATION TO
21	REPORT ADVERSE ACTIONS TO THE DIRECTOR OR APPLICABLE STATE
22	BOARD THAT REGULATES THE APPLICANT'S PROFESSION, AS REQUIRED BY
23	THE APPLICABLE LAWS IN TITLE 12, C.R.S., REGULATING THAT
24	PROFESSION.
25	(8) (11) The board DIRECTOR may adopt rules, as necessary, to
26	implement this section.
27	SECTION 2. Repeal of provision being relocated in this

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act. 12-36-111.5, Colorado Revised Statutes, is repealed.

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2 **SECTION 3.** Appropriation. (1) In addition to any other 3 appropriation, there is hereby appropriated, out of any moneys in the 4 division of registrations cash fund created in section 24-34-105 (2) (b) (I), 5 Colorado Revised Statutes, not otherwise appropriated, to the department 6 of regulatory agencies, for allocation to the division of registrations, for the fiscal year beginning July 1, 2010, the sum of ninety-eight thousand 7 8 eight hundred seventy-three dollars (\$98,873) cash funds and 1.0 FTE, or 9 so much thereof as may be necessary, for the implementation of this act. 10 (2) In addition to any other appropriation, there is hereby 11 appropriated to the department of law, for the fiscal year beginning July 12 1, 2010, the sum of seven thousand five hundred thirty-eight dollars 13 (\$7,538), or so much thereof as may be necessary, for the provision of legal services to the department of regulatory agencies related to the 14 15 implementation of this act. Said sum shall be from reappropriated funds 16 received from the department of regulatory agencies out of the 17 appropriation made in subsection (1) of this section. 18 **SECTION 4.** Act subject to petition - effective date. This act 19 shall take effect at 12:01 a.m. on the day following the expiration of the 20 ninety-day period after final adjournment of the general assembly (August 21 11, 2010, if adjournment sine die is on May 12, 2010); except that, if a 22 referendum petition is filed pursuant to section 1 (3) of article V of the 23 state constitution against this act or an item, section, or part of this act 24 within such period, then the act, item, section, or part shall not take effect 25 unless approved by the people at the general election to be held in 26 November 2010 and shall take effect on the date of the official declaration 27 of the vote thereon by the governor.

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