

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1372 Session of 2008

INTRODUCED BY FONTANA, TARTAGLIONE, LAVALLE, MUSTO, C. WILLIAMS, STOUT, M. WHITE, PIPPY, KASUNIC, BOSCOLA, BROWNE, O'PAKE, RHOADES, COSTA, WOZNIAK, WASHINGTON, STACK, FERLO, REGOLA AND A. WILLIAMS, APRIL 14, 2008

SENATOR ERICKSON, PUBLIC HEALTH AND WELFARE, AS AMENDED, JUNE 18, 2008

AN ACT

1 Amending the act of July 8, 1986 (P.L.408, No.89), entitled, as
2 reenacted, "An act providing for the creation of the Health
3 Care Cost Containment Council, for its powers and duties, for
4 health care cost containment through the collection and
5 dissemination of data, for public accountability of health
6 care costs and for health care for the indigent; and making
7 an appropriation," further providing for THE HEALTH CARE COST <—
8 CONTAINMENT COUNCIL AND ITS POWERS AND DUTIES, FOR DATA
9 SUBMISSION AND COLLECTION, FOR ACCESS TO COUNCIL DATA AND FOR
10 sunset of act.

11 The General Assembly of the Commonwealth of Pennsylvania
12 hereby enacts as follows:

13 ~~Section 1. Section 19 of the act of July 8, 1986 (P.L.408, <—~~
14 ~~No.89), known as the Health Care Cost Containment Act, reenacted~~
15 ~~and amended July 17, 2003 (P.L.31, No.14), is amended to read:~~

16 SECTION 1. SECTIONS 4(F), 5(C) AND (D), 6(A)(1) AND (D), 10 <—
17 (B)(5) AND 19 OF THE ACT OF JULY 8, 1986 (P.L.408, NO.89), KNOWN
18 AS THE HEALTH CARE COST CONTAINMENT ACT, REENACTED AND AMENDED
19 JULY 17, 2003 (P.L.31, NO.14), ARE AMENDED TO READ:

20 SECTION 4. HEALTH CARE COST CONTAINMENT COUNCIL.

1 * * *

2 (F) BYLAWS.--THE COUNCIL SHALL ADOPT BYLAWS, NOT
3 INCONSISTENT WITH THIS ACT, AND MAY APPOINT SUCH COMMITTEES OR
4 ELECT SUCH OFFICERS SUBORDINATE TO THOSE PROVIDED FOR IN
5 SUBSECTION (C) AS IT DEEMS ADVISABLE. THE COUNCIL SHALL PROVIDE
6 FOR THE APPROVAL AND PARTICIPATION OF ADDITIONAL DELEGATES
7 APPOINTED UNDER SUBSECTION (B)(7) AND (8) SO THAT EACH
8 ORGANIZATION REPRESENTED BY DELEGATES UNDER THOSE PARAGRAPHS
9 SHALL NOT HAVE MORE THAN ONE VOTE ON ANY COMMITTEE TO WHICH THEY
10 ARE APPOINTED. THE COUNCIL SHALL ALSO APPOINT A TECHNICAL
11 ADVISORY GROUP WHICH SHALL, ON AN AD HOC BASIS, RESPOND TO
12 ISSUES PRESENTED TO IT BY THE COUNCIL OR COMMITTEES OF THE
13 COUNCIL AND SHALL MAKE RECOMMENDATIONS TO THE COUNCIL. THE
14 TECHNICAL ADVISORY GROUP SHALL INCLUDE PHYSICIANS, RESEARCHERS,
15 BIOSTATISTICIANS, ONE REPRESENTATIVE OF THE HOSPITAL AND
16 HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND ONE REPRESENTATIVE
17 OF THE PENNSYLVANIA MEDICAL SOCIETY. THE HOSPITAL AND
18 HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND THE PENNSYLVANIA
19 MEDICAL SOCIETY REPRESENTATIVES SHALL NOT BE SUBJECT TO
20 EXECUTIVE COMMITTEE APPROVAL. IN APPOINTING OTHER PHYSICIANS,
21 RESEARCHERS AND BIOSTATISTICIANS TO THE TECHNICAL ADVISORY
22 GROUP, THE COUNCIL SHALL CONSULT WITH AND TAKE NOMINATIONS FROM
23 THE REPRESENTATIVES OF THE HOSPITAL ASSOCIATION OF PENNSYLVANIA,
24 THE PENNSYLVANIA MEDICAL SOCIETY, THE PENNSYLVANIA OSTEOPATHIC
25 MEDICAL SOCIETY OR OTHER LIKE ORGANIZATIONS. AT ITS DISCRETION
26 AND IN ACCORDANCE WITH THIS SECTION, NOMINATIONS SHALL BE
27 APPROVED BY THE EXECUTIVE COMMITTEE OF THE COUNCIL. IF THE
28 SUBJECT MATTER OF ANY PROJECT EXCEEDS THE EXPERTISE OF THE
29 TECHNICAL ADVISORY GROUP, PHYSICIANS IN APPROPRIATE SPECIALTIES
30 WHO POSSESS CURRENT KNOWLEDGE OF THE ISSUE UNDER STUDY MAY BE

1 CONSULTED. THE TECHNICAL ADVISORY GROUP SHALL ALSO REVIEW THE
2 AVAILABILITY AND RELIABILITY OF SEVERITY OF ILLNESS MEASUREMENTS
3 AS THEY RELATE TO SMALL HOSPITALS AND PSYCHIATRIC,
4 REHABILITATION AND CHILDREN'S HOSPITALS AND SHALL MAKE
5 RECOMMENDATIONS TO THE COUNCIL BASED UPON THIS REVIEW. MEETINGS
6 OF THE TECHNICAL ADVISORY GROUP SHALL BE OPEN TO THE GENERAL
7 PUBLIC.

8 * * *

9 SECTION 5. POWERS AND DUTIES OF THE COUNCIL.

10 * * *

11 (C) AUDIT POWERS.--THE COUNCIL SHALL HAVE THE RIGHT TO
12 INDEPENDENTLY AUDIT ALL INFORMATION REQUIRED TO BE SUBMITTED BY
13 DATA SOURCES AS NEEDED TO CORROBORATE THE ACCURACY OF THE
14 SUBMITTED DATA, PURSUANT TO THE FOLLOWING:

15 (1) AUDITS OF INFORMATION SUBMITTED BY PROVIDERS OR
16 HEALTH CARE INSURERS SHALL BE PERFORMED ON A SAMPLE AND
17 ISSUE-SPECIFIC BASIS, AS NEEDED BY THE COUNCIL, AND SHALL BE
18 COORDINATED, TO THE EXTENT PRACTICABLE, WITH AUDITS PERFORMED
19 BY THE COMMONWEALTH. ALL HEALTH CARE INSURERS AND PROVIDERS
20 ARE HEREBY REQUIRED TO MAKE THOSE BOOKS, RECORDS OF ACCOUNTS
21 AND ANY OTHER DATA NEEDED BY THE AUDITORS AVAILABLE TO THE
22 COUNCIL AT A CONVENIENT LOCATION WITHIN 30 DAYS OF A WRITTEN
23 NOTIFICATION BY THE COUNCIL.

24 (2) AUDITS OF INFORMATION SUBMITTED BY PURCHASERS SHALL
25 BE PERFORMED ON A SAMPLE BASIS, UNLESS THERE EXISTS
26 REASONABLE CAUSE TO AUDIT SPECIFIC PURCHASERS, BUT IN NO CASE
27 SHALL THE COUNCIL HAVE THE POWER TO AUDIT FINANCIAL
28 STATEMENTS OF PURCHASERS.

29 (3) ALL AUDITS PERFORMED BY THE COUNCIL SHALL BE
30 PERFORMED AT THE EXPENSE OF THE COUNCIL.

1 (4) THE RESULTS OF AUDITS OF PROVIDERS OR HEALTH CARE
2 INSURERS SHALL BE PROVIDED TO THE AUDITED PROVIDERS AND
3 HEALTH CARE INSURERS ON A TIMELY BASIS, NOT TO EXCEED 30 DAYS
4 BEYOND PRESENTATION OF AUDIT FINDINGS TO THE COUNCIL.

5 (D) GENERAL DUTIES AND FUNCTIONS.--THE COUNCIL IS HEREBY
6 AUTHORIZED TO AND SHALL PERFORM THE FOLLOWING DUTIES AND
7 FUNCTIONS:

8 (1) DEVELOP A COMPUTERIZED SYSTEM FOR THE COLLECTION,
9 ANALYSIS AND DISSEMINATION OF DATA. THE COUNCIL MAY CONTRACT
10 WITH A VENDOR WHO WILL PROVIDE SUCH DATA PROCESSING SERVICES.
11 THE COUNCIL SHALL ASSURE THAT THE SYSTEM WILL BE CAPABLE OF
12 PROCESSING ALL DATA REQUIRED TO BE COLLECTED UNDER THIS ACT.
13 ANY VENDOR SELECTED BY THE COUNCIL SHALL BE SELECTED IN
14 ACCORDANCE WITH THE PROVISIONS OF SECTION 16, AND SAID VENDOR
15 SHALL RELINQUISH ANY AND ALL PROPRIETARY RIGHTS OR CLAIMS TO
16 THE DATA BASE CREATED AS A RESULT OF IMPLEMENTATION OF THE
17 DATA PROCESSING SYSTEM.

18 (2) ESTABLISH A PENNSYLVANIA UNIFORM CLAIMS AND BILLING
19 FORM FOR ALL DATA SOURCES AND ALL PROVIDERS WHICH SHALL BE
20 UTILIZED AND MAINTAINED BY ALL DATA SOURCES AND ALL PROVIDERS
21 FOR ALL SERVICES COVERED UNDER THIS ACT.

22 (3) COLLECT AND DISSEMINATE DATA, AS SPECIFIED IN
23 SECTION 6, AND OTHER INFORMATION FROM DATA SOURCES TO WHICH
24 THE COUNCIL IS ENTITLED, PREPARED ACCORDING TO FORMATS, TIME
25 FRAMES AND CONFIDENTIALITY PROVISIONS AS SPECIFIED IN
26 SECTIONS 6 AND 10, AND BY THE COUNCIL.

27 (4) ADOPT [AND IMPLEMENT A METHODOLOGY TO COLLECT AND
28 DISSEMINATE DATA REFLECTING PROVIDER QUALITY AND PROVIDER
29 SERVICE EFFECTIVENESS PURSUANT TO SECTION 6] METHODOLOGIES
30 FOR RISK-ADJUSTING PROVIDER QUALITY DATA.

1 (5) SUBJECT TO THE RESTRICTIONS ON ACCESS TO RAW DATA
2 SET FORTH IN SECTION 10, ISSUE SPECIAL REPORTS AND MAKE
3 AVAILABLE RAW DATA AS DEFINED IN SECTION 3 TO ANY PURCHASER
4 REQUESTING IT. SALE BY ANY RECIPIENT OR EXCHANGE OR
5 PUBLICATION BY A RECIPIENT, OTHER THAN A PURCHASER, OF RAW
6 COUNCIL DATA TO OTHER PARTIES WITHOUT THE EXPRESS WRITTEN
7 CONSENT OF, AND UNDER TERMS APPROVED BY, THE COUNCIL SHALL BE
8 UNAUTHORIZED USE OF DATA PURSUANT TO SECTION 10(C).

9 (6) ON AN ANNUAL BASIS, PUBLISH IN THE PENNSYLVANIA
10 BULLETIN A LIST OF ALL THE RAW DATA REPORTS IT HAS PREPARED
11 UNDER SECTION 10(F) AND A DESCRIPTION OF THE DATA OBTAINED
12 THROUGH EACH COMPUTER-TO-COMPUTER ACCESS IT HAS PROVIDED
13 UNDER SECTION 10(F) AND OF THE NAMES OF THE PARTIES TO WHOM
14 THE COUNCIL PROVIDED THE REPORTS OR THE COMPUTER-TO-COMPUTER
15 ACCESS DURING THE PREVIOUS MONTH.

16 (7) PROMOTE COMPETITION IN THE HEALTH CARE AND HEALTH
17 INSURANCE MARKETS.

18 (8) ASSURE THAT THE USE OF COUNCIL DATA DOES NOT RAISE
19 ACCESS BARRIERS TO CARE.

20 (10) MAKE ANNUAL REPORTS TO THE GENERAL ASSEMBLY ON THE
21 RATE OF INCREASE IN THE COST OF HEALTH CARE IN THE
22 COMMONWEALTH AND THE EFFECTIVENESS OF THE COUNCIL IN CARRYING
23 OUT THE LEGISLATIVE INTENT OF THIS ACT. IN ADDITION, THE
24 COUNCIL MAY MAKE RECOMMENDATIONS ON THE NEED FOR FURTHER
25 HEALTH CARE COST CONTAINMENT LEGISLATION. THE COUNCIL SHALL
26 ALSO MAKE ANNUAL REPORTS TO THE GENERAL ASSEMBLY ON THE
27 QUALITY AND EFFECTIVENESS OF HEALTH CARE AND ACCESS TO HEALTH
28 CARE FOR ALL CITIZENS OF THE COMMONWEALTH.

29 (12) CONDUCT STUDIES AND PUBLISH REPORTS THEREON
30 ANALYZING THE EFFECTS THAT NONINPATIENT, ALTERNATIVE HEALTH

1 CARE DELIVERY SYSTEMS HAVE ON HEALTH CARE COSTS. THESE
2 SYSTEMS SHALL INCLUDE, BUT NOT BE LIMITED TO: HMO'S; PPO'S;
3 PRIMARY HEALTH CARE FACILITIES; HOME HEALTH CARE; ATTENDANT
4 CARE; AMBULATORY SERVICE FACILITIES; FREESTANDING EMERGENCY
5 CENTERS; BIRTHING CENTERS; AND HOSPICE CARE. THESE REPORTS
6 SHALL BE SUBMITTED TO THE GENERAL ASSEMBLY AND SHALL BE MADE
7 AVAILABLE TO THE PUBLIC.

8 (13) CONDUCT STUDIES AND MAKE REPORTS CONCERNING THE
9 UTILIZATION OF EXPERIMENTAL AND NONEXPERIMENTAL TRANSPLANT
10 SURGERY AND OTHER HIGHLY TECHNICAL AND EXPERIMENTAL
11 PROCEDURES, INCLUDING COSTS AND MORTALITY RATES.

12 (14) IN ORDER TO ENSURE THAT THE COUNCIL ADOPTS AND
13 MAINTAINS BOTH SCIENTIFICALLY CREDIBLE AND COST-EFFECTIVE
14 METHODOLOGY TO COLLECT AND DISSEMINATE DATA REFLECTING
15 PROVIDER QUALITY AND EFFECTIVENESS, THE COUNCIL SHALL, WITHIN
16 ONE YEAR OF THE EFFECTIVE DATE OF THIS PARAGRAPH, UTILIZING
17 CURRENT COMMONWEALTH AGENCY GUIDELINES AND PROCEDURES, ISSUE
18 A REQUEST FOR INFORMATION FROM ANY VENDOR THAT WISHES TO
19 PROVIDE DATA COLLECTION OR RISK ADJUSTMENT METHODOLOGY TO THE
20 COUNCIL TO HELP MEET THE REQUIREMENTS OF THIS SUBSECTION AND
21 SECTION 6. THE COUNCIL SHALL ESTABLISH AN INDEPENDENT REQUEST
22 FOR INFORMATION REVIEW COMMITTEE TO REVIEW AND RANK ALL
23 RESPONSES AND TO MAKE A FINAL RECOMMENDATION TO THE COUNCIL.
24 THE REQUEST FOR INFORMATION REVIEW COMMITTEE SHALL CONSIST OF
25 THE FOLLOWING MEMBERS APPOINTED BY THE GOVERNOR:

26 (I) ONE REPRESENTATIVE OF THE HOSPITAL AND
27 HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA.

28 (II) ONE REPRESENTATIVE OF THE PENNSYLVANIA MEDICAL
29 SOCIETY.

30 (III) ONE REPRESENTATIVE OF INSURANCE.

1 (IV) ONE REPRESENTATIVE OF LABOR.

2 (V) ONE REPRESENTATIVE OF BUSINESS.

3 (VI) TWO REPRESENTATIVES OF THE GENERAL PUBLIC.

4 (15) THE COUNCIL SHALL EXECUTE A REQUEST FOR PROPOSALS
5 WITH THIRD-PARTY VENDORS FOR THE PURPOSE OF DEMONSTRATING A
6 METHODOLOGY FOR THE COLLECTION, ANALYSIS AND REPORTING OF
7 HOSPITAL-SPECIFIC COMPLICATION RATES. THE RESULTS OF THIS
8 DEMONSTRATION SHALL BE PROVIDED TO THE CHAIRMAN AND MINORITY
9 CHAIRMAN OF THE PUBLIC HEALTH AND WELFARE COMMITTEE OF THE
10 SENATE AND THE CHAIRMAN AND MINORITY CHAIRMAN OF THE HEALTH
11 AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES.
12 THIS METHODOLOGY MAY BE UTILIZED BY THE COUNCIL FOR PUBLIC
13 REPORTING ON COMPARATIVE HOSPITAL COMPLICATION RATES.

14 SECTION 6. DATA SUBMISSION AND COLLECTION.

15 (A) (1) SUBMISSION OF DATA.--THE COUNCIL IS HEREBY
16 AUTHORIZED TO COLLECT AND DATA SOURCES ARE HEREBY REQUIRED TO
17 SUBMIT, UPON REQUEST OF THE COUNCIL, ALL DATA REQUIRED IN
18 THIS SECTION, ACCORDING TO UNIFORM SUBMISSION FORMATS, CODING
19 SYSTEMS AND OTHER TECHNICAL SPECIFICATIONS NECESSARY TO
20 RENDER THE INCOMING DATA SUBSTANTIALLY VALID, CONSISTENT,
21 COMPATIBLE AND MANAGEABLE USING ELECTRONIC DATA PROCESSING
22 ACCORDING TO DATA SUBMISSION SCHEDULES, SUCH SCHEDULES TO
23 AVOID, TO THE EXTENT POSSIBLE, SUBMISSION OF IDENTICAL DATA
24 FROM MORE THAN ONE DATA SOURCE, ESTABLISHED AND PROMULGATED
25 BY THE COUNCIL IN REGULATIONS PURSUANT TO ITS AUTHORITY UNDER
26 SECTION 5(B). IF PAYOR DATA IS REQUESTED BY THE COUNCIL, IT
27 SHALL, TO THE EXTENT POSSIBLE, BE OBTAINED FROM PRIMARY PAYOR
28 SOURCES. THE COUNCIL SHALL NOT REQUIRE ANY DATA SOURCES TO
29 CONTRACT WITH ANY SPECIFIC VENDOR FOR SUBMISSION OF ANY
30 SPECIFIC DATA ELEMENTS TO THE COUNCIL.

1 * * *

2 (D) PROVIDER QUALITY [AND PROVIDER SERVICE EFFECTIVENESS
3 DATA ELEMENTS].--IN CARRYING OUT ITS DUTY TO COLLECT DATA ON
4 PROVIDER QUALITY [AND PROVIDER SERVICE EFFECTIVENESS] UNDER
5 SECTION 5(D)(4) [AND SUBSECTION (C)(21)], THE COUNCIL SHALL
6 DEFINE A METHODOLOGY TO MEASURE [PROVIDER SERVICE EFFECTIVENESS]
7 QUALITY, WHICH MAY INCLUDE ADDITIONAL DATA ELEMENTS TO BE
8 SPECIFIED BY THE COUNCIL SUFFICIENT TO CARRY OUT ITS
9 RESPONSIBILITIES UNDER SECTION 5(D)(4). [THE COUNCIL MAY ADOPT A
10 NATIONALLY RECOGNIZED METHODOLOGY OF QUANTIFYING AND COLLECTING
11 DATA ON PROVIDER QUALITY AND PROVIDER SERVICE EFFECTIVENESS
12 UNTIL SUCH TIME AS THE COUNCIL HAS THE CAPABILITY OF DEVELOPING
13 ITS OWN METHODOLOGY AND STANDARD DATA ELEMENTS. THE COUNCIL
14 SHALL INCLUDE IN THE PENNSYLVANIA UNIFORM CLAIMS AND BILLING
15 FORM A FIELD CONSISTING OF THE DATA ELEMENTS REQUIRED PURSUANT
16 TO SUBSECTION (C)(21) TO PROVIDE INFORMATION ON EACH PROVISION
17 OF COVERED SERVICES SUFFICIENT TO PERMIT ANALYSIS OF PROVIDER
18 QUALITY AND PROVIDER SERVICE EFFECTIVENESS WITHIN 180 DAYS OF
19 COMMENCEMENT OF ITS OPERATIONS PURSUANT TO SECTION 4. IN
20 CARRYING OUT ITS RESPONSIBILITIES, THE COUNCIL SHALL NOT REQUIRE
21 HEALTH CARE INSURERS TO REPORT ON DATA ELEMENTS THAT ARE NOT
22 REPORTED TO NATIONALLY RECOGNIZED ACCREDITING ORGANIZATIONS, TO
23 THE DEPARTMENT OF HEALTH OR TO THE INSURANCE DEPARTMENT IN
24 QUARTERLY OR ANNUAL REPORTS. THE COUNCIL SHALL NOT REQUIRE
25 REPORTING BY HEALTH CARE INSURERS IN DIFFERENT FORMATS THAN ARE
26 REQUIRED FOR REPORTING TO NATIONALLY RECOGNIZED ACCREDITING
27 ORGANIZATIONS OR ON QUARTERLY OR ANNUAL REPORTS SUBMITTED TO THE
28 DEPARTMENT OF HEALTH OR TO THE INSURANCE DEPARTMENT. THE COUNCIL
29 MAY ADOPT THE QUALITY FINDINGS AS REPORTED TO NATIONALLY
30 RECOGNIZED ACCREDITING ORGANIZATIONS.] ADDITIONAL QUALITY DATA

1 ELEMENTS MUST BE DEFINED AND RELEASED FOR PUBLIC COMMENT PRIOR
2 TO THE PROMULGATION OF REGULATIONS PURSUANT TO SECTION 5(B).

3 * * *

4 SECTION 10. ACCESS TO COUNCIL DATA.

5 * * *

6 (B) LIMITATIONS ON ACCESS.--UNLESS SPECIFICALLY PROVIDED FOR
7 IN THIS ACT, NEITHER THE COUNCIL NOR ANY CONTRACTING SYSTEM
8 VENDOR SHALL RELEASE AND NO DATA SOURCE, PERSON, MEMBER OF THE
9 PUBLIC OR OTHER USER OF ANY DATA OF THE COUNCIL SHALL GAIN
10 ACCESS TO:

11 * * *

12 (5) ANY RAW DATA DISCLOSING DISCOUNTS OR DIFFERENTIALS
13 BETWEEN PAYMENTS ACCEPTED BY PROVIDERS FOR SERVICES AND THEIR
14 BILLED CHARGES OBTAINED BY IDENTIFIED PAYORS FROM IDENTIFIED
15 PROVIDERS UNLESS THE DATA IS RELEASED IN A STATEWIDE,
16 AGGREGATE FORMAT THAT DOES NOT IDENTIFY ANY INDIVIDUAL PAYOR
17 OR CLASS OF PAYORS AND THE COUNCIL ASSURES THAT THE RELEASE
18 OF SUCH INFORMATION IS NOT PREJUDICIAL OR INEQUITABLE TO ANY
19 INDIVIDUAL PAYOR OR PROVIDER OR GROUP THEREOF. PAYOR DATA
20 SHALL BE RELEASED TO INDIVIDUAL PROVIDERS FOR PURPOSES OF
21 VERIFICATION AND VALIDATION PRIOR TO INCLUSION IN A PUBLIC
22 REPORT.

23 * * *

24 Section 19. Sunset.

25 This act shall expire [June 30, 2008] June 30, 2018 2013, <—
26 unless reenacted prior to that date. By September 1, [2007] <—
27 2012, a written report by the Legislative Budget and Finance <—
28 Committee evaluating the management, visibility, awareness and
29 performance of the council shall be provided to the Public
30 Health and Welfare Committee of the Senate and the Health and

1 Human Services Committee of the House of Representatives. The
2 report shall include a review of the council's procedures and
3 policies, the availability and quality of data for completing
4 reports [to hospitals and outside vendor purchasers, the ability ←
5 of the council to become self-sufficient by selling data to
6 outside purchasers], whether there is a more cost-efficient way ←
7 of accomplishing the objectives of the council and the need for
8 reauthorization of the council.

9 Section 2. This act shall take effect immediately.