

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2186 Session of 2010

INTRODUCED BY SCAVELLO, BAKER, D. COSTA, DeLUCA, FRANKEL,
GINGRICH, GODSHALL, GOODMAN, HENNESSEY, KNOWLES, KOTIK,
LONGIETTI, MILLARD, MURT, OBERLANDER, O'NEILL, ROSS,
SIPTROTH, SWANGER, VULAKOVICH, WHEATLEY AND YOUNGBLOOD,
JANUARY 5, 2010

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES, JANUARY 5,
2010

1 Amending the act of July 9, 1976 (P.L.817, No.143), entitled "An
2 act relating to mental health procedures; providing for the
3 treatment and rights of mentally disabled persons, for
4 voluntary and involuntary examination and treatment and for
5 determinations affecting those charged with crime or under
6 sentence," providing for assisted outpatient treatment
7 programs.

8 The General Assembly of the Commonwealth of Pennsylvania
9 hereby enacts as follows:

10 Section 1. The act of July 9, 1976 (P.L.817, No.143), known
11 as the Mental Health Procedures Act, is amended by adding an
12 article to read:

13 ARTICLE III-A

14 Assisted Outpatient Treatment

15 Section 301-A. Definitions.

16 The following words and phrases when used in this article
17 shall have the meanings given to them in this section unless the
18 context clearly indicates otherwise:

1 "Assisted outpatient" or "patient." A person under a court
2 order to receive assisted outpatient treatment.

3 "Assisted outpatient treatment." Any of the following
4 categories of outpatient services which have been ordered by the
5 court pursuant to section 305-A:

6 (1) Case management services or assertive community
7 treatment team services to provide care coordination.

8 (2) Medication.

9 (3) Periodic blood tests or urinalysis to determine
10 compliance with prescribed medications.

11 (4) Individual or group therapy.

12 (5) Day or partial programming activities.

13 (6) Educational and vocational training or activities.

14 (7) Alcohol or substance abuse treatment and counseling
15 and periodic tests for the presence of alcohol or illegal
16 drugs for persons with a history of alcohol or substance
17 abuse.

18 (8) Supervision of living arrangements.

19 (9) Any other services within an individualized
20 treatment plan developed pursuant to Article I prescribed to
21 treat the person's mental illness and to assist the person in
22 living and functioning in the community, or to attempt to
23 prevent a relapse or deterioration that may reasonably be
24 predicted to result in suicide or the need for
25 hospitalization.

26 "Assisted outpatient treatment program" or "program." A
27 system to arrange for and coordinate the provision of assisted
28 outpatient treatment, to monitor treatment compliance by
29 assisted outpatients, to evaluate the condition or needs of
30 assisted outpatients, to take appropriate steps to address the

1 needs of assisted outpatients and to ensure compliance with
2 court orders.

3 "Director." The director of a hospital licensed or operated
4 by the Department of Public Welfare which operates, directs and
5 supervises an assisted outpatient treatment program, or the
6 county administrator which operates, directs and supervises an
7 assisted outpatient treatment program.

8 "Program coordinator." An individual appointed under section
9 302-A(a) who is responsible for the oversight and monitoring of
10 assisted outpatient treatment programs.

11 "Subject of the petition" or "subject." A person who is
12 alleged in a petition, filed pursuant to the provisions of
13 section 305-A, to meet the criteria for assisted outpatient
14 treatment.

15 Section 302-A. Program coordinators to be appointed.

16 (a) Duty of secretary.--The Secretary of Public Welfare
17 shall appoint program coordinators of assisted outpatient
18 treatment, who shall be responsible for the oversight and
19 monitoring of assisted outpatient treatment programs established
20 pursuant to section 305-A. County administrators shall work in
21 conjunction with the program coordinators to coordinate the
22 implementation of assisted outpatient treatment programs.

23 (b) Oversight and monitoring duties.--The oversight and
24 monitoring role of the program coordinator of the assisted
25 outpatient treatment program shall include each of the
26 following:

27 (1) That each assisted outpatient receives the treatment
28 provided for in the court order issued pursuant to section
29 305-A.

30 (2) That existing services located in the assisted

1 outpatient's community are utilized whenever practicable.

2 (3) That a case manager or assertive community treatment
3 team is designated for each assisted outpatient.

4 (4) That a mechanism exists for a case manager, or
5 assertive community treatment team, to regularly report the
6 assisted outpatient's compliance, or lack of compliance, with
7 treatment to the director of the assisted outpatient
8 treatment program.

9 (5) That assisted outpatient treatment services are
10 delivered in a timely manner.

11 (c) Standards to be developed.--The Secretary of Public
12 Welfare shall develop standards designed to ensure that case
13 managers or assertive community treatment teams have appropriate
14 training and have clinically manageable caseloads designed to
15 provide effective case management or other care coordination
16 services for persons subject to a court order under section
17 305-A.

18 (d) Corrective action to be taken.--Upon review or receiving
19 notice that services are not being delivered in a timely manner,
20 the program coordinator shall require the director of the
21 assisted outpatient treatment program to immediately commence
22 corrective action and inform the program coordinator of the
23 corrective action taken. Failure of a director to take
24 corrective action shall be reported by the program coordinator
25 to the Secretary of Public Welfare as well as to the court which
26 ordered the assisted outpatient treatment.

27 Section 303-A. Duties of county administrators.

28 Each county administrator shall be responsible for the filing
29 of petitions for assisted outpatient treatment pursuant to
30 section 305-A, for the receipt and investigation of reports of

persons who are alleged to be in need of that treatment and for coordinating the delivery of court-ordered services with program coordinators, appointed by the Secretary of Public Welfare pursuant to section 302-A(a). In discharge of the duties imposed by section 305-A, directors of community services may provide services directly, or may coordinate services with the offices of the Secretary of Public Welfare or may contract with any public or private provider to provide services for assisted outpatient treatment programs as may be necessary to carry out the duties imposed pursuant to this article.

Section 304-A. Directors of assisted outpatient treatment programs.

(a) General duties.--

(1) Directors of assisted outpatient treatment programs established pursuant to section 305-A shall provide a written report to the program coordinators, appointed by the Secretary of Public Welfare pursuant to section 302-A(a), within three days of the issuance of a court order. The report shall demonstrate that mechanisms are in place to ensure the delivery of services and medications as required by the court order and shall include, but not be limited to, the following:

(i) A copy of the court order.

(ii) A copy of the written treatment plan.

(iii) The identity of the case manager or assertive community treatment team, including the name and contact data of the organization which the case manager or assertive community treatment team member represents.

(iv) The identity of providers of services.

(v) The date on which services have commenced or

1 will commence.

2 (2) The directors of assisted outpatient treatment
3 programs shall ensure the timely delivery of services
4 described in section 305-A pursuant to any court order issued
5 thereunder. Directors of assisted outpatient treatment
6 programs shall immediately commence corrective action upon
7 receiving notice from program coordinators that services are
8 not being provided in a timely manner, and the directors
9 shall inform the program coordinator of the corrective action
10 taken.

11 (b) Quarterly reports to program coordinators.--Directors of
12 assisted outpatient treatment programs shall submit quarterly
13 reports to the program coordinators regarding the assisted
14 outpatient treatment program operated or administered by them.
15 The report shall include the following information:

16 (1) The names of individuals served by the program.

17 (2) The percentage of petitions for assisted outpatient
18 treatment that are granted by the court.

19 (3) Any change in status of assisted outpatients,
20 including, but not limited to, the number of individuals who
21 have failed to comply with court-ordered assisted outpatient
22 treatment.

23 (4) A description of material changes in written
24 treatment plans of assisted outpatients.

25 (5) Any change in case managers.

26 (6) A description of the categories of services which
27 have been ordered by the court.

28 (7) Living arrangements of individuals served by the
29 program including the number, if any, who are homeless.

30 (8) Any other information as required by the Secretary

1 of Public Welfare.

2 (9) Any recommendations to improve the program Statewide
3 or locally.

4 Section 305-A. Assisted outpatient treatment program.

5 (a) Director to obtain approval from secretary.--A director
6 may operate, direct and supervise an assisted outpatient
7 treatment program as provided in this section, upon approval by
8 the Secretary of Public Welfare. The county administrator shall
9 operate, direct and supervise an assisted outpatient treatment
10 program as provided in this section, upon approval by the
11 Secretary of Public Welfare. County administrators shall be
12 permitted to satisfy the provisions of this article through the
13 operation of joint assisted outpatient treatment programs.
14 Nothing in this article shall be construed to preclude the
15 combination or coordination of efforts between and among
16 counties and hospitals in providing and coordinating assisted
17 outpatient treatment.

18 (b) Criteria for assisted outpatient treatment.--A patient
19 may be ordered to obtain assisted outpatient treatment if the
20 court finds all of the following:

21 (1) The patient is 18 years of age or older.

22 (2) The patient is suffering from a mental illness.

23 (3) The patient is unlikely to survive safely in the
24 community without supervision, based on a clinical
25 determination.

26 (4) The patient has a history of lack of compliance with
27 treatment for mental illness that has:

28 (i) at least twice within the preceding 36 months
29 been a significant factor in necessitating
30 hospitalization, or receipt of services in a forensic or

1 other mental health unit of a correctional facility, not
2 including any period during which the person was
3 hospitalized or imprisoned immediately preceding the
4 filing of the petition; or

5 (ii) resulted in one or more acts of serious violent
6 behavior toward self or others or threats of, or attempts
7 at, serious physical harm to self or others within the
8 preceding 48 months, not including any period in which
9 the person was hospitalized or imprisoned immediately
10 preceding the filing of the petition.

11 (5) The patient is, as a result of the patient's mental
12 illness, unlikely to voluntarily participate in the
13 recommended treatment pursuant to the treatment plan.

14 (6) In view of the patient's treatment history and
15 current behavior, the patient is in need of assisted
16 outpatient treatment in order to prevent a relapse or
17 deterioration which would be likely to pose a clear and
18 present danger of harm to others or to himself as determined
19 under section 301.

20 (7) It is likely that the patient will benefit from
21 assisted outpatient treatment.

22 (c) Petition to the court.--

23 (1) A petition for an order authorizing assisted
24 outpatient treatment may be filed in the court of common
25 pleas of the county in which the subject of the petition is
26 present or reasonably believed to be present. A petition to
27 obtain an order authorizing assisted outpatient treatment may
28 be initiated only by the following persons:

29 (i) a person 18 years of age or older with whom the
30 subject of the petition resides;

1 (ii) the parent, spouse, sibling 18 years of age or
2 older, or child 18 years of age or older of the subject
3 of the petition;

4 (iii) the director of the facility in which the
5 subject of the petition is hospitalized;

6 (iv) the director of any public or charitable
7 organization, agency or home providing mental health
8 services to the subject of the petition in whose
9 institution the subject of the petition resides;

10 (v) a qualified psychiatrist who is either
11 supervising the treatment of or treating the subject of
12 the petition for a mental illness;

13 (vi) the county administrator, or his designee; or

14 (vii) a parole officer or probation officer assigned
15 to supervise the subject of the petition.

16 (2) The petition shall state:

17 (i) Each of the criteria for assisted outpatient
18 treatment as set forth in subsection (b).

19 (ii) The facts which support the petitioner's belief
20 that the person who is the subject of the petition meets
21 each criterion, provided that the hearing on the petition
22 need not be limited to the stated facts.

23 (iii) That the subject of the petition is present,
24 or is reasonably believed to be present, within the
25 county where the petition is filed.

26 (3) The petition shall be accompanied by an affirmation
27 or affidavit of a physician, who shall not be the petitioner,
28 and shall state either that:

29 (i) The physician has personally examined the person
30 who is the subject of the petition not more than ten days

1 prior to the submission of the petition, recommends
2 assisted outpatient treatment for the subject of the
3 petition and is willing and able to testify at the
4 hearing on the petition.

5 (ii) Not more than ten days prior to the filing of
6 the petition, the physician or his designee has made
7 appropriate attempts to elicit the cooperation of the
8 subject of the petition but has not been successful in
9 persuading the subject to submit to an examination, that
10 the physician has reason to suspect that the subject of
11 the petition meets the criteria for assisted outpatient
12 treatment, and that the physician is willing and able to
13 examine the subject of the petition and testify at the
14 hearing on the petition.

15 (d) Right to counsel.--The subject of the petition shall
16 have the right to be represented by counsel at all stages of a
17 proceeding commenced under this section. The subject of the
18 petition shall be represented either by counsel of his selection
19 or, if unrepresented and unable to afford counsel as determined
20 by the court, by court-appointed counsel.

21 (e) Hearing.--

22 (1) Upon receipt by the court of the petition submitted
23 pursuant to subsection (c), the court shall fix the date for
24 a hearing at a time not later than three days from the date
25 the petition is received by the court, excluding Saturdays,
26 Sundays and holidays. Adjournments shall be permitted only
27 for good cause shown. In granting adjournments, the court
28 shall consider the need for further examination by a
29 physician or the potential need to provide assisted
30 outpatient treatment expeditiously.

1 (2) The court shall cause the subject of the petition,
2 the petitioner, the physician whose affirmation or affidavit
3 accompanied the petition, the appropriate director, and such
4 other persons as the court may determine to be advised. The
5 subject of the petition shall have the opportunity to
6 provide, in writing, names and parties to be notified of the
7 hearing which shall be considered by the court.

8 (3) Upon the date for the hearing, or upon such other
9 date to which the proceeding may be adjourned, the court
10 shall hear testimony and, if it be deemed advisable and the
11 subject of the petition is available, examine the subject
12 alleged to be in need of assisted outpatient treatment in or
13 out of court.

14 (4) If the subject of the petition does not appear at
15 the hearing, and appropriate attempts to elicit the
16 attendance of the subject have failed, the court may conduct
17 the hearing in the subject's absence. If the hearing is
18 conducted without the subject of the petition present, the
19 court shall set forth the factual basis for conducting the
20 hearing without the presence of the subject of the petition.

21 (5) The court may not order assisted outpatient
22 treatment unless an examining physician, who has personally
23 examined the subject of the petition within the time period
24 commencing ten days before the filing of the petition,
25 testifies in person at the hearing.

26 (6) If the subject of the petition has refused to be
27 examined by a physician, the court may request the subject to
28 consent to an examination by a physician appointed by the
29 court. If the subject of the petition does not consent and
30 the court finds reasonable cause to believe that the

1 allegations in the petition are true, the court may order law
2 enforcement officers or of a sheriff's department to take the
3 subject of the petition into custody and transport him to a
4 hospital for examination by a physician. Retention of the
5 subject of the petition under the order shall not exceed 24
6 hours.

7 (7) The examination of the subject of the petition may
8 be performed by the physician whose affirmation or affidavit
9 accompanied the petition, if the physician is privileged by
10 the hospital or otherwise authorized by the hospital to do
11 so. If the examination is performed by another physician of
12 the hospital, the examining physician shall be authorized to
13 consult with the physician whose affirmation or affidavit
14 accompanied the petition regarding the issues of whether the
15 allegations in the petition are true and whether the subject
16 meets the criteria for assisted outpatient treatment.

17 (8) A physician who testifies pursuant to paragraph (5)
18 shall state the facts which support the allegation that the
19 subject meets each of the criteria for assisted outpatient
20 treatment, and the treatment is the least restrictive
21 alternative, the recommended assisted outpatient treatment,
22 and the rationale for the recommended assisted outpatient
23 treatment. If the recommended assisted outpatient treatment
24 includes medication, the physician's testimony shall describe
25 the types or classes of medication which should be
26 authorized, shall describe the beneficial and detrimental
27 physical and mental effects of the medication, and shall
28 recommend whether the medication should be self-administered
29 or administered by authorized personnel.

30 (9) The subject of the petition shall be afforded an

1 opportunity to present evidence, to call witnesses on behalf
2 of the subject, and to cross-examine adverse witnesses.

3 (f) Written individualized treatment plan.--

4 (1) (i) The court may not order assisted outpatient
5 treatment unless an examining physician appointed by the
6 appropriate director develops and provides to the court a
7 proposed written individualized treatment plan. The
8 written individualized treatment plan shall include case
9 management services or assertive community treatment
10 teams to provide care coordination, and all categories of
11 services which the physician recommends that the subject
12 of the petition should receive.

13 (ii) If the written individualized treatment plan
14 includes medication, it shall state whether the
15 medication should be self-administered or administered by
16 authorized personnel, and shall specify type and dosage
17 range of medication most likely to provide maximum
18 benefit for the subject.

19 (iii) If the written individualized treatment plan
20 includes alcohol or substance abuse counseling and
21 treatment, the plan may include a provision requiring
22 relevant testing for either alcohol or illegal substances
23 provided the physician's clinical basis for recommending
24 the plan provides sufficient facts for the court to find:

25 (A) That the person has a history of alcohol or
26 substance abuse that is clinically related to the
27 mental illness.

28 (B) That the testing is necessary to prevent a
29 relapse or deterioration which would be likely to
30 result in serious harm to the person or others.

1 (iv) In developing the plan, the physician shall
2 provide the following persons with an opportunity to
3 actively participate in the development of the plan: the
4 subject of the petition; the treating physician; and upon
5 the request of the patient, an individual significant to
6 the patient including any relative, close friend or
7 individual otherwise concerned with the welfare of the
8 patient. If the petitioner is a director, the plan shall
9 be provided to the court no later than the date of the
10 hearing on the petition.

11 (2) The court shall not order assisted outpatient
12 treatment unless a physician testifies to explain the written
13 proposed treatment plan. The testimony shall state:

14 (i) The categories of assisted outpatient treatment
15 recommended.

16 (ii) The rationale for each category.

17 (iii) Facts which establish that the treatment is
18 the least restrictive alternative.

19 (iv) If the recommended assisted outpatient
20 treatment includes medication, the types or classes of
21 medication recommended, the beneficial and detrimental
22 physical and mental effects of the medication, and
23 whether the medication should be self-administered or
24 administered by an authorized professional.

25 If the petitioner is a director the testimony shall be given at
26 the hearing on the petition.

27 (g) Disposition.--

28 (1) If after hearing all relevant evidence, the court
29 finds that the subject of the petition does not meet the
30 criteria for assisted outpatient treatment, the court shall

1 dismiss the petition.

2 (2) If after hearing all relevant evidence, the court
3 finds by clear and convincing evidence that the subject of
4 the petition meets the criteria for assisted outpatient
5 treatment and there is no appropriate and feasible less
6 restrictive alternative, the court shall be authorized to
7 order the subject to receive assisted outpatient treatment
8 for an initial period not to exceed six months. In fashioning
9 the order, the court shall specifically make findings by
10 clear and convincing evidence that the proposed treatment is
11 the least restrictive treatment appropriate and feasible for
12 the subject. The order shall state the categories of assisted
13 outpatient treatment which the subject is to receive. The
14 court may not order treatment that has not been recommended
15 by the examining physician and included in the written
16 treatment plan for assisted outpatient treatment as required
17 by subsection (f).

18 (3) If after hearing all relevant evidence the court
19 finds by clear and convincing evidence that the subject of
20 the petition meets the criteria for assisted outpatient
21 treatment, and the court has yet to be provided with a
22 written individualized treatment plan and testimony pursuant
23 to subsection (f), the court shall order the county
24 administrator to provide the court with the plan and
25 testimony no later than the third day, excluding Saturdays,
26 Sundays and holidays, immediately following the date of the
27 order. Upon receiving the plan and testimony, the court may
28 order assisted outpatient treatment as provided in paragraph
29 (2).

30 (4) A court may order the patient to self-administer

1 psychotropic drugs or accept the administration of the drugs
2 by authorized personnel as part of an assisted outpatient
3 treatment program. The order may specify the type and dosage
4 range of psychotropic drugs and the order shall be effective
5 for the duration of the assisted outpatient treatment.

6 (5) If the petitioner is the director of a hospital that
7 operates an assisted outpatient treatment program, the court
8 order shall direct the hospital director to provide or
9 arrange for all categories of assisted outpatient treatment
10 for the assisted outpatient throughout the period of the
11 order. For all other persons, the order shall require the
12 director of community services of the appropriate local
13 governmental unit to provide or arrange for all categories of
14 assisted outpatient treatment for the assisted outpatient
15 throughout the period of the order.

16 (6) The director or his designee shall apply to the
17 court for approval before instituting a proposed material
18 change in the assisted outpatient treatment order unless the
19 change is contemplated in the order. Nonmaterial changes may
20 be instituted by the assisted outpatient treatment program
21 without court approval. For the purposes of this paragraph, a
22 material change shall mean an addition or deletion of a
23 category of assisted outpatient treatment from the order of
24 the court, or any deviation without the patient's consent
25 from the terms of an existing order relating to the
26 administration of psychotropic drugs.

27 (h) Applications for additional periods of treatment.--If
28 the director determines that the condition of the patient
29 requires further assisted outpatient treatment, the director
30 shall apply prior to the expiration of the period of assisted

outpatient treatment ordered by the court for a second or subsequent order authorizing continued assisted outpatient treatment for a period not to exceed one year from the date of the order. The procedures for obtaining any order pursuant to this subsection shall be in accordance with this section, provided that the time period included in subsection (b) (4) (i) and (ii) shall not be applicable in determining the appropriateness of additional periods of assisted outpatient treatment. Any court order requiring periodic blood tests or urinalysis for the presence of alcohol or illegal drugs shall be subject to review after six months by the physician who developed the written individualized treatment plan or another physician designated by the director, and the physician shall be authorized to terminate the blood tests or urinalysis without further action by the court.

(i) Application for order to stay, vacate or modify.--In addition to any other right or remedy available by law with respect to the order for assisted outpatient treatment, the patient, the patient's counsel, or anyone acting on the patient's behalf may apply on notice to the appropriate director and the original petitioner to the court to stay, vacate or modify the order.

(j) Appeals.--Review of an order issued pursuant to this section shall be had in like manner as specified in section 303.

(k) Failure to comply with the assisted outpatient treatment.--

(1) (i) Where, in the clinical judgment of a physician, the assisted outpatient has failed or refused to comply with the assisted outpatient treatment and efforts were made to solicit compliance and such assisted outpatient

1 may be in need of involuntary admission to a hospital or
2 immediate observation, care and treatment pursuant to
3 section 302 or 303, the physician may request the
4 director of community services, the director's designee
5 or any physician designated by the director of community
6 services to bring the assisted outpatient to an
7 appropriate hospital for an examination to determine if
8 the assisted outpatient has a mental illness for which
9 hospitalization is necessary.

10 (ii) If the assisted outpatient refuses to take
11 medication as required by the court order or refuses to
12 take or fails a blood test, urinalysis or alcohol or drug
13 test as required by the court order, the physician may
14 consider the refusal or failure when determining whether
15 the assisted outpatient is in need of an examination to
16 determine whether the assisted outpatient has a mental
17 illness for which hospitalization is necessary.

18 (2) Upon the request of the physician, the director or
19 the director's designee may direct law enforcement officers
20 or the sheriff's department to take into custody and
21 transport the patient to the hospital operating the assisted
22 outpatient treatment program or to any hospital authorized by
23 the director of community services to receive such patients.
24 The law enforcement officials shall carry out the directive.

25 (3) (i) Upon the request of the physician, the director
26 or the director's designee, the court may authorize the
27 patient to be taken into custody and transported to the
28 hospital operating the assisted outpatient treatment
29 program, or to any other hospital authorized by the
30 county administrator to receive such patients in

1 accordance with section 306.

2 (ii) The patient may be retained for observation,
3 care and treatment and further examination in the
4 hospital for up to 72 hours to permit a physician to
5 determine whether the patient has a mental illness and is
6 in need of involuntary care and treatment in a hospital
7 pursuant to this act.

8 (iii) Any continued involuntary retention in the
9 hospital beyond the initial 72-hour period shall be in
10 accordance with this act relating to the involuntary
11 admission and retention of a person.

12 (iv) If at any time during the 72-hour period the
13 person is determined not to meet the involuntary
14 admission and retention provisions of this act, and does
15 not agree to stay in the hospital as a voluntary or
16 informal patient, he shall be released.

17 (v) Failure to comply with an order of assisted
18 outpatient treatment shall not be grounds for involuntary
19 civil commitment or a finding of contempt of court.

20 (l) False petition.--A person making a false statement or
21 providing false information or false testimony in a petition or
22 hearing under this section is subject to criminal prosecution
23 pursuant to 18 Pa.C.S. § 4903 (relating to false swearing).

24 (m) Construction.--Nothing in this section shall be
25 construed to affect the ability of the director of a hospital to
26 receive, admit or retain patients who otherwise meet the
27 provisions of this act regarding receipt, retention or
28 admission.

29 (n) Educational materials.--The Department of Public
30 Welfare, in consultation with the county administrator, shall

1 prepare educational and training materials on the use of this
2 section, which shall be made available to county providers of
3 services, judges, court personnel, law enforcement officials and
4 the general public.

5 Section 2. This act shall take effect in 60 days.