

1                   A bill to be entitled  
2           An act relating to maternal health care services;  
3           creating s. 383.52, F.S.; defining terms; requiring  
4           the Department of Health to develop and implement the  
5           Prevention of Maternal Mortality Grant Program by a  
6           specified date; providing eligibility criteria;  
7           requiring the department to conduct certain outreach  
8           and technical assistance to eligible entities;  
9           requiring the department to give special consideration  
10          to certain eligible entities; requiring the department  
11          to provide certain technical assistance to grant  
12          recipients; requiring the department to submit a  
13          report to the Governor and Legislature by a specified  
14          date; requiring the department to adopt rules;  
15          creating s. 383.53, F.S.; requiring the department to  
16          award grants to certain training programs; providing  
17          for an application; providing reporting requirements  
18          for grant recipients and the department; requiring the  
19          department, in consultation with the Office of Program  
20          Policy Analysis and Government Accountability  
21          (OPPAGA), to conduct a certain study and submit a  
22          report to the Governor and Legislature by a specified  
23          date; requiring the department to adopt rules;  
24          creating s. 383.54, F.S.; defining terms; requiring  
25          the department to award grants to certain eligible

26 | entities by a specified date; requiring that grant  
27 | funds be used for specified activities; providing  
28 | limitations on the award of such grants; providing  
29 | requirements for such grants and grant applications;  
30 | authorizing the department to coordinate with other  
31 | state agencies to ensure that grant recipients have  
32 | access to reliable broadband technology; requiring the  
33 | department to provide certain technical assistance to  
34 | eligible entities and grant recipients; requiring the  
35 | department, in coordination with certain stakeholders,  
36 | to develop a strategic plan to research and evaluate  
37 | certain models; providing reporting requirements for  
38 | grant recipients and the department; requiring the  
39 | department to adopt rules; creating s. 383.55, F.S.;  
40 | defining the terms "department" and "eligible entity";  
41 | requiring the department to develop and implement the  
42 | Investments in Digital Tools to Promote Equity in  
43 | Maternal Health Outcomes Program by a specified date;  
44 | providing eligibility criteria; providing for an  
45 | application; providing limitations on the award of  
46 | such grants; requiring the department to provide  
47 | certain technical assistance to eligible entities;  
48 | providing reporting requirements for grant recipients  
49 | and the department; requiring the department, in  
50 | consultation with OPPAGA, to conduct a certain study

51 and submit a report to the Governor and Legislature by  
 52 a specified date; requiring the department to adopt  
 53 rules; providing an effective date.  
 54

55 Be It Enacted by the Legislature of the State of Florida:  
 56

57 Section 1. Section 383.52, Florida Statutes, is created to  
 58 read:

59 383.52 Prevention of Maternal Mortality Grant Program.—

60 (1) DEFINITIONS.—As used in this section, the term:

61 (a) "Culturally congruent" means in agreement with the  
 62 preferred cultural values, beliefs, worldview, and practices of  
 63 the health care consumer and other stakeholders.

64 (b) "Department" means the Department of Health.

65 (c) "Postpartum" means the 1-year period beginning on the  
 66 last day of a woman's pregnancy.

67 (2) PROGRAM.—By July 1, 2022, the department shall develop  
 68 and implement the Prevention of Maternal Mortality Grant Program  
 69 to award grants to eligible entities to establish or expand  
 70 programs to prevent maternal mortality and severe maternal  
 71 morbidity among black women.

72 (3) ELIGIBILITY.—To be eligible to seek a grant under this  
 73 section, an entity must be a community-based organization  
 74 offering programs and resources aligned with evidence-based  
 75 practices for improving maternal health outcomes for black

76 women.

77 (4) OUTREACH AND TECHNICAL ASSISTANCE.—

78 (a) Beginning July 1, 2021, the department shall:

79 1. Conduct outreach to encourage eligible entities to  
 80 apply for grants under this section; and

81 2. Provide technical assistance to eligible entities on  
 82 best practices for applying for grants under this section.

83 (b) In conducting outreach, the department shall give  
 84 special consideration to eligible entities that:

85 1. Are based in, and provide support for, communities with  
 86 high rates of adverse maternal health outcomes and significant  
 87 racial and ethnic disparities in maternal health outcomes;

88 2. Are led by black women; and

89 3. Offer programs and resources that are aligned with  
 90 evidence-based practices for improving maternal health outcomes  
 91 for black women.

92 (5) AWARDS.—In awarding grants under this section, the  
 93 department shall give special consideration to eligible entities  
 94 that meet all of the following criteria:

95 (a) Meet the criteria specified in paragraph (4) (b).

96 (b) Offer programs and resources designed in consultation  
 97 with and intended for black women.

98 (c) Offer programs and resources in the communities in  
 99 which they are located which include any of the following  
 100 activities:

- 101        1. Promotion of maternal mental health and maternal  
102 substance use disorder treatments that are aligned with  
103 evidence-based practices for improving maternal mental health  
104 outcomes for black women.
- 105        2. Addressing social determinants of health for women in  
106 the prenatal and postpartum periods, including, but not limited  
107 to, any of the following:
- 108            a. Inadequate housing.  
109            b. Transportation barriers.  
110            c. Poor nutrition.  
111            d. Lack of access to healthy foods.  
112            e. Need for lactation support.  
113            f. Need for lead abatement and other efforts to improve  
114 air and water quality.
- 115            g. Lack of access to child care.  
116            h. Need for car seat installation.  
117            i. Need for wellness and stress management programs.  
118            j. Need for coordination across safety net and social  
119 support services and programs.
- 120        3. Promotion of evidence-based health literacy and  
121 pregnancy, childbirth, and parenting education for women in the  
122 prenatal and postpartum periods.
- 123        4. Providing support from doulas and other perinatal  
124 health workers to women from pregnancy through the postpartum  
125 period.

126 5. Providing culturally congruent training to perinatal  
127 health workers such as doulas, community health workers, peer  
128 supporters, certified lactation consultants, nutritionists and  
129 dietitians, social workers, home visitors, and navigators.

130 6. Conducting or supporting research on issues affecting  
131 black maternal health.

132 7. Development of other programs and resources that  
133 address community-specific needs for women in the prenatal and  
134 postpartum periods and are aligned with evidence-based practices  
135 for improving maternal health outcomes for black women.

136 (6) TECHNICAL ASSISTANCE.—The department shall provide to  
137 grant recipients under this section technical assistance  
138 regarding all of the following:

139 (a) Capacity building to establish or expand programs to  
140 prevent adverse maternal health outcomes among black women.

141 (b) Best practices in data collection, measurement,  
142 evaluation, and reporting.

143 (c) Planning for sustaining programs to prevent maternal  
144 mortality and severe maternal morbidity among black women when  
145 the grant expires.

146 (7) REPORT.—By July 1, 2023, and each year thereafter, the  
147 department shall submit a report to the Governor, the President  
148 of the Senate, and the Speaker of the House of Representatives  
149 which includes all of the following:

150 (a) Assessment of the effectiveness of outreach efforts

151 during the application process in diversifying the pool of grant  
152 recipients.

153 (b) Recommendations for future outreach efforts to  
154 diversify the pool of grant recipients for department grant  
155 programs and funding opportunities.

156 (c) Assessment of the effectiveness of programs funded by  
157 grants awarded under this section in improving maternal health  
158 outcomes for black women.

159 (d) Recommendations for future department grant programs  
160 and funding opportunities that deliver funding to community-  
161 based organizations to improve maternal health outcomes for  
162 black women through programs and resources that are aligned with  
163 evidence-based practices for improving maternal health outcomes  
164 for black women.

165 (8) RULES.—The department shall adopt rules to implement  
166 this section.

167 Section 2. Section 383.53, Florida Statutes, is created to  
168 read:

169 383.53 Training programs for employees in maternity care  
170 settings.—

171 (1) GRANTS.—The Department of Health shall award grants to  
172 training programs that reduce and prevent bias, racism, and  
173 discrimination in maternity care settings. In awarding grants  
174 under this section, the department shall give special  
175 consideration to programs that would:

176        (a) Apply to all birthing professionals and any employees  
177 who interact with pregnant and postpartum women, as the term  
178 "postpartum" is defined in s. 383.52(1), in the provider  
179 setting, including front desk employees, technicians,  
180 schedulers, health care professionals, hospital or health system  
181 administrators, and security staff;

182        (b) Emphasize periodic, as opposed to one-time, trainings  
183 for all birthing professionals and employees described in  
184 paragraph (a);

185        (c) Address implicit bias and explicit bias;

186        (d) Be delivered in continuing education settings for  
187 providers maintaining their licenses, with a preference for  
188 training programs that provide continuing education units and  
189 continuing medical education;

190        (e) Include trauma-informed care best practices and an  
191 emphasis on shared decisionmaking between providers and  
192 patients;

193        (f) Include a service-learning component that sends  
194 providers to work in underserved communities to better  
195 understand patients' life experiences;

196        (g) Be delivered in undergraduate degree programs, such as  
197 biology and premedicine, which generally lead to enrollment in  
198 or are prerequisite programs for medical schools;

199        (h) Be delivered in settings where providers of the  
200 federal Special Supplemental Nutrition Program for Women,



201 Infants, and Children would receive the training;  
202 (i) Integrate bias training in obstetric emergency  
203 simulation trainings;  
204 (j) Offer training to all maternity care providers on the  
205 value of racially, ethnically, and professionally diverse  
206 maternity care teams to provide culturally congruent care as  
207 defined in s. 383.52(1), including doulas, community health  
208 workers, peer supporters, certified lactation consultants,  
209 nutritionists and dietitians, social workers, home visitors, and  
210 navigators; or  
211 (k) Be based on one or more programs designed by a  
212 historically black college or university.  
213 (2) APPLICATION.—To seek a grant under this section, an  
214 entity shall submit an application at such time, in such manner,  
215 and containing such information as the department may require.  
216 (3) REPORTING.—Each recipient of a grant under this  
217 section shall annually submit to the department a report on the  
218 status of activities conducted under the grant, including, as  
219 applicable, a description of the impact of training provided  
220 through the grant on patient outcomes and patient experiences  
221 for minority women and their families.  
222 (4) BEST PRACTICES.—Based on the annual reports submitted  
223 pursuant to subsection (3), the department:  
224 (a) Shall produce an annual report on the findings  
225 resulting from programs funded through this section;

226 (b) Shall disseminate such report to all recipients of  
227 grants under this section and to the public; and

228 (c) May include in such report findings on best practices  
229 for improving patient outcomes and patient experiences for  
230 minority women and their families in maternity care settings.

231 (5) STUDY.—

232 (a) The department, in consultation with the Office of  
233 Program Policy Analysis and Government Accountability, shall  
234 conduct a study on the design and implementation of programs to  
235 reduce and prevent bias, racism, and discrimination in maternity  
236 care settings.

237 (b) The study may include:

238 1. The development of a scorecard for programs designed to  
239 reduce and prevent bias, racism, and discrimination in maternity  
240 care settings to assess the effectiveness of such programs in  
241 improving patient outcomes and patient experiences for minority  
242 women and their families.

243 2. Determination of the types of training to reduce and  
244 prevent bias, racism, and discrimination in maternity care  
245 settings which are demonstrated to improve patient outcomes or  
246 patient experiences for minority women and their families.

247 (c) By December 1, 2022, the department, in coordination  
248 with the Office of Program Policy Analysis and Government  
249 Accountability, shall submit a report to the Governor, the  
250 President of the Senate, and the Speaker of the House of

251 Representatives which includes findings and recommendations  
252 based on the study required by this subsection.

253 (6) RULES.—The department shall adopt rules to implement  
254 this section.

255 Section 3. Section 383.54, Florida Statutes, is created to  
256 read:

257 383.54 Expanding capacity for positive maternal health  
258 outcomes.—

259 (1) DEFINITIONS.—As used in this section, the term:

260 (a) "Department" means the Department of Health.

261 (b) "Eligible entity" means an entity that provides, or  
262 supports the provision of, maternal health care services or  
263 other evidence-based services for pregnant and postpartum women:

264 1. In health professional shortage areas;

265 2. In areas with high rates of adverse maternal health  
266 outcomes and significant racial and ethnic disparities in  
267 maternal health outcomes; or

268 3. Medically underserved populations.

269  
270 The term includes entities leading, or capable of leading, a  
271 technology-enabled collaborative learning and capacity-building  
272 model or engaging in technology-enabled collaborative training  
273 of participants in such model.

274 (c) "Health professional shortage area" means a geographic  
275 area designated as such by the Health Resources and Services

276 Administration of the United States Department of Health and  
277 Human Services.

278 (d) "Indigenous population" means any Indian tribe, band,  
279 nation, tribal organization, urban Indian organization, or other  
280 organized group or community of Indians recognized as eligible  
281 for services provided to Indians by the United States Secretary  
282 of the Interior because of their status as Indians. The term  
283 includes any Alaskan native village as defined in 43 U.S.C. s.  
284 1602(c), the Alaska Native Claims Settlement Act, as that  
285 definition existed on the effective date of this act.

286 (e) "Maternal mortality" means a death occurring during  
287 pregnancy or the postpartum period which is caused by pregnancy  
288 or childbirth complications.

289 (f) "Medically underserved population" means the  
290 population of an urban or rural area designated by the United  
291 States Secretary of Health and Human Services as an area with a  
292 shortage of personal health care services or a population group  
293 designated by the United States Secretary of Health and Human  
294 Services as having a shortage of such services.

295 (g) "Postpartum" has the same meaning as provided in s.  
296 383.52(1).

297 (h) "Severe maternal morbidity" means an unexpected  
298 outcome caused by a woman's labor and delivery that results in  
299 significant short-term or long-term consequences to the woman's  
300 health.

301 (i) "Technology-enabled collaborative learning and  
302 capacity building model" means a distance health care education  
303 model that connects health care professionals, and particularly  
304 specialists, with other health care professionals through  
305 simultaneous interactive videoconferencing for the purpose of  
306 facilitating case-based learning, disseminating best practices,  
307 and evaluating outcomes in the context of maternal health care.

308 (2) PROGRAM ESTABLISHED.—By July 1, 2022, the department  
309 shall award grants to eligible entities to evaluate, develop,  
310 and, as appropriate:

311 (a) Expand the use of technology-enabled collaborative  
312 learning and capacity building models; and

313 (b) Improve maternal health outcomes in health  
314 professional shortage areas; in areas with high rates of  
315 maternal mortality and severe maternal morbidity and significant  
316 racial and ethnic disparities in maternal health outcomes; and  
317 for medically underserved populations, including, but not  
318 limited to, indigenous populations.

319 (3) USE OF GRANT FUNDS.—

320 (a) Grants awarded under this section must be used for any  
321 of the following:

322 1. The development and acquisition of instructional  
323 programming and the training of maternal health care providers  
324 and other health care professionals that provide or assist in  
325 the provision of health care services through models such as:

- 326 a. Training on adopting and effectively implementing  
327 Alliance for Innovation on Maternal Health safety and quality  
328 improvement bundles;
- 329 b. Training on implicit and explicit bias, racism, and  
330 discrimination for maternity care providers;
- 331 c. Training on best practices in screening for and, as  
332 needed, evaluating and treating maternal mental health  
333 conditions and substance use disorders;
- 334 d. Training on how to screen for social determinants of  
335 health risks in the prenatal and postpartum periods, such as  
336 inadequate housing, lack of access to nutrition, environmental  
337 risks, and transportation barriers; or
- 338 e. Training on the use of remote patient monitoring tools  
339 for pregnancy-related complications.
- 340 2. Information collection and evaluation activities that:
- 341 a. Study the impact of models described in subparagraph 1.  
342 on all of the following:
- 343 (I) Access to and quality of care.
- 344 (II) Patient outcomes.
- 345 (III) Subjective measures of patient experiences.
- 346 (IV) Cost-effectiveness.
- 347 b. Identify best practices for the expansion and use of  
348 such models.
- 349 3. Information collection and evaluation activities that  
350 study the impact of models described in subparagraph 1. on

351 patient outcomes and maternal health care providers and that  
352 identify best practices for the expansion and use of such  
353 models.

354 4. Any other activity consistent with achieving the  
355 objectives of grants awarded under this section, as determined  
356 by the department.

357 (b) In addition to any of the uses described under  
358 paragraph (a), grants awarded under this section may be used  
359 for:

360 1. Equipment to support the use and expansion of  
361 technology-enabled collaborative learning and capacity-building  
362 models, including hardware and software that enables distance  
363 learning, maternal health care provider support, and the secure  
364 exchange of electronic health information; and

365 2. Support for maternal health care providers and other  
366 health care professionals that provide or assist in the  
367 provision of maternity care services through such models.

368 (4) LIMITATIONS.—The department may not award more than  
369 one grant under this section to an eligible entity. Each grant  
370 under this section must be made for a period not to exceed 5  
371 years. The department shall determine the maximum amount of each  
372 grant awarded under this section.

373 (5) GRANT REQUIREMENTS.—The department shall require  
374 entities awarded a grant under this section to collect  
375 information on the effect of the use of technology-enabled

376 collaborative learning and capacity-building models, such as the  
377 effect of the use of such models on maternal health outcomes,  
378 access to maternal health care services, quality of maternal  
379 health care, and maternal health care provider retention in  
380 areas and populations described in subsection (1). The  
381 department may award a grant or contract to assist in the  
382 coordination of such models, including to assess outcomes  
383 associated with the use of such models in grants awarded under  
384 this section, including for the purposes described in  
385 subparagraph (3) (a) 2.

386 (6) APPLICATION.—

387 (a) An eligible entity that seeks to receive a grant under  
388 this section shall submit to the department an application at  
389 such time, in such manner, and containing such information as  
390 the department may require.

391 (b) The application must include plans to assess the  
392 effect of technology-enabled collaborative learning and  
393 capacity-building models on indicators, including access to and  
394 quality of care, patient outcomes, subjective measures of  
395 patient experiences, and cost-effectiveness. Such indicators may  
396 focus on:

397 1. Health professional shortage areas;

398 2. Areas with high rates of maternal mortality and severe  
399 maternal morbidity and significant racial and ethnic disparities  
400 in maternal health outcomes; and



401 3. Medically underserved populations or American Indians  
402 and Alaska Natives, including Indian tribes, tribal  
403 organizations, and urban Indian organizations.

404 (7) ACCESS TO BROADBAND.—In administering grants under  
405 this section, the department may coordinate with other state  
406 agencies to ensure that funding opportunities are available to  
407 support access to reliable, high-speed Internet for grantees.

408 (8) TECHNICAL ASSISTANCE.—The department shall provide,  
409 directly or by contract, technical assistance to eligible  
410 entities, including recipients of grants under this section,  
411 with the development, use, and post-grant sustainability of  
412 technology-enabled collaborative learning and capacity-building  
413 models in order to expand access to maternal health care  
414 services provided by such entities in health professional  
415 shortage areas and areas with high rates of maternal mortality  
416 and severe maternal morbidity and significant racial and ethnic  
417 disparities in maternal health outcomes; and for medically  
418 underserved populations, including, but not limited to,  
419 indigenous populations.

420 (9) RESEARCH AND EVALUATION.—The department, in  
421 consultation with stakeholders with appropriate expertise in the  
422 models described in subsection (8), shall develop a strategic  
423 plan to research and evaluate the evidence for such models. The  
424 department shall use such plan to implement this section.

425 (10) REPORTING.—

426 (a) An eligible entity that receives a grant under this  
427 section shall submit to the department a report at such time, in  
428 such manner, and containing such information as the department  
429 may require.

430 (b) By July 1, 2023, the department shall submit to the  
431 Governor, the President of the Senate, and the Speaker of the  
432 House of Representatives, and post on its Internet website, a  
433 report that includes, at a minimum:

434 1. A description of any new and continuing grants awarded  
435 under this section and the specific purposes and amounts of such  
436 grants;

437 2. An overview of:

438 a. Evaluations conducted under subsection (3);

439 b. Technical assistance provided under subsection (8); and

440 c. Activities conducted by entities awarded grants under  
441 this section; and

442 3. A description of any significant findings related to  
443 patient outcomes or maternal health care providers and best  
444 practices for eligible entities that are expanding, using, or  
445 evaluating technology-enabled collaborative learning and  
446 capacity-building models.

447 (11) RULES.—The department shall adopt rules to implement  
448 this section.

449 Section 4. Section 383.55, Florida Statutes, is created to  
450 read:

451 383.55 Grants to promote equity in maternal health  
452 outcomes by increasing access to digital tools.-

453 (1) DEFINITIONS.-As used in this section, the term:

454 (a) "Department" means the Department of Health.

455 (b) "Eligible entity" has the same meaning as provided in  
456 s. 383.54(1). The term includes domestic faith-based and  
457 community-based organizations.

458 (2) PROGRAM.-By July 1, 2022, the department shall develop  
459 and implement the Investments in Digital Tools to Promote Equity  
460 in Maternal Health Outcomes Program under which the department  
461 shall award grants to eligible entities to reduce racial and  
462 ethnic disparities in maternal health outcomes by increasing  
463 access to digital tools related to maternal health care.

464 (3) APPLICATIONS.-To be eligible to receive a grant under  
465 this section, an eligible entity shall submit to the department  
466 an application at such time, in such manner, and containing such  
467 information as the department may require.

468 (4) LIMITATIONS.-

469 (a) The department may not award more than one grant under  
470 this section to an eligible entity. Each grant under this  
471 section shall be for a period of not more than 5 years. The  
472 department shall determine the maximum amount of each grant  
473 awarded under this section.

474 (b) In awarding grants under this section, the department  
475 shall prioritize the selection of an eligible entity that:

476 1. Operates in an area with high rates of adverse maternal  
477 health outcomes and significant racial and ethnic disparities in  
478 maternal health outcomes; and

479 2. Promotes technology that addresses racial and ethnic  
480 disparities in maternal health outcomes.

481 (5) TECHNICAL ASSISTANCE.—The department shall provide  
482 technical assistance to an eligible entity on the development,  
483 use, evaluation, and post-grant sustainability of digital tools  
484 for purposes of promoting equity in maternal health outcomes.

485 (6) REPORTING.—

486 (a) An eligible entity that receives a grant under this  
487 section shall submit to the department a report at such time, in  
488 such manner, and containing such information as the department  
489 may require.

490 (b) By July 1, 2023, the department shall submit to the  
491 Governor, the President of the Senate, and the Speaker of the  
492 House of Representatives a report that includes all of the  
493 following:

494 1. Evaluation of the effectiveness of grants awarded under  
495 this section in improving maternal health outcomes for minority  
496 women.

497 2. Recommendations for future grant programs that promote  
498 the use of technology to improve maternal health outcomes for  
499 minority women.

500 3. Recommendations that address:

- 501 a. Privacy and security safeguards that should be  
502 implemented in the use of technology in maternal health care.
- 503 b. Reimbursement rates for maternal telehealth services.
- 504 c. The use of digital tools to analyze large data sets for  
505 the purpose of identifying potential pregnancy-related  
506 complications as early as possible.
- 507 d. Barriers that prevent maternal health care providers  
508 from providing telehealth services across state lines and  
509 recommendations from the Centers for Medicare and Medicaid  
510 Services for addressing such barriers in the state Medicaid  
511 program.
- 512 e. The use of consumer digital tools, such as mobile  
513 telephone applications, patient portals, and wearable  
514 technologies to improve maternal health outcomes.
- 515 f. Barriers that prevent consumers from accessing  
516 telehealth services or other digital technologies to improve  
517 maternal health outcomes, including a lack of access to  
518 reliable, high-speed Internet or a lack of access to electronic  
519 devices needed to use such services and technologies.
- 520 g. Any other related issues as determined by the  
521 department.
- 522 (7) (a) STUDY.—The department, in consultation with the  
523 Office of Program Policy Analysis and Government Accountability,  
524 shall conduct a study on the use of technology to reduce  
525 preventable maternal mortality and severe maternal morbidity and

526 eliminate racial and ethnic disparities in maternal health  
527 outcomes in this state. The study must assess current and future  
528 uses of artificial intelligence technologies in maternal health  
529 care, including all of the following:

530 1. The extent to which artificial intelligence  
531 technologies are currently being used in maternal health care.

532 2. The extent to which artificial intelligence  
533 technologies have exacerbated racial or ethnic biases in  
534 maternal health care.

535 3. Recommendations for reducing racial or ethnic biases in  
536 artificial intelligence technologies used in maternal health  
537 care.

538 4. Recommendations for potential applications of  
539 artificial intelligence technologies that could improve maternal  
540 health outcomes, particularly for minority women.

541 5. Recommendations for privacy and security safeguards  
542 that should be implemented in the development of artificial  
543 intelligence technologies in maternal health care.

544 (b) By July 1, 2023, the department shall submit to the  
545 Governor, the President of the Senate, and the Speaker of the  
546 House of Representatives a report that includes its findings and  
547 recommendations based on the study required in paragraph (a).

548 (8) RULES.—The department shall adopt rules to implement  
549 this section.

550 Section 5. This act shall take effect upon becoming a law.