SENATE BILL 20:
Care for Women, Children, and Families Act.

2023-2024 General Assembly

Committee:	House Rules, Calendar, and Operations of the House	**Date:**	May 2, 2023
Introduced by:	Sens. Burgin, Corbin, Ford	**Prepared by:**	Jason Moran-Bates Staff Attorney
Analysis of:	Conference Committee Substitute (S20-CCSBC-2)		

PART I. ABORTION LAW REVISIONS

OVERVIEW: Part I of the Conference Committee Substitute to Senate Bill 20 would repeal and replace the current abortion law in North Carolina. Under the new law, abortion would be permitted through the first twelve weeks of pregnancy for any reason, through the twentieth week of pregnancy if the pregnancy resulted from rape or incest, through the twenty-fourth week of pregnancy if there is a life-limiting anomaly in the unborn child, and at any time if there is a medical emergency for the pregnant woman. Part I would also criminalize the provision or advertising of abortion-inducing drugs in certain circumstances, prohibit eugenic abortions, and establish informed consent and reporting requirements for abortion.

CURRENT LAW: Under current law, abortion is permitted through the first twenty weeks of pregnancy for any reason and after twenty weeks in the case of a medical emergency. (G.S. 14-45.1). Certain abortions performed after 16 weeks of pregnancy and all abortions performed after twenty weeks must be reported to DHHS. Healthcare providers and healthcare institutions are never required to perform abortions. Sex selective abortions are prohibited under any circumstances (G.S. 90-21.121). The current informed consent provisions for abortion are listed in Article 1I of Chapter 90.

BILL ANALYSIS: The CCS to Senate Bill 20 would repeal the current restriction on abortion in G.S. 14-45.1. It would be replaced with new provisions in Article 1I of Chapter 90. Under those new provisions, abortion would be permitted through the first twelve weeks of pregnancy for any reason, through the twentieth week of pregnancy if the pregnancy resulted from rape or incest, through the twenty-fourth week of pregnancy if there is a life-limiting anomaly in the unborn child, and at any time if there is a medical emergency for the pregnant woman.

Part I would also establish informed consent provisions for abortions when there is a life-limiting anomaly in the unborn child, surgical abortions, and medical abortions.

Life-limiting anomaly informed consent: If a physician determines the unborn child has a uniformly diagnosable disorder that is life-limiting under current medial evidence, an abortion may be performed through the 24th week of pregnancy. In order to procure an abortion under those circumstances, the physician must provide the pregnant woman the following information and affirm it has been provided:

- The basis for the life-limiting anomaly diagnosis.
- The risks associated with the anomaly and any forms of treatment.
- A statement that all life-limiting anomalies have resulted in the births of live infants with variable lengths of life.

- Current information, including the likelihood of survival, on the anomaly.
- Referrals for neonatal and palliative care consultations.
- The information required for a surgical or medical abortion, as appropriate.
- Information on continuation of pregnancy.

The physician performing the abortion must report the identification of the diagnosing physician, the identity of the physician who performed the abortion, the probable gestational age of the child, the pregnant woman's age and race, and the pregnant woman's pregnancy history to DHHS.

Surgical abortion informed consent: Most of the surgical abortion informed consent requirements are found in current law under G.S. 90-21.82. Regardless of the current gestational age of the child, no physician may use an instrument or device to terminate a pregnancy, other than to (i) increase the probability of a live birth, (ii) preserve the life or health of the child, (iii) remove a child who died of natural causes or assault, or (iv) remove an ectopic pregnancy, unless the following conditions are met:

- The woman is provided with consent form disclosing: (i) the identity of the physician performing the abortion, (ii) the risks of the procedure, (iii) the probable gestational age of the child, (iv) the risks of carrying the pregnancy to term, (v) a real-time view of the child and heart tone monitoring, (vi) information on whether the physician has malpractice insurance, and (vii) the location of a hospital offering obstetric care where the physician has admitting privileges.
- The consent form is (i) the one developed by DHHS; (ii) provided to the woman at least 72 hours prior to the abortion; (iii) signed and initialed by the woman at each entry; (iv) appropriately signed by the physician.
- An acknowledgement of risks and consent statement with the following information is signed by the woman at least 72 hours prior to the abortion:
    - Benefits may be available for prenatal care, birth, and neonatal care.
    - Medicaid and other state or federal assistance may be available.
    - The father is liable to support the child.
    - A statement that there are alternatives to abortion and information on those programs can be found on a DHHS website.
    - An acknowledgement the woman is not being forced to have an abortion and may withdraw consent for it at any time.
    - An acknowledgement the surgical abortion will end the pregnancy.
    - An acknowledgement the woman understands the risks of surgical abortion, has had an opportunity to ask questions about those risks, and has received state-prepared information on informed consent.
    - Information on the physician who will handle any medical complications from the abortion.
    - Information that the woman has a private right of action against a physician who has coerced her into getting an abortion.
- The physician has signed a declaration that the abortion procedure has been explained to the woman, that she has been provided all the required information, and that all of her questions have been answered.

Medical abortion informed consent: The medical abortion informed consent provisions are all new law. Regardless of the current gestational age of the child, no physician may use a medicine, drug, or other substance to terminate a pregnancy, other than to (i) increase the probability of a live birth, (ii) preserve the life or health of the child, (iii) remove a child who died of natural causes or assault, or (iv) remove an ectopic pregnancy, unless the following conditions are met:

- The woman is provided with consent form disclosing: (i) the identity of the physician who will be physically present to provide the abortion-inducing drug, (ii) the risks and potential complications of the procedure; (iii) the probable gestational age of the child, (iv) the risks of carrying the pregnancy to term, (v) a real-time view of the child and heart tone monitoring, (vi) information on whether the physician has malpractice insurance, (vii) the location of a hospital offering obstetric care where the physician has admitting privileges, (viii) information on Rh incompatibility, and (ix) the right of the woman to see the remains or her unborn child
- The consent form is (i) the one developed by DHHS; (ii) provided to the woman at least 72 hours prior to the abortion; (iii) signed and initialed by the woman at each entry; (iv) appropriately signed by the physician.
- An acknowledgement of risks and consent statement with the following information is signed by the woman at least 72 hours prior to the abortion:
    - Benefits may be available for prenatal care, birth, and neonatal care.
    - Medicaid and other state or federal assistance may be available.
    - The father is liable to support the child.
    - A statement that there are alternatives to abortion and information on those programs can be found on a DHHS website.
    - An acknowledgement the woman is not being forced to have an abortion and may withdraw consent for it at any time.
    - An acknowledgement the medical abortion will end the pregnancy.
    - A statement the woman understands the medical abortion regimen and has been given sufficient information on it.
    - An acknowledgement the woman understands the risks of medical abortion, has had an opportunity to ask questions about those risks, and has received state-prepared information on informed consent.
    - Information on the physician who will handle any medical complications from the abortion.
    - Information that the woman has a private right of action against a physician who has coerced her into getting an abortion.
    - A follow-up appointment must be scheduled seven to 14 days to confirm termination of the pregnancy.

Duty of Physicians: In addition to the informed consent requirements, physicians administering abortion-inducing drugs must also (i) verify the pregnancy and gestational age of the child, (ii) determine the woman's blood type, (iii) provide any medically-indicated diagnostic tests, and (iv) screen the woman for abuse.

Reporting Requirements: Physicians must report to DHHS on all abortions performed after twelve weeks of pregnancy. In addition, the following information would need to be reported for all abortions: (i)

identifying information for the physician performing the abortion, (ii) the location of the abortion, (iii) demographic and medical history information on the woman who had the abortion, (iv) the probable gestational age of the unborn child and the method used to determine that age; (v) information on any follow-up appointments, (vi) any complications to the abortion.

Adverse events must be reported to the FDA (for medical abortions) or DHHS (for surgical abortions). Those reports must include all the information required for a normal abortion report as well as the date of treatment for the adverse event, the specific complaint that led to treatment, and, in the case of a medical abortion, if the woman got the abortion-inducing medication via mail order.

Violations: A woman who had an abortion performed on her in violation of the provisions of Article 1I, or her parents if she were a minor at the time, would have a private right of action against the physician who performed the abortion. Healthcare providers who violated the provisions of Article 1I could be disciplined by the appropriate licensing board.

Criminal Providing or Advertising of Abortion-Inducing Drugs: It would be an infraction, punishable by a $5,000 fine to provide a woman with an abortion-inducing drug if that drug is not administered in the physical presence of a physician.

Eugenic Abortions: G.S. 90-21.121 would be amended to prohibit abortions that are sought because of the (i) racial makeup of the unborn child, (ii) the sex of the unborn child, or (iii) the presence of Down syndrome in the unborn child. These prohibitions would apply at any stage of pregnancy.

EFFECTIVE DATE: This Part becomes effective July 1, 2023. The criminal portions apply to any offenses committed on or after that date.

PART II. SUITABLE FACILITIES FOR THE PERFORMANCE OF SURGICAL ABORTIONS

OVERVIEW: Part II of the Conference Committee Substitute to Senate Bill 20 would require that all surgical abortions be performed in hospitals, ambulatory surgical centers, or licensed abortion clinics. It would also establish licensure requirements for abortion clinics.

CURRENT LAW: Currently there are no statutory licensing requirements for abortion clinics, and all abortions must be performed in a hospital or clinic certified by administrative rule as a suitable facility for the performance of abortions.

BILL ANALYSIS: Part II of the CCS would require all surgical abortions through the twelfth week of pregnancy to be performed in a hospital, ambulatory surgical facility, or a licensed abortion clinic. All surgical abortions performed after twelve weeks of pregnancy would have to be performed in a hospital.

Part II would also create an abortion clinic licensing part in Article 6 of Chapter 131E. Abortion clinics would have to be licensed by DHHS in order to operate. The license would be renewable annually and subject to an initial fee of $850, plus an additional fee of $75 per operating room. The renewal fees would be the same. DHHS would be directed to adopt rules, no later than October 1, 2023, to govern the licensing of abortion clinics and would have the right to investigate them for suspected violations of those rules. The rules could be no more restrictive than those for licensing ambulatory surgical centers. DHHS would be able to seek injunctions and civil penalties for violations of the licensing requirements.

EFFECTIVE DATE: The provisions allowing DHHS to adopt rules would be effective July 1, 2023. The remainder of the part would be effective October 1, 2023.

PART III. BORN-ALIVE ABORTION SURVIVORS PROTECTION

OVERVIEW: Part III of the Conference Committee Substitute to Senate Bill 20 would require medical providers to employ the same duty of care for children born alive after attempted abortions that they would for any other child of the same gestational age and create criminal penalties for failure to do so.

CURRENT LAW: The deliberate killing of infants, including those who have survived an attempted abortion, is a criminal offense. While there are currently no laws requiring an affirmative duty of care to preserve the life of infants who survive attempted abortions, under G.S. 14-18, a culpably negligent act or omission that kills another human being is involuntary manslaughter and is punishable as a Class F felony.

BILL ANALYSIS: Part III of the CCS would require healthcare providers to exercise the same degree of care for an infant born alive after an abortion attempt that they would for any other child born alive at the same gestational age. It would also require providers to ensure that infants born alive after an abortion attempt are immediately transported to a hospital. Providers who failed to exercise this degree of care or to report another healthcare provider who failed to exercise this degree of care would be charged with a Class D felony, including a fine of up to $250,000, as well as being civilly liable to the mother of the infant.

EFFECTIVE DATE: This Part would be effective July 1, 2023 and apply to offenses committed on or after that date.

PART IV. REFORMS TO REDUCE INFANT AND MATERNAL MORTALITY AND MORBIDITY AND INCREASE ACCESS TO CONTRACEPTIVES

OVERVIEW: Part IV of the Conference Committee Substitute to Senate Bill 20 would appropriate funds for long-term birth control, increase the Medicaid rate for obstetrics maternal bundle payments, expand the practice authority of Certified Nurse Midwifes, and appropriate funds to expand the Safe Sleep North Carolina Campaign.

CURRENT LAW: Under current law, Certified Nurse Midwives must practice under the supervision of a physician and may not prescribe medications.

BILL ANALYSIS: Section 4.1 would appropriate $3.5 million in recurring funds for each year of the 2023-25 biennium to award competitive grants to local health departments and nonprofit community health centers to purchase and make available long-acting reversible contraceptives for underserved, uninsured, or medically indigent patients.

Section 4.2 would increase the Medicaid rate for obstetrics maternal bundle payments for pregnancy care to at least 71% of the Medicare rate. $2.8 million in recurring funds for each year of the 2023-25 biennium would be appropriated for this purpose, providing a state match to the $5.5 million in recurring federal funds.

Section 4.3 would expand the scope of practice for certified nurse midwives. An individual who was certified as a Certified Nurse Midwife (CNM) would be able to write prescriptions if authorized to do so by a joint subcommittee of the Medical Board and Board of Nursing. CNMs who had more than 24 months and 4,000 hours of experience could practice without being supervised by a physician. CNMs who attended births outside of hospital settings would be required to inform patients about this risks of non-hospital births and have a plan to transfer the patient to a hospital if necessary. Healthcare providers treating patients in emergent situations that arose because of the actions of a CNM in a non-hospital setting would be immune from liability in most cases.

Section 4.4 would appropriate $250,000 in nonrecurring funds for each year of the 2023-25 biennium to fund expansion of the Safe Sleep North Carolina Campaign.

EFFECTIVE DATE: The Certified Nurse Midwife provisions would be effective October 1, 2023. The remainder of the Part would be effective July 1, 2023.

PART V. PAID PARENTAL LEAVE FOR STATE EMPLOYEES

OVERVIEW: Part V of the Conference Committee Substitute to Senate Bill 20 would grant state employees eight weeks of paid leave after giving birth to a child and four weeks of paid leave after becoming a parent in any other manner.

BILL ANALYSIS: Part V of the CCS would grant full-time state employees eight weeks of paid leave after giving birth to a child. Individuals who fathered a newborn, or adopted, fostered or otherwise legally placed any child would be eligible for four weeks of paid leave. Part-time employees would be eligible for pro-rated leave amounts. This leave would be available without exhausting other paid leave, but it would not have cash value on employment termination or be used to calculate retirement benefits. $10 million in recurring funds for each year of the 2023-25 biennium would be appropriated to the Department of Public Instruction to fund this leave for teachers.

EFFECTIVE DATE: This Part would be effective July 1, 2023.

PART VI. CHILD PERMANENCY, SAFE SURRENDER OF INFANTS, FOSTER CARE, ADOPTION, AND SUPPORT FOR NEW MOTHERS

OVERVIEW: Part VI of the Conference Committee Substitute to Senate Bill 20 would amend the current law for the safe surrender of an infant by identifying specific individuals to whom an infant may be surrendered and outlining the duties, immunity, confidentiality, and notice related to a safely surrendered infant. It also appropriates funds to the State Maternity Home Fund, prevents racial discrimination in adopting or placing a child for foster care, increases the kinship care and foster care rates, appropriates funds to cover a loss in federal receipts from the Family First Prevention Services Act, and appropriates funds to the NC Finish Line Grants Program.

BILL ANALYSIS: Section 6.1 would appropriate $700,000 in recurring funds for each year of the 2023-25 fiscal biennium to the State Maternity Home Fund.

Section 6.2 would establish provisions for the safe surrender of infants. An infant may be surrendered to a healthcare provider, first responder, or social services worker if the infant is less than 30 days old, not neglected or abused, and is surrendered by a parent who is not intending to return for the infant.

The individual who takes an infant into temporary custody must protect the physical health and well-being of the infant and immediately notify DSS in the county where the infant is surrendered. The individual may inquire about parent identities, date of birth, etc. but the parent is not required to provide the information. If practical, the surrendering parent shall be provided certain written information. The individual to whom an infant is surrendered is immune from civil or criminal liability if the individual acted in good faith.

Unless a parent consents to release, information regarding the surrendering parent's identity is confidential. However, an individual who takes an infant into temporary custody must provide to the DSS director any information known about the infant, the infant's parents, including their identity, any medical history, and the circumstances of surrender to the DSS director Information received by DSS about the surrendering parent's identity can be disclosed for the following reasons: provide notice to local law enforcement, contact with the non-surrendering parent, or by court order. Information received by the DSS pertaining to the infant's safe surrender and condition must be held in confidence except the director may share

necessary or relevant information with a health care provider, placement provider, guardian ad litem, or a district or superior court judge presiding over a criminal or delinquency matter. The confidentiality section does not apply if the DSS determines the juvenile is not a safely surrendered infant or is the victim of a crime.

A DSS director, by virtue of the surrender, has the surrendering parent's rights to legal and physical custody of the infant without obtaining a court order. After meeting the notice by publication requirements, DSS may apply ex parte to the district court for an order finding the infant has been safely surrendered and confirming the DSS has the surrendering parent's right to legal custody to obtain the child's birth certificate, social security number, or federal and State benefits.

If a non-surrendering parent is identified, contacted, and located, the director must place custody of the infant with the non-surrendering parent and the DSS custodial rights terminate when the following apply: there is rebuttable presumption the non-surrendering parent is the infant's parent, the non-surrendering parent asserts parental rights, and the director does not suspect the infant is an abused, neglected, or dependent juvenile. This section also outlines the process if the identity of the non-surrendering parent is known by the DSS director and the director has cause to suspect the infant may be an abused, neglected, or dependent juvenile.

Within 14 days from the date of the safe surrender, the director must place a notice in a publication that an infant has been surrendered and taken into custody by DSS. The notice must be published in the county in which the surrender was made, and any other county the director has reason to believe either parent may be residing. The notice must be published once a week for three successive weeks and must provide the following information: the infant was surrendered by the mother or father with no expressed intent to return, the date of surrender, profession of the person to whom the infant was surrendered and the location of the facility; physical characteristics of the infant; current custody; right to request the infant's return; efforts to identify, locate, and contact the non-surrendering parent; parental right to contact DSS; proposed termination of parental rights in 60 days; and contact information for DSS.

Prior to filing a termination of parental rights, a surrendering parent has the right to regain custody of the infant. The safe surrender does not preclude the parent from executing a relinquishment of their parental rights for adoption with the local DSS. A parent surrendering an infant is immune from civil liability or criminal prosecution if they acted in good faith. DSS is required to create printable and downloadable information on infant safe surrender which must be translated into commonly spoken and read languages in this State, written in a user-friendly manner, posted on the Division website, and available for distribution.

Within 10 days from the date of filing a petition to terminate parental rights of a surrendering or non-surrendering parent of a safely surrendered infant, or the next term of court if there is no court in the county in that 10-day period, the court must conduct a preliminary hearing to address the infant's safe surrender. The purpose of the hearing is to ascertain the identity and location of either parent and to establish notice regarding termination of parental rights. The court is required to determine whether any diligent efforts are required to identify or locate the surrendering parent while considering the need to protect confidentiality and must determine whether the surrendering parent should be served. If the identity of the non-surrendering parent is known the court must order service. If the identity is not known the service must be by publication. The contents of the service by publication are and upon completion, an affidavit of the publisher must be filed with the court. No summons is required for a parent who is served by publication. The court must issue the order required within 30 days from the date of the preliminary hearing unless the court determines more time is needed.

This section would be effective October 1, 2023, and apply to infants surrendered on or after that date.

Section 6.3 would direct the Legislative Research Commission to study and report on streamlining adoption and foster care law.

Section 6.4 would make conforming changes required by the Safe Surrender provisions of this Part.

Section 6.5 would prohibit denying the right to adopt or become a foster parent on the basis of race, color, or national origin.

Section 6.6 would direct DHHS to implement a policy to allow relatives who are providing foster care to get reimbursed for that care without first having to get licensed. Funds would be appropriated for this purpose.

Section 6.7 would increase the maximum rates for participation in the foster care assistance program and appropriate $10 million in recurring funds for each year of the 2023-25 fiscal biennium to implement the rate increases.

Section 6.8 would appropriate $1,725,531 in recurring funds for each year of the 2023-2025 fiscal biennium to provide the State portion of the total cost of care to implement an increase to the administrative rate for foster care and adoption assistance.

Section 6.9 would appropriate $11,800,000 in nonrecurring funds for the 2023-2024 fiscal year to provide additional funding to cover a loss in federal receipts from the Family First Prevention Services Act regarding congregate care for foster care.

Section 6.10 would appropriate $1,500,000 in recurring funds for each year of the 2023-2025 fiscal biennium to the North Carolina Community College System for allocation to the NC Finish Line Grants Program.

EFFECTIVE DATE: Except as otherwise provided, this Part would be effective July 1, 2023.

PART VII. EXPANDING ACCESS TO CHILD CARE

OVERVIEW: Part VII of the Conference Committee Substitute to Senate Bill 20 would continue current funding for three-, four-, and five-star rated childcare facilities until October 1, 2023, when it would increase. Funds would be appropriated for this purpose. Tuition reimbursement for low-income children at private childcare facilities would be decoupled from subsidized childcare market rates.

CURRENT LAW: Under current law, three-, four-, and five-star childcare facilities are reimbursed at the 75th percentile according to the 2018 Child Care Market Rate Study. Private tuition rates for low-income children are reimbursed at the one-star rate or the tuition actually charged, whichever is lower.

BILL ANALYSIS: Part VII of the CCS would continue to fund the three-, four-, and five-star childcare facility reimbursement rates at the 75th percentile of the 2018 Child Care Market Rate Study through September 30, 2023. Beginning October 1, 2023, they would be reimbursed at the 75th percentile of the 2021 Child Care Market Rate Study. $32 million in recurring funds for the 2023-24 fiscal year and $43 million in recurring funds for the 2024-25 fiscal year would be appropriated for this purpose.

Part VII would also amend the reimbursement rates for childcare tuition of low-income children in private childcare facilities in S.L. 2021-180 so that the tuition will be reimbursed at either the one-star rate or the rate actually charged, regardless of which is lower.

EFFECTIVE DATE: This Part would be effective July 1, 2023.

PART VIII. EXPAND SATELLITE-BASED MONITORING FOR VIOLENT AND REPEAT SEXUAL OFFENDERS, INCREASE PUNISHMENT FOR ASSAULT ON A PREGNANT WOMAN, AND ESTABLISH THE CRIME OF MISDEMEANOR DOMESTIC VIOLENCE

OVERVIEW: Part VIII of the Conference Committee Substitute to Senate Bill 20 would expand the list of crimes that make an individual subject to satellite-based monitoring and expand amount of time an individual would be subject to that monitoring. It would also make assault on a pregnant woman and domestic violence crimes.

CURRENT LAW: Under current law, individuals may be subject to satellite-based monitoring, for a period not to exceed 10 years, if they are convicted of the statutory rape of a child as an adult or statutory sexual offense with a child by an adult and that conviction is a re-offense. There is no law specifically making assault on a pregnant woman or domestic violence a criminal offense.

BILL ANALYSIS: Part VIII of the CCS would expand the list of crimes making an individual subject to satellite-based monitoring, if the individual was a reoffender of any of those crimes. The list would include: (i) first-degree forcible rape, (ii) second-degree forcible rape, (iii) first-degree statutory rape, (iv) many instances of statutory rape of a person who is 15 or younger, (v) first-degree forcible sexual offense, (vi) second-degree forcible sexual offense, (vii) first-degree statutory sexual offense, (viii) many instances of statutory sexual offense with a person who is 15 or younger, (ix) human trafficking, (x) most incest, (xi) first-degree sexual exploitation of a minor, (xii) patronizing a prostitute with a severe or profound disability, (xiii) promoting prostitution of a minor, (xiv) abuse of a child under 16 by the child's parent, and (xv) a parent allowing the commission of a sexual act upon a child under 16. The individual subject to satellite-based monitoring could be monitored for life.

If the predicate re-offense is (i) sexual activity by a substitute parent or custodian, (ii) sexual activity with a student, (iii) sexual battery, (iv) some forms of incent, (v) employing or permitting a minor to assist in sexual offenses, (vi) indecent exposure to a minor, (vii) second-degree sexual exploitation of a minor, (viii) third-degree sexual exploitation of a minor, (ix) taking indecent liberties with children, (x) solicitation of children via computer, (xi) a school professional taking indecent liberties with a student, or (xi) patronizing a minor prostitute as an adult, then the satellite-based monitoring could continue for 50 years.

The current misdemeanor assault statute would be amended to specify that assaulting a pregnant woman is a Class A1 misdemeanor. A new section would be added in Chapter 14 to create a specific crime for domestic violence assault, which would be punishable as a Class A1 misdemeanor.

EFFECTIVE DATE: This Part would be effective December 1, 2023, and apply to offenses committed on or after that date.

PARTS IX-XIII. MISCELLANEOUS PROVISIONS

Part IX of the CCS would suspend the order of appropriations bills statute in Chapter 143C as it pertains to this bill.

Part X of the CCS would specify that nothing in the bill would create a right to abortion or make an abortion lawful if it were otherwise unlawful.

Part XI of the CCS would direct the Revisor of Statutes to ensure all new definitions are in alphabetical order and numbered correctly.

Part XII of the CCS is a severability clause.

Part XIII makes the bill effective when it becomes law, unless otherwise provided.