

SENATE SUBSTITUTE FOR  
HOUSE BILL NO. 5283

A bill to amend 1980 PA 350, entitled  
"The nonprofit health care corporation reform act,"  
by amending sections 301, 308, 401e, 402b, 610, 612, 613, and 614  
(MCL 550.1301, 550.1308, 550.1401e, 550.1402b, 550.1610, 550.1612,  
550.1613, and 550.1614), section 301 as amended by 1988 PA 45,  
section 401e as added by 1996 PA 516, and section 402b as amended  
by 1999 PA 7, and by adding sections 102a, 220, and 401k.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1           SEC. 102A. BY APRIL 1 OF EACH YEAR, A HEALTH CARE CORPORATION  
2 SHALL FILE WITH THE COMMISSIONER IN A FORMAT APPROVED BY THE  
3 COMMISSIONER AND WITH THE SENATE AND HOUSE OF REPRESENTATIVES  
4 STANDING COMMITTEES ON HEALTH AND INSURANCE ISSUES A REPORT THAT  
5 DETAILS IN THE AGGREGATE AND BY COUNTY HOW THE HEALTH CARE

1 CORPORATION MET ITS CHARITABLE AND SOCIAL MISSION OBLIGATIONS FOR  
2 THE IMMEDIATELY PRECEDING CALENDAR YEAR, INCLUDING, BUT NOT LIMITED  
3 TO, ALL OF THE FOLLOWING:

4 (A) WHAT, IF ANY, SUBSIDIES WERE ISSUED TO ASSIST WITH THE  
5 COST OF INDIVIDUAL HEALTH COVERAGE TO STATE RESIDENTS.

6 (B) WHAT, IF ANY, EFFORTS WERE MADE TO EXPAND OR ENHANCE  
7 ACCESS TO HEALTH CARE BY AUGMENTING OR CREATING HEALTH CARE  
8 PROGRAMS AND AUGMENTING PUBLIC HEALTH CARE PROGRAMS THAT DELIVER  
9 HEALTH SERVICES.

10 (C) WHAT, IF ANY, PROGRAMS WERE CREATED, EXPANDED, OR  
11 OTHERWISE SUPPORTED TO INFORM AND EDUCATE RESIDENTS OF THIS STATE  
12 ABOUT PUBLIC HEALTH ISSUES AND THAT EMPOWER COMMUNITIES TO ADDRESS  
13 PUBLIC HEALTH ISSUES BY BECOMING MORE EFFECTIVE AT IDENTIFYING AND  
14 ARTICULATING HEALTH CARE NEEDS AND IMPLEMENTING SOLUTIONS.

15 (D) WHAT, IF ANY, MEASURES WERE TAKEN TO MAINTAIN AND PROMOTE  
16 HEALTH SCIENCE RESEARCH AND HEALTH CARE PROVIDER EDUCATION.

17 SEC. 220. A NONPROFIT HEALTH CARE CORPORATION IS SUBJECT TO  
18 CHAPTER 37A OF THE INSURANCE CODE OF 1956, 1956 PA 218, MCL  
19 500.3751 TO 500.3781.

20 Sec. 301. (1) The property and lawful business of a health  
21 care corporation existing and authorized to do business under this  
22 act shall be held and managed by a board of directors to consist of  
23 not more than ~~35~~37 members. The board shall exercise the powers  
24 and authority necessary to carry out the lawful purposes of the  
25 corporation, as limited by this act and the articles of  
26 incorporation and the bylaws of the corporation.

27 (2) Four voting members of the board shall be representatives

1 of the public appointed by the governor by and with the advice and  
2 consent of the senate. Two of those members shall be retired  
3 individuals 62 years of age or older. **EFFECTIVE JANUARY 1, 2009, 2**  
4 **ADDITIONAL VOTING MEMBERS OF THE BOARD SHALL BE REPRESENTATIVES OF**  
5 **THE PUBLIC, 1 OF WHOM SHALL BE APPOINTED BY THE SENATE MAJORITY**  
6 **LEADER AND 1 OF WHOM SHALL BE APPOINTED BY THE SPEAKER OF THE HOUSE**  
7 **OF REPRESENTATIVES.** The term of office of each representative of  
8 the public shall be 2 years, and until a successor is appointed and  
9 qualified. If a vacancy occurs before the conclusion of a 2-year  
10 term, the appointment of a representative to complete the term  
11 shall be made in the same manner as the original appointment.

12 (3) The board of directors shall consist of not more than 25%  
13 provider directors. In addition to physician and hospital provider  
14 directors, not less than 1 provider director shall be a registered  
15 professional nurse who shall be representative of licensees under  
16 part 172 of the public health code, ~~Act No. 368 of the Public Acts~~  
17 ~~of 1978, as amended, being sections 333.17201 to 333.17242 of the~~  
18 ~~Michigan Compiled Laws 1978 PA 368, MCL 333.17201 TO 333.17242,~~ and  
19 not less than 1 provider director shall be representative of the  
20 provider whose services, in the 1984 calendar year in the case of  
21 an existing health care corporation, or, in the calendar year  
22 immediately following incorporation in the case of a newly-formed  
23 health care corporation, generated the largest number of benefit  
24 claims received by the corporation from its subscribers. Other  
25 provider directors shall be as broadly representative of provider  
26 classes as possible.

27 (4) The bylaws of a health care corporation may authorize not

1 more than 1 officer or employee of the corporation to serve as a  
2 voting or nonvoting director.

3 (5) The remaining members of the board of directors shall  
4 include representatives of large subscriber groups, medium  
5 subscriber groups, small subscriber groups, and nongroup  
6 subscribers, in proportions ~~which~~**THAT** fairly represent the total  
7 subscriber population of the health care corporation. However, at  
8 least 3 directors shall represent nongroup subscribers, at least 1  
9 of whom shall be a retired individual 62 years of age or older, and  
10 at least 3 directors shall represent small subscriber groups. Large  
11 and medium subscriber groups shall be represented, to the greatest  
12 extent possible, by an equal number of labor and management  
13 representatives and shall be categorized as labor subscriber  
14 representatives or management subscriber representatives.

15 (6) The method of selection of the directors, other than the  
16 directors who are representatives of the public, and additional  
17 provisions and requirements for further refinement or specification  
18 regarding the number of directors comprising each component shall  
19 be specified in the bylaws. The terms of office of directors, other  
20 than the directors who are representatives of the public, and the  
21 method for filling vacancies in those offices shall be provided in  
22 the bylaws. However, if a term of office of more than 1 year is  
23 prescribed by the bylaws, at least 1/3 of the members of the board  
24 shall be selected each year.

25 (7) The method of selection of each category of subscribers  
26 entitled to representation on the board under subsection (5) shall  
27 maximize subscriber participation to the extent reasonably

1 practicable. This subsection ~~shall permit~~ **PERMITS**, but **DOES** not  
2 require, the statewide election of a director or member of the  
3 corporate body. The method of selection shall neither permit nor  
4 require nomination, endorsement, approval, or confirmation of a  
5 candidate or director by the corporate body, the board of  
6 directors, or the management of the health care corporation, or any  
7 member or members of any of these. This subsection shall not apply  
8 to the selection of an officer or employee as a director pursuant  
9 to subsection (4). This subsection shall not limit the rights of  
10 any director, member of the corporate body, or employee or officer  
11 of the health care corporation to participate in the selection  
12 process in his or her capacity as a subscriber, to the same extent  
13 as any other subscriber may participate.

14 (8) For the purposes of this section:

15 (a) "Health care provider" or "provider" includes:

16 (i) A person defined as a health care provider or provider in  
17 section 105(4); a person employed by a health care facility, as  
18 defined in section 105(3); or a director, officer, or trustee of a  
19 health care provider, as defined in section 105(4), unless the  
20 person serves in that capacity as a representative selected by the  
21 same subscriber group or collective bargaining representative which  
22 the person represents on the board of a health care corporation.

23 (ii) Except as provided in subdivision (b), a spouse, child, or  
24 parent of a health care provider who resides in the same household.

25 (iii) A person who receives more than 25% of his or her annual  
26 income through the provision of goods or services to health care  
27 providers, or who is an employee, officer, trustee, or director of

1 a firm or organization ~~which~~ **THAT** receives more than 25% of its  
2 annual income through the provision of goods or services to health  
3 care providers.

4 (b) For purposes of determining whether a director is a  
5 provider director, "health care provider" or "provider" does not  
6 include a spouse, child, or parent of a health care provider who  
7 resides in the same household if all of the following criteria are  
8 met:

9 (i) Not more than 1/3 of the total annual household income is  
10 earned by that health care provider.

11 (ii) The term of office of the director commences in the 1988  
12 calendar year.

13 (iii) Not more than 2 directors qualify for the exemption under  
14 this subdivision.

15 (9) A director shall not be an employee, agent, officer, or  
16 director of an insurance company writing disability insurance  
17 inside or outside this state.

18 Sec. 308. (1) To the extent provided by resolution of the  
19 board or in the bylaws or articles, a committee established  
20 pursuant to section 307 may exercise the powers and authority of  
21 the board in management of the business and affairs of the health  
22 care corporation. The board shall review and may modify subject to  
23 the rights of third parties any action or decision of a committee.  
24 A committee shall not do any of the following:

25 (a) Amend the articles of incorporation.

26 (b) Adopt an agreement of merger or consolidation.

27 (c) Authorize the sale, lease, or exchange of all or

1 substantially all of the corporation's property and assets.

2 (d) Approve, adopt, or amend provider contracts, provider  
3 class plans, **OR** rates charged to subscribers. ~~, or a certificate.~~

4 (e) Amend the bylaws of the corporation.

5 (f) Fill vacancies on the board.

6 (g) Fix compensation of the directors or officers.

7 (h) Perform other similar acts of a final or binding nature  
8 with respect to the business of the corporation.

9 (2) This section ~~shall~~ **DOES** not prohibit emergency actions by  
10 the executive committee on behalf of the board, as authorized in  
11 the bylaws of the health care corporation.

12 Sec. 401e. ~~(1) Except as provided in this section, a health  
13 care corporation that has issued a nongroup certificate shall renew  
14 or continue in force the certificate at the option of the  
15 individual.~~

16 (1) ~~(2)~~ Except as provided in this section, a health care  
17 corporation that has issued a group certificate shall renew or  
18 continue in force the certificate at the option of the sponsor of  
19 the plan.

20 (2) ~~(3)~~ Guaranteed renewal is not required in cases of fraud,  
21 intentional misrepresentation of material fact, lack of payment, if  
22 the health care corporation no longer offers that particular type  
23 of coverage in the market, or if the individual or group moves  
24 outside the service area.

25 **SEC. 401K. THE RATES CHARGED TO NONGROUP, GROUP CONVERSION,**  
26 **AND MEDICARE SUPPLEMENTAL COVERAGE MAY INCLUDE RATE DIFFERENTIALS**  
27 **BASED ON TOBACCO USE AND THE SUBSCRIBER'S PARTICIPATION IN COVERED**

1 **HEALTH SCREENINGS AND COVERED WELLNESS PROGRAMS.**

2       Sec. 402b. ~~(1) For an individual covered under a nongroup~~  
3 ~~certificate or under a certificate not covered under subsection~~  
4 ~~(2), a health care corporation may exclude or limit coverage for a~~  
5 ~~condition only if the exclusion or limitation relates to a~~  
6 ~~condition for which medical advice, diagnosis, care, or treatment~~  
7 ~~was recommended or received within 6 months before enrollment and~~  
8 ~~the exclusion or limitation does not extend for more than 6 months~~  
9 ~~after the effective date of the certificate.~~

10       ~~(2) A health care corporation shall not exclude or limit~~  
11 ~~coverage for a preexisting condition for an individual covered~~  
12 ~~under a group certificate.~~

13       ~~(3) Notwithstanding subsection (1), a health care corporation~~  
14 ~~shall not issue a certificate to a person eligible for nongroup~~  
15 ~~coverage or eligible for a certificate not covered under subsection~~  
16 ~~(2) that excludes or limits coverage for a preexisting condition or~~  
17 ~~provides a waiting period if all of the following apply:~~

18       ~~(a) The person's most recent health coverage prior to applying~~  
19 ~~for coverage with the health care corporation was under a group~~  
20 ~~health plan.~~

21       ~~(b) The person was continuously covered prior to the~~  
22 ~~application for coverage with the health care corporation under 1~~  
23 ~~or more health plans for an aggregate of at least 18 months with no~~  
24 ~~break in coverage that exceeded 62 days.~~

25       ~~(c) The person is no longer eligible for group coverage and is~~  
26 ~~not eligible for medicare or medicaid.~~

27       ~~(d) The person did not lose eligibility for coverage for~~

1 ~~failure to pay any required contribution or for an act to defraud a~~  
2 ~~health care corporation, a health insurer, or a health maintenance~~  
3 ~~organization.~~

4 ~~—— (c) If the person was eligible for continuation of health~~  
5 ~~coverage from that group health plan pursuant to the consolidated~~  
6 ~~omnibus budget reconciliation act of 1985, Public Law 99-272, 100~~  
7 ~~Stat. 82, he or she has elected and exhausted that coverage.~~

8 ~~—— (4) As used in this section, "group" means a group of 2 or~~  
9 ~~more subscribers.~~

10 Sec. 610. (1) Except as provided under section 608(4) or (5),  
11 a filing of information and materials relative to a proposed rate  
12 shall be made not less than ~~120~~ 60 days before the proposed  
13 effective date of the proposed rate. A filing shall not be  
14 considered to have been received until there has been substantial  
15 and material compliance with the requirements prescribed in  
16 ~~subsections (6) and (8) THIS SECTION.~~

17 (2) Within ~~30~~ 15 days after a filing is made of information  
18 and materials relative to a proposed rate, the commissioner shall  
19 do either of the following:

20 (a) Give written notice to the corporation, and to each person  
21 described under section 612(1), that the filing is in material and  
22 substantial compliance with ~~subsections (6) and (8) THIS SECTION~~  
23 and that the filing is complete. The commissioner shall then  
24 proceed to approve, approve with modifications, or disapprove the  
25 rate filing 60 days after receipt of the filing, based upon whether  
26 the filing meets the requirements of this act. However, if a  
27 hearing has been requested under section 613, the commissioner

1 shall not approve, approve with modifications, or disapprove a  
2 filing until the hearing has been completed and an order issued.

3 (b) Give written notice to the corporation that the  
4 corporation has not yet complied with ~~subsections (6) and (8)~~ **THIS**  
5 **SECTION**. The notice shall state specifically in what respects the  
6 filing fails to meet the requirements of ~~subsections (6) and (8)~~  
7 **THIS SECTION**.

8 (3) Within ~~10-8~~ days after the filing of notice pursuant to  
9 subsection (2)(b), the corporation shall submit to the commissioner  
10 such additional information and materials, as requested by the  
11 commissioner. Within ~~10-8~~ days after receipt of the additional  
12 information and materials, the commissioner shall determine whether  
13 the filing is in material and substantial compliance with  
14 ~~subsections (6) and (8)~~ **THIS SECTION**. If the commissioner  
15 determines that the filing does not yet materially and  
16 substantially meet the requirements of ~~subsections (6) and (8)~~ **THIS**  
17 **SECTION**, the commissioner shall give notice to the corporation  
18 pursuant to subsection (2)(b) or use visitation of the  
19 corporation's facilities and examination of the corporation's  
20 records to obtain the necessary information described in the notice  
21 issued pursuant to subsection (2)(b). The commissioner shall use  
22 either procedure previously mentioned, or a combination of both  
23 procedures, in order to obtain the necessary information as  
24 expeditiously as possible. The per diem, traveling, reproduction,  
25 and other necessary expenses in connection with visitation and  
26 examination shall be paid by the corporation, and shall be credited  
27 to the general fund of the state.

1           (4) If a filing is approved, approved with modifications, or  
2 disapproved under subsection (2)(a), the commissioner shall issue a  
3 written order of the approval, approval with modifications, or  
4 disapproval. If the filing was approved with modifications or  
5 disapproved, the order shall state specifically in what respects  
6 the filing fails to meet the requirements of this act and, if  
7 applicable, what modifications are required for approval under this  
8 act. If the filing was approved with modifications, the order shall  
9 state that the filing shall take effect after the modifications are  
10 made and approved by the commissioner. If the filing was  
11 disapproved, the order shall state that the filing shall not take  
12 effect.

13           (5) The inability to approve 1 or more rating classes of  
14 business within a line of business because of a requirement to  
15 submit further data or because a request for a hearing under  
16 section 613 has been granted shall not delay the approval of rates  
17 by the commissioner which could otherwise be approved or the  
18 implementation of rates already approved, unless the approval or  
19 implementation would affect the consideration of the unapproved  
20 classes of business.

21           (6) Information furnished under subsection (1) in support of a  
22 nongroup rate filing shall include the following:

23           (a) Recent claim experience on the benefits or comparable  
24 benefits for which the rate filing applies.

25           (b) Actual prior trend experience.

26           (c) Actual prior administrative expenses.

27           (d) Projected trend factors.

1 (e) Projected administrative expenses.

2 (f) Contributions for risk and contingency reserve factors.

3 (g) Actual health care corporation contingency reserve  
4 position.

5 (h) Projected health care corporation contingency reserve  
6 position.

7 (i) Other information which the corporation considers  
8 pertinent to evaluating the risks to be rated, or relevant to the  
9 determination to be made under this section.

10 (j) Other information which the commissioner considers  
11 pertinent to evaluating the risks to be rated, or relevant to the  
12 determination to be made under this section.

13 (7) A copy of the filing, and all supporting information,  
14 except for the information which may not be disclosed under section  
15 604, shall be open to public inspection as of the date filed with  
16 the commissioner.

17 (8) The commissioner shall make available forms and  
18 instructions for filing for proposed rates under ~~sections~~**SECTION**  
19 608(1) and ~~608(2)~~**(2)**. The forms with instructions shall be  
20 available not less than ~~180~~**90** days before the proposed effective  
21 date of the filing.

22 Sec. 612. (1) Upon receipt of a rate filing under section 610,  
23 the commissioner immediately shall notify each person who has  
24 requested in writing notice of those filings within the previous 2  
25 years, specifying the nature and extent of the proposed rate  
26 revision and identifying the location, time, and place where the  
27 copy of the rate filing described in section 610(7) shall be open

1 to public inspection and copying. The notice shall also state that  
2 if the person has standing, the person shall have, upon making a  
3 written request for a hearing within ~~60~~30 days after receiving  
4 notice of the rate filing, an opportunity for an evidentiary  
5 hearing under section 613 to determine whether the proposed rates  
6 meet the requirements of this act. The request shall identify the  
7 issues which the requesting party asserts are involved, what  
8 portion of the rate filing is requested to be heard, and how the  
9 party has standing. The corporation shall place advertisements  
10 giving notice, containing the information specified above, in at  
11 least 1 newspaper which serves each geographic area in which  
12 significant numbers of subscribers reside.

13 (2) The commissioner may charge a fee for providing, pursuant  
14 to subsection (1), a copy of the rate filing described in section  
15 610(7). The commissioner may charge a fee for providing a copy of  
16 the entire filing to a person whose request for a hearing has been  
17 granted by the commissioner pursuant to section 613. The fee shall  
18 be limited to actual mailing costs and to the actual incremental  
19 cost of duplication, including labor and the cost of deletion and  
20 separation of information as provided in section 14 of ~~Act No. 442~~  
21 ~~of the Public Acts of 1976, being section 15.244 of the Michigan~~  
22 ~~Compiled Laws~~ **THE FREEDOM OF INFORMATION ACT, 1976 PA 442, MCL**  
23 **15.244**. Copies of the filing may be provided free of charge or at a  
24 reduced charge if the commissioner determines that a waiver or  
25 reduction of the fee is in the public interest because the  
26 furnishing of a copy of the filing will primarily benefit the  
27 general public. In calculating the costs under this subsection, the

1 commissioner shall not attribute more than the hourly wage of the  
2 lowest paid, full-time clerical employee of the ~~insurance bureau~~  
3 **OFFICE OF FINANCIAL AND INSURANCE REGULATION** to the cost of labor  
4 incurred in duplication and mailing and to the cost of separation  
5 and deletion. The commissioner shall use the most economical means  
6 available to provide copies of a rate filing.

7       Sec. 613. (1) If the request for a hearing under this section  
8 is with regard to a rate filing not yet acted upon under section  
9 610(2)(a), no such action shall be taken by the commissioner until  
10 after the hearing has been completed. However, the commissioner  
11 shall proceed to act upon those portions of a rate filing upon  
12 which no hearing has been requested. Within ~~15~~8 days after receipt  
13 of a request for a hearing, the commissioner shall determine if the  
14 person has standing. If the commissioner determines that the person  
15 has standing, the person may have access to the entire filing  
16 subject to the same confidentiality requirements as the  
17 commissioner under section 604, and shall be subject to the penalty  
18 provision of section 604(5). Upon determining that the person has  
19 standing, the commissioner shall immediately appoint an independent  
20 hearing officer before whom the hearing shall be held. In  
21 appointing an independent hearing officer, the commissioner shall  
22 select a person qualified to conduct hearings, who has experience  
23 or education in the area of health care corporation or insurance  
24 rate determination and finance, and who is not otherwise associated  
25 financially with a health care corporation or a health care  
26 provider. The person selected shall not be currently or actively  
27 employed by this state. For purposes of this subsection, an

1 employee of an educational institution shall not be considered to  
2 be employed by this state. For purposes of this section, a person  
3 has "standing" if any of the following circumstances exist:

4 (a) The person is, or there are reasonable grounds to believe  
5 that the person could be, aggrieved by the proposed rate.

6 (b) The person is acting on behalf of 1 or more named persons  
7 described in subdivision (a).

8 (c) The person is the commissioner, the attorney general, or  
9 the health care corporation.

10 (2) Not more than ~~30~~15 days after receipt of a request for a  
11 hearing, and upon not less than ~~15~~8 days' notice to all parties,  
12 the hearing shall be commenced. Each party to the hearing shall be  
13 given a reasonable opportunity for discovery before and throughout  
14 the course of the hearing. However, the hearing officer may  
15 terminate discovery at any time, for good cause shown. The hearing  
16 officer shall conduct the hearing pursuant to the administrative  
17 procedures act. The hearing shall be conducted in an expeditious  
18 manner, **AND EXCEPT FOR GOOD CAUSE SHOWN, THE HEARING OFFICER SHALL**  
19 **RENDER A PROPOSAL FOR DECISION NOT LATER THAN 30 DAYS AFTER THE**  
20 **START OF THE HEARING.** At the hearing, the burden of proving  
21 compliance with this act shall be upon the health care corporation.

22 (3) In rendering a proposal for a decision, the hearing  
23 officer shall consider the factors prescribed in section 609.

24 (4) Within ~~30~~8 days after receipt of the hearing officer's  
25 proposal for decision, the commissioner shall by order render a  
26 decision which shall include a statement of findings.

27 (5) The commissioner shall withdraw an order of approval or

1 approval with modifications if the commissioner finds that the  
2 filing no longer meets the requirements of this act.

3       Sec. 614. (1) ~~Not less than 75 days after a filing is~~  
4 ~~received, as provided in section 610~~ **IF A HEARING IS REQUESTED ON A**  
5 **NONGROUP RATE FILING**, the health care corporation may **IMMEDIATELY**  
6 petition the commissioner, who shall make a determination with  
7 respect to interim rates and shall order interim rates in the  
8 amount prescribed in subsection (2). Interim rates shall not be  
9 implemented if the commissioner finds that the health care  
10 corporation has substantially contributed to the delay or that the  
11 health care corporation has not provided information requested by  
12 the commissioner relative to a determination under this section.  
13 The interim rate determination shall not be a contested case under  
14 chapter 4 of the administrative procedures act.

15       (2) The commissioner shall grant an interim rate, in an amount  
16 as determined by the commissioner, if the commissioner makes a  
17 finding that the corporation has made a convincing showing that  
18 there is probable cause to believe that the failure to grant the  
19 interim rate will result in an underwriting loss for that line of  
20 business for the period for which rates are being requested. As  
21 used in this subsection, "underwriting loss" means the difference  
22 between income from current rates plus investment income, and  
23 projected claims plus projected administrative expenses.

24       (3) If the final rate determination results in approval of a  
25 lower rate, appropriate refunds or adjustments, as determined by  
26 the commissioner, shall be made to reflect payments made in excess  
27 of the approved rate.

1           (4) The order establishing an interim rate adjustment made  
2 pursuant to this section shall be limited to adjusting rates for  
3 certificates then in effect, and shall not be used to alter  
4 certificates or implement new certificates.

5           (5) This section shall apply only to rates subject to section  
6 608(1) for which a hearing has been requested.

7           Enacting section 1. This amendatory act takes effect October  
8 1, 2008.

9           Enacting section 2. This amendatory act does not take effect  
10 unless House Bill No. 5282 of the 94th Legislature is enacted into  
11 law.