
ENGROSSED SUBSTITUTE SENATE BILL 5084

State of Washington

64th Legislature

2015 Regular Session

By Senate Health Care (originally sponsored by Senators Becker, Frockt, Conway, Keiser, and Mullet; by request of Governor Inslee)

READ FIRST TIME 02/20/15.

1 AN ACT Relating to modifying the all payer claims database to
2 improve health care quality and cost transparency by changing
3 provisions related to definitions regarding data, reporting and
4 pricing of products, responsibilities of the office of financial
5 management and the lead organization, submission to the database, and
6 parameters for release of information; amending RCW 43.371.010,
7 43.371.020, 43.371.030, 43.371.040, 43.371.050, 43.371.060, and
8 43.371.070; and adding a new section to chapter 43.371 RCW.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

10 **Sec. 1.** RCW 43.371.010 and 2014 c 223 s 8 are each amended to
11 read as follows:

12 The definitions in this section apply throughout this chapter
13 unless the context clearly requires otherwise.

14 (1) "Authority" means the health care authority.

15 (2) "Carrier" and "health carrier" have the same meaning as in
16 RCW 48.43.005.

17 (3) "Claims data" means the data required by RCW 43.371.030 to be
18 submitted to the database, including billed, allowed and paid
19 amounts, and such additional information as defined by the director
20 in rule. (~~("Claims data" includes: (a) Claims data related to health~~
21 ~~care coverage and services funded, in whole or in part, in the~~

1 omnibus appropriations act, including coverage and services funded by
2 appropriated and nonappropriated state and federal moneys, for
3 medicaid programs and the public employees benefits board program;
4 and (b) claims data voluntarily provided by other data suppliers,
5 including carriers and self-funded employers.))

6 (4) "Database" means the statewide all-payer health care claims
7 database established in RCW 43.371.020.

8 (5) "Data vendor" means an entity contracted to perform data
9 collection, processing, aggregation, extracts, analytics, and
10 reporting.

11 (6) "Director" means the director of financial management.

12 ((+6)) (7) "Lead organization" means the organization selected
13 under RCW 43.371.020.

14 ((+7)) (8) "Office" means the office of financial management.

15 (9) "Data supplier" means: (a) A carrier, third-party
16 administrator, or a public program identified in RCW 43.371.030 that
17 provides claims data; and (b) a carrier or any other entity that
18 provides claims data to the database at the request of an employer-
19 sponsored self-funded health plan or Taft-Hartley trust health plan
20 pursuant to RCW 43.371.030(1).

21 (10) "Direct patient identifier" means a data variable that
22 directly identifies an individual including, but not limited to,
23 first name, last name, social security number, birth month, birth
24 day, medical record numbers, individual health plan beneficiary
25 numbers, biometric identifiers, full face photographic images and any
26 comparable images, postal address, telephone numbers, fax numbers,
27 electronic mail addresses, contact information, and any other data or
28 records that can be directly connected to an individual.

29 (11) "Indirect patient identifier" means a data variable that can
30 be associated with an individual when characteristics are considered
31 in combination or when combined with other data sources. Indirect
32 patient identifiers may include, but are not limited to, geographic
33 identifiers smaller than a state, including city, zip code, or census
34 tract, dates directly related to an individual, including birth date,
35 admission date, discharge date, certain procedure dates, date of
36 death, and ages over eighty-nine.

37 (12) "Proprietary financial information" means claims data or
38 reports that disclose or would allow the determination of specific
39 terms of contracts, discounts, or fixed reimbursement arrangements or
40 other specific reimbursement arrangements between an individual

1 health care facility or health care provider, as those terms are
2 defined in RCW 48.43.005, and a specific payer, or internal fee
3 schedule or other internal pricing mechanism of integrated delivery
4 systems owned by a carrier.

5 (13) "Unique identifier" means an identifier assigned by a data
6 vendor to individuals represented in the database, based on a
7 probabilistic matching of numerous data elements to establish that
8 record's uniqueness and to establish a basis for following an
9 individual longitudinally throughout different payers and encounters
10 in the data without revealing an individual's identity.

11 **Sec. 2.** RCW 43.371.020 and 2014 c 223 s 10 are each amended to
12 read as follows:

13 (1) The office shall establish a statewide all-payer health care
14 claims database to support transparent public reporting of health
15 care information. The database must improve transparency to: Assist
16 patients, providers, and hospitals to make informed choices about
17 care; enable providers, hospitals, and communities to improve by
18 benchmarking their performance against that of others by focusing on
19 best practices; enable purchasers to identify value, build
20 expectations into their purchasing strategy, and reward improvements
21 over time; and promote competition based on quality and cost. The
22 database must systematically collect all medical claims and pharmacy
23 claims from private and public payers, with data from all settings of
24 care that permit the systematic analysis of health care delivery.

25 (2) The ~~((director shall select a lead organization))~~ office
26 shall use a competitive procurement process, in accordance with
27 chapter 39.26 RCW, to select a lead organization from among the best
28 potential bidders to coordinate and manage the database.

29 (a) Due to the complexities of the all payer claims database and
30 the unique privacy, quality, and financial objectives, the request
31 for proposals must include the following criteria to be applied in
32 the scoring evaluation: (i) Extra points must be awarded based upon
33 the degree of experience in health care data collection, analysis,
34 analytics, and security; (ii) extra points must be awarded to a lead
35 organization that has experience in reviewing and setting up an all
36 payer claims database in at least two other states; and (iii) extra
37 points must be awarded to a lead organization that has a long-term
38 self-sustainable financial model.

1 (b) The successful lead organization must be certified as a
2 qualified entity pursuant to 42 C.F.R. Sec. 401.703(a) by the centers
3 for medicare and medicaid services by December 31, 2017.

4 (3) As part of the competitive procurement process in subsection
5 (2) of this section, the office shall enter into a separate contract
6 with a data vendor. The data vendor is to work at the direction of
7 the lead organization to perform data collection, processing,
8 aggregation, extracts, and analytics. The data vendor must:

9 (a) Establish a secure data submission process with data
10 suppliers;

11 (b) Review data submitters' files according to standards
12 established by the office;

13 (c) Assess each record's alignment with established format,
14 frequency, and consistency criteria;

15 (d) Maintain responsibility for quality assurance, including, but
16 not limited to: (i) The accuracy and validity of data suppliers; (ii)
17 accuracy of dates of service spans; (iii) maintaining consistency of
18 record layout and counts; and (iv) identifying duplicate records;

19 (e) Assign unique identifiers, as defined in RCW 43.371.010(13),
20 to individuals represented in the database;

21 (f) Ensure that direct patient identifiers, indirect patient
22 identifiers, and proprietary financial information are released only
23 in compliance with the terms of this act;

24 (g) Demonstrate internal controls and affiliations with separate
25 organizations as appropriate to ensure safe data collection, security
26 of the data with state of the art encryption methods, actuarial
27 support, and data review for accuracy and quality assurance;

28 (h) Store data on secure servers that are compliant with the
29 federal health insurance portability and accountability act and
30 regulations, and access to the data must be strictly controlled and
31 limited to staff with appropriate training, clearance, and background
32 checks; and

33 (i) Have state of the art security standards for transferring
34 data to approved data requestors.

35 (4) The lead organization and data vendor must submit detailed
36 descriptions to the office of the chief information officer to ensure
37 robust security methods are in place. The office of the chief
38 information officer must report its findings to the office and the
39 appropriate committees of the legislature.

1 (5) The lead organization is responsible for internal governance,
2 management, funding, and operations of the database. At the direction
3 of the office, the lead organization shall work with the data vendor
4 to:

5 (a) Collect claims data from data suppliers as provided in RCW
6 43.371.030;

7 (b) Design data collection mechanisms with consideration for the
8 time and cost (~~(involved)~~) incurred by data suppliers and others in
9 submission, collection, and the benefits that measurement would
10 achieve, with an eye toward ensuring the data submitted meets quality
11 standards and is reviewed for quality assurance, and all patient-
12 specific information is deidentified with an up-to-date industry
13 standard encryption algorithm;

14 (c) Ensure protection of collected data and store and use any
15 data with patient-specific or proprietary financial information in a
16 manner that protects patient privacy and complies with this section;

17 (d) Consistent with the requirements of this chapter, make
18 information from the database available as a resource for public and
19 private entities, including carriers, employers, providers,
20 hospitals, and purchasers of health care;

21 (e) Report performance on cost and quality pursuant to RCW
22 43.371.060 using, but not limited to, the performance measures
23 developed under RCW 41.05.690;

24 (f) Develop protocols and policies, including prerelease peer
25 review by data suppliers, to ensure the quality of data releases and
26 reports;

27 (g) Develop a plan for the financial sustainability of the
28 database as self-sustaining and charge fees (~~((not to exceed five~~
29 ~~thousand dollars unless otherwise negotiated))~~) for reports and data
30 files as needed to fund the database. Any fees must be approved by
31 the office and (~~must~~) should be comparable, accounting for relevant
32 differences across data (~~((requesters and users))~~) requests and uses,
33 and should not be applied to providers or data suppliers other than
34 the fees directly related to requested reports; and

35 (h) Convene advisory committees with the approval and
36 participation of the office, including: (i) A committee on data
37 policy development; and (ii) a committee to establish a data release
38 process consistent with the requirements of this chapter and to
39 provide advice regarding formal data release requests. The advisory
40 committees must include in-state representation from key provider,

1 hospital, (~~payer,~~) public health, health maintenance organization,
2 large and small private purchasers, (~~and~~) consumer organizations,
3 and the two largest carriers supplying claims data to the database.

4 (~~(3)~~) (6) The lead organization governance structure and
5 advisory committees for this database must include representation of
6 the third-party administrator of the uniform medical plan. A payer,
7 health maintenance organization, or third-party administrator must be
8 a data supplier to the all-payer health care claims database to be
9 represented on the lead organization governance structure or advisory
10 committees.

11 **Sec. 3.** RCW 43.371.030 and 2014 c 223 s 11 are each amended to
12 read as follows:

13 (1) (~~Data suppliers must~~) The state medicaid program, public
14 employees' benefits board programs, all health carriers operating in
15 this state, all third-party administrators paying claims on behalf of
16 health plans in this state, and the state labor and industries
17 program must submit claims data to the database within the time
18 frames established by the director in rule and in accordance with
19 procedures established by the lead organization. The director may
20 expand this requirement by rule to include any health plans or health
21 benefit plans defined in RCW 48.43.005(26) (a) through (i) to
22 accomplish the goals of this chapter set forth in RCW 43.371.020(1).
23 Employer-sponsored self-funded health plans and Taft-Hartley trust
24 health plans may voluntarily provide claims data to the database
25 within the time frames and in accordance with procedures established
26 by the lead organization.

27 (2) (~~An entity that is not a data supplier but that chooses to~~
28 ~~participate in the database shall require any third-party~~
29 ~~administrator utilized by the entity's plan to release any claims~~
30 ~~data related to persons receiving health coverage from the plan.))
31 Any data supplier used by an entity that voluntarily participates in
32 the database must provide claims data to the lead organization upon
33 request of the entity.~~

34 (3) (~~Each data supplier~~) The lead organization shall submit an
35 annual status report to the office regarding (~~its~~) compliance with
36 this section. (~~The report to the legislature required by section 2~~
37 ~~of this act must include a summary of these status reports.))~~

1 **Sec. 4.** RCW 43.371.040 and 2014 c 223 s 12 are each amended to
2 read as follows:

3 (1) The claims data provided to the database, the database
4 itself, including the data compilation, and any raw data received
5 from the database are not public records and are exempt from public
6 disclosure under chapter 42.56 RCW.

7 (2) Claims data obtained, distributed, or reported in the course
8 of activities undertaken pursuant to or supported under this chapter
9 are not subject to subpoena or similar compulsory process in any
10 civil or criminal, judicial, or administrative proceeding, nor may
11 any individual or organization with lawful access to data under this
12 chapter be compelled to provide such information pursuant to subpoena
13 or testify with regard to such data, except that data pertaining to a
14 party in litigation may be subject to subpoena or similar compulsory
15 process in an action brought by or on behalf of such individual to
16 enforce any liability arising under this chapter.

17 **Sec. 5.** RCW 43.371.050 and 2014 c 223 s 13 are each amended to
18 read as follows:

19 (1) Except as otherwise required by law, claims or other data
20 from the database shall only be available for retrieval in original
21 or processed form to public and private requesters pursuant to this
22 section and shall be made available within a reasonable time after
23 the request. Each request for claims data must include, at a minimum,
24 the following information:

25 (a) The identity of any entities that will analyze the data in
26 connection with the request;

27 (b) The stated purpose of the request and an explanation of how
28 the request supports the goals of this chapter set forth in RCW
29 43.371.020(1);

30 (c) A description of the proposed methodology;

31 (d) The specific variables requested and an explanation of how
32 the data is necessary to achieve the stated purpose described
33 pursuant to (b) of this subsection;

34 (e) How the requester will ensure all requested data is handled
35 in accordance with the privacy and confidentiality protections
36 required under this chapter and any other applicable law;

37 (f) The method by which the data will be stored, destroyed, or
38 returned to the lead organization at the conclusion of the data use
39 agreement;

1 (g) The protections that will be utilized to keep the data from
2 being used for any purposes not authorized by the requester's
3 approved application; and

4 (h) Consent to the penalties associated with the inappropriate
5 disclosures or uses of direct patient identifiers and proprietary
6 financial information outlined in RCW 43.371.070(1)(h).

7 (2) The lead organization may decline a request that does not
8 include the information set forth in subsection (1) of this section,
9 that does not meet the criteria established by the lead
10 organization's data release advisory committee, or for reasons
11 established by rule.

12 (3) Except as otherwise required by law, the office shall direct
13 the lead organization and the data vendor to maintain the
14 confidentiality of claims or other data it collects for the database
15 that include (~~direct and~~) proprietary financial information, direct
16 patient identifiers, indirect patient identifiers, or any combination
17 thereof. Any (~~agency, researcher, or other person~~) entity that
18 receives claims or other data (~~under this section containing direct~~
19 ~~or indirect patient identifiers~~) must also maintain confidentiality
20 and may (~~not~~) only release such claims (~~or other data except as~~
21 ~~consistent with this section. The office shall oversee the lead~~
22 ~~organization's release of data as follows~~) data or any part of the
23 claims data if:

24 (a) The claims data does not contain proprietary financial
25 information, direct patient identifiers, indirect patient
26 identifiers, or any combination thereof; and

27 (b) The release is described and approved as part of the request
28 in subsection (1) of this section.

29 (4) The lead organization shall, in conjunction with the office
30 and the data vendor, create and implement a process to govern levels
31 of access to and use of data from the database consistent with the
32 following:

33 (a) Claims or other data that include (~~direct or~~) proprietary
34 financial information, direct patient identifiers, indirect patient
35 identifiers, (~~as specifically defined in rule,~~) or any combination
36 thereof may be released only to the extent such information is
37 necessary to achieve the goals of this chapter set forth in RCW
38 43.371.020(1) to(~~o~~

1 ~~(i) Federal, state, and local government agencies upon receipt of~~
2 ~~a signed data use agreement with the office and the lead~~
3 ~~organization; and~~

4 ~~((ii))~~ researchers with approval of an institutional review board
5 upon receipt of a signed data use and confidentiality agreement with
6 ((the office and)) the lead organization. A researcher or research
7 organization that obtains claims data pursuant to this subsection
8 must agree in writing not to disclose such data or parts of the data
9 set to any other party, including affiliated entities, and must
10 consent to the penalties associated with the inappropriate
11 disclosures or uses of direct patient identifiers and proprietary
12 financial information outlined in RCW 43.371.070(1)(h).

13 (b) Claims or other data that do not contain proprietary
14 financial information, direct patient identifiers, or any combination
15 thereof, but that may contain indirect patient identifiers may be
16 released to agencies, researchers, and other ((persons)) entities as
17 approved by the lead organization upon receipt of a signed data use
18 agreement with the lead organization.

19 (c) Claims or other data that do not contain direct ~~((or))~~
20 patient identifiers, indirect patient identifiers, proprietary
21 financial information, or any combination thereof may be released
22 upon request.

23 ~~((3))~~ (5) Reports utilizing data obtained under this section
24 may not contain proprietary financial information, direct patient
25 identifiers, indirect patient identifiers, or any combination
26 thereof. Nothing in this subsection (5) may be construed to prohibit
27 the use of aggregate zip codes, gender, and age in the generation of
28 reports, so long as they cannot lead to the identification of an
29 individual.

30 (6) Reports issued by the lead organization, in conjunction with
31 the data vendor, at the request of providers, facilities, employers,
32 health plans, and other entities as approved by the lead organization
33 may utilize proprietary financial information to calculate aggregate
34 cost data for display in such reports. The office will approve by
35 rule a format for the calculation and display of aggregate cost data
36 consistent with this act that will prevent the disclosure or
37 determination of proprietary financial information. In developing the
38 rule, the office shall solicit feedback from the stakeholders,
39 including those listed in RCW 43.371.020(5)(h), and must consider, at
40 a minimum, data presented as proportions, ranges, averages, and

1 medians, as well as the differences in types of data gathered and
2 submitted by data suppliers.

3 (7) Recipients of claims or other data under subsection ((2)(a)
4 or (b)) (4) of this section must agree in a data use agreement or a
5 confidentiality agreement to, at a minimum:

6 (a) Take steps to protect data containing direct and indirect
7 patient ~~((identifying))~~ identifiers, proprietary financial
8 information, or any combination thereof as described in the
9 agreement; ~~((and))~~

10 (b) Not redisclose the claims data except ~~((as authorized in the~~
11 ~~agreement consistent with the purpose of the agreement or as~~
12 ~~otherwise required by law.~~

13 ~~(4) Recipients of the claims or other data under subsection~~
14 ~~(2)(b) of this section must not attempt to determine the identity of~~
15 ~~persons whose information is included in the data set or use the~~
16 ~~claims or other data in any manner that identifies the individuals or~~
17 ~~their families.~~

18 ~~(5) For purposes of this section, the following definitions apply~~
19 ~~unless the context clearly requires otherwise.~~

20 ~~(a) "Direct patient identifier" means information that identifies~~
21 ~~a patient.~~

22 ~~(b) "Indirect patient identifier" means information that may~~
23 ~~identify a patient when combined with other information))~~ pursuant to
24 subsection (3) of this section;

25 (c) Not attempt to determine the identity of any person whose
26 information is included in the data set or use the claims or other
27 data in any manner that identifies any individual or their family or
28 attempt to locate information associated with a specific individual;

29 (d) Destroy or return claims data to the lead organization at the
30 conclusion of the data use agreement; and

31 (e) Consent to the penalties associated with the inappropriate
32 disclosures or uses of direct patient identifiers and proprietary
33 financial information outlined in RCW 43.371.070(1)(h).

34 **Sec. 6.** RCW 43.371.060 and 2014 c 223 s 14 are each amended to
35 read as follows:

36 (1)(a) Under the supervision of and through contract with the
37 office, the lead organization shall, in conjunction with the data
38 vendor, prepare health care data reports using the database and the
39 statewide health performance and quality measure set~~((, including~~

1 ~~only those measures that can be completed with readily available~~
2 ~~claims data~~). Prior to the lead organization releasing any health
3 care data reports that use claims data, the lead organization must
4 submit the reports to the office for review (~~and approval~~).

5 (b) By October 31st of each year, the lead organization shall
6 submit to the director a list of reports it anticipates producing
7 during the following calendar year. The director may establish a
8 public comment period not to exceed thirty days, and shall submit the
9 list and any comment to the appropriate committees of the legislature
10 for review.

11 (2)(a) Health care data reports that use claims data prepared by
12 the lead organization (~~that use claims data must assist~~), in
13 conjunction with the data vendor, for the legislature and the public
14 (~~with~~) should promote awareness and (~~promotion of~~) transparency
15 in the health care market by reporting on:

16 (i) Whether providers and health systems deliver efficient, high
17 quality care; and

18 (ii) Geographic and other variations in medical care and costs as
19 demonstrated by data available to the lead organization.

20 (b) Measures in the health care data reports should be stratified
21 by demography, income, language, health status, and geography when
22 feasible with available data to identify disparities in care and
23 successful efforts to reduce disparities.

24 (c) Comparisons of costs among providers and health care systems
25 must account for differences in (~~acuity~~) the case mix and severity
26 of illness of patients and populations, as appropriate and feasible,
27 and must take into consideration the cost impact of subsidization for
28 uninsured and (~~governmental~~) government-sponsored patients, as well
29 as teaching expenses, when feasible with available data.

30 (3) The lead organization may not publish any data or health care
31 data reports that:

32 (a) Directly or indirectly (~~identify~~) identifies individual
33 patients;

34 (b) (~~Disclose specific terms of contracts, discounts, or fixed~~
35 ~~reimbursement arrangements or other specific reimbursement~~
36 ~~arrangements between an individual provider and a specific payer~~)
37 Discloses a carrier's proprietary financial information; or

38 (c) Compares performance in a report generated for the general
39 public that includes any provider in a practice with fewer than
40 (~~five~~) four providers.

1 (4) The lead organization may not release a report that compares
2 and identifies providers, hospitals, or data suppliers unless ((it)):

3 (a) It allows the data supplier, the hospital, or the provider to
4 verify the accuracy of the information submitted to the lead
5 organization, comment on the reasonableness of conclusions reached,
6 and submit to the lead organization any corrections of errors with
7 supporting evidence and comments within ((forty-five)) thirty days of
8 receipt of the report; ((and))

9 (b) It corrects data found to be in error within a reasonable
10 amount of time; and

11 (c) The report otherwise complies with this chapter.

12 (5) The office and the lead organization may use claims data to
13 identify and make available information on payers, providers, and
14 facilities, but may not use claims data to recommend or incentivize
15 direct contracting between providers and employers.

16 (6)(a) ~~The lead organization shall ((ensure that no individual~~
17 ~~data supplier comprises more than twenty-five percent of the claims~~
18 ~~data used in any report or other analysis generated from the~~
19 ~~database. For purposes of this subsection, a "data supplier" means a~~
20 ~~carrier and any self-insured employer that uses the carrier's~~
21 ~~provider contracts)) distinguish in advance to the office when it is~~
22 ~~operating in its capacity as the lead organization and when it is~~
23 ~~operating in its capacity as a private entity. Where the lead~~
24 ~~organization acts in its capacity as a private entity, it may only~~
25 ~~access data pursuant to RCW 43.371.050(4) (b) or (c).~~

26 (b) Claims or other data that contain direct patient identifiers
27 or proprietary financial information are to remain exclusively in the
28 custody of the data vendor and, consistent with the data release
29 provisions of RCW 43.371.050(4)(a), may not be accessed by the lead
30 organization.

31 **Sec. 7.** RCW 43.371.070 and 2014 c 223 s 15 are each amended to
32 read as follows:

33 (1) The director shall adopt any rules necessary to implement
34 this chapter, including:

35 (a) Definitions of claim and data files that data suppliers must
36 submit to the database, including: Files for covered medical
37 services, pharmacy claims, and dental claims; member eligibility and
38 enrollment data; and provider data with necessary identifiers;

39 (b) Deadlines for submission of claim files;

- 1 (c) Penalties for failure to submit claim files as required;
2 (d) Procedures for ensuring that all data received from data
3 suppliers are securely collected and stored in compliance with state
4 and federal law; (~~and~~)
5 (e) Procedures for ensuring compliance with state and federal
6 privacy laws;
7 (f) Procedures for establishing appropriate fees;
8 (g) Procedures for data release; and
9 (h) Penalties associated with the inappropriate disclosures or
10 uses of direct patient identifiers and proprietary financial
11 information.

12 (2) The director may not adopt rules, policies, or procedures
13 beyond the authority granted in this chapter.

14 NEW SECTION. Sec. 8. A new section is added to chapter 43.371
15 RCW to read as follows:

16 (1) By December 1st of 2016 and 2017, the office shall report to
17 the appropriate committees of the legislature regarding the
18 development and implementation of the database, including but not
19 limited to budget and cost detail, technical progress, and work plan
20 metrics.

21 (2) Every two years commencing two years following the year in
22 which the first report is issued or the first release of data is
23 provided from the database, the office shall report to the
24 appropriate committees of the legislature regarding the cost,
25 performance, and effectiveness of the database and the performance of
26 the lead organization under its contract with the office. Using
27 independent economic expertise, subject to appropriation, the report
28 must evaluate whether the database has advanced the goals set forth
29 in RCW 43.371.020(1), as well as the performance of the lead
30 organization. The report must also make recommendations regarding but
31 not limited to how the database can be improved, whether the contract
32 for the lead organization should be modified, renewed, or terminated,
33 and the impact the database has had on competition between and among
34 providers, purchasers, and payers.

35 (3) Beginning July 1, 2015, and every six months thereafter, the
36 office shall report to the appropriate committees of the legislature
37 regarding any additional grants received or extended.

1 NEW SECTION. **Sec. 9.** If any provision of this act or its
2 application to any person or circumstance is held invalid, the
3 remainder of the act or the application of the provision to other
4 persons or circumstances is not affected.

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