

[Fourth Reprint]

**SENATE, No. 2798**

---

**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

---

INTRODUCED AUGUST 3, 2020

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator M. TERESA RUIZ**

**District 29 (Essex)**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington)**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Co-Sponsored by:**

**Senators Pou, Greenstein, Assemblyman Benson, Assemblywoman Downey, Assemblymen Caputo, Giblin, Assemblywomen Speight, Swain, Assemblymen Wirths, Space, Assemblywoman Jimenez, Assemblyman Tully, Assemblywoman Timberlake, Assemblyman Johnson, Assemblywoman Lampitt, Assemblyman Mejia, Assemblywoman Jasey and Senator O'Scanlon**

**SYNOPSIS**

Revises requirements for long-term care facilities to establish outbreak response plans.

**CURRENT VERSION OF TEXT**

As amended by the General Assembly on June 3, 2021.

**(Sponsorship Updated As Of: 6/30/2021)**

1 AN ACT concerning long-term care facilities and amending  
2 P.L.2019, c.243.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. Section 1 of P.L.2019, c.243 (C.26:2H-12.87) is amended to  
8 read as follows:

9 1. a. As used in this section:

10 "Cohorting" means the practice of grouping patients who are or  
11 are not colonized or infected with the same organism to confine  
12 their care to one area and prevent contact with other patients.

13 "Department" means the Department of Health.

14 "Endemic level" means the usual level of given disease in a  
15 geographic area.

16 "Isolating" means the process of separating sick, contagious  
17 persons from those who are not sick.

18 "Long-term care facility" means a nursing home, <sup>3</sup>[assisted  
19 living residence,]<sup>3</sup> <sup>4</sup>[comprehensive personal care home, residential  
20 health care facility, or dementia care home]<sup>4</sup> licensed pursuant to  
21 P.L.1971, c.136 (C.26:2H-1 et seq.).

22 ["Long-term care facility that provides care to ventilator-  
23 dependent residents" means a long-term care facility that has been  
24 licensed to provide beds for ventilator care.]

25 "Outbreak" means any unusual occurrence of disease or any  
26 disease above background or endemic levels.

27 b. Notwithstanding any provision of law to the contrary, as a  
28 condition of licensure, the department shall require long-term care  
29 facilities to develop an outbreak response plan within 180 days after  
30 the effective date of this act, which plan shall be customized to the  
31 facility, based upon national standards and developed in  
32 consultation with the facility's infection <sup>1</sup>prevention and<sup>1</sup> control  
33 committee <sup>2</sup>[, if the facility has established an infection <sup>1</sup>prevention  
34 and<sup>1</sup> control [committee<sup>2</sup>] committee]<sup>2</sup> . At a minimum, each  
35 facility's plan shall include, but shall not be limited to:

36 (1) a protocol for isolating and cohorting infected and at-risk  
37 <sup>2</sup>[patients] residents<sup>2</sup> in the event of an outbreak of a contagious  
38 disease until the cessation of the outbreak;

39 (2) clear policies for the notification of residents, residents'  
40 families, visitors, and staff in the event of an outbreak of a  
41 contagious disease at a facility;

42 (3) information on the availability of laboratory testing,  
43 protocols for assessing whether facility visitors are ill, protocols to  
44 require ill staff to not present at the facility for work duties, and

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is  
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AHE committee amendments adopted October 22, 2020.

<sup>2</sup>Assembly floor amendments adopted October 29, 2020.

<sup>3</sup>Assembly floor amendments adopted March 25, 2021.

<sup>4</sup>Assembly floor amendments adopted June 3, 2021.

1 processes for implementing evidence-based outbreak response  
2 measures;

3 (4) policies to conduct routine monitoring of residents and staff  
4 to quickly identify signs of a communicable disease that could  
5 develop into an outbreak; <sup>1</sup>and<sup>1</sup>

6 (5) policies for reporting outbreaks to public health officials in  
7 accordance with applicable laws and regulations <sup>1</sup>; and

8 (6) a documented strategy for securing more staff in the event of  
9 an outbreak of infectious disease among staff or another emergent  
10 or non-emergent situation affecting staffing levels at the facility  
11 during an outbreak of an infectious disease<sup>1</sup>.

12 c. (1) In addition to the requirements set forth in subsection b.  
13 of this section, the department shall require long-term care facilities  
14 **[that provide care to ventilator-dependent residents]** to include in  
15 the facility's outbreak response plan written policies to meet  
16 staffing, training, and facility demands during an infectious disease  
17 outbreak to successfully implement the outbreak response plan,  
18 including <sup>1</sup>either<sup>1</sup> employing <sup>1</sup>on a full-time or part-time basis,  
19 or contracting with on a consultative basis,<sup>1</sup> the following  
20 individuals:

21 (a) an individual <sup>1</sup>certified by the Certification Board of  
22 Infection Control and Epidemiology who meets the requirements  
23 of subparagraph (b) of paragraph (1) of subsection e. of this section  
24 <sup>2</sup>who shall be employed:

25 (i) at least part time in the case of a long-term care facility with  
26 a licensed bed capacity equal to 100 or fewer beds; and

27 (ii) on a full-time basis in the case of a long-term care facility  
28 with a licensed bed capacity equal to more than 100 beds or that  
29 provides on-site hemodialysis services<sup>1</sup><sup>2</sup>; and

30 (b) a physician who <sup>1</sup>has completed an infectious disease  
31 fellowship meets the requirements of subparagraph (a) of  
32 paragraph (1) of subsection e. of this section <sup>2</sup>who may be  
33 employed on a full-time or part-time basis or contracted with on a  
34 consultative basis<sup>1</sup><sup>2</sup>.

35 (2) Each <sup>1</sup>long-term care facility **[nursing home that has not**  
36 **previously submitted an outbreak response plan to the department<sup>1</sup>**  
37 **[that provides care to ventilator-dependent residents]** shall submit  
38 <sup>1</sup>an outbreak response plan<sup>1</sup> to the department <sup>1</sup>the facility's  
39 outbreak response plan within 180 days after the effective date of  
40 this act for verification as provided in paragraph (3) of this  
41 subsection<sup>1</sup>.

42 (3) The department shall verify that the outbreak response plans  
43 submitted by <sup>1</sup>long-term care facilities **[nursing homes<sup>1</sup>** **[that**  
44 **provide care to ventilator-dependent residents]** are in compliance  
45 with the requirements of subsection b. of this section and with the  
46 requirements of paragraph (1) of this subsection.

1       <sup>1</sup>(4) The department shall have the authority to require any  
2 long-term care facility to revise its outbreak response plan as  
3 needed to come into compliance with the requirements of  
4 subsection b. of this section and the requirements of paragraph (1)  
5 of this subsection. The department may assess civil penalties or  
6 take other administrative actions against a facility in the event the  
7 department determines the facility is not in compliance with the  
8 requirements of this section.<sup>1</sup>

9       <sup>3</sup>(5) Each long term-care facility shall perform an annual training  
10 exercise to ensure its outbreak response plan is practical,  
11 comprehensive, and ensures the safety and well-being of residents  
12 and staff. The annual training exercise shall include, but shall not  
13 be limited to, coordinating with emergency medical services,  
14 hospitals, and fire and police departments. Each long-term care  
15 facility shall record a summary of the effectiveness of the training  
16 exercise and any need for future modifications to the training  
17 exercise.<sup>3</sup>

18       d. (1) Each long-term care facility <sup>1</sup>**【**that submits an outbreak  
19 response plan to the department pursuant to subsection c. of this  
20 section**】**<sup>1</sup> shall review <sup>3</sup>and, if necessary, update<sup>3</sup> <sup>1</sup>**【**the**】** its  
21 outbreak response<sup>1</sup> plan on an annual basis.

22       (2) If a <sup>1</sup>**【**long-term care facility**】** nursing home<sup>1</sup> **【**that provides  
23 care to ventilator-dependent residents**】** makes any material changes  
24 to its outbreak response plan, the <sup>1</sup>**【**facility**】** nursing home<sup>1</sup> shall,  
25 within 30 days after completing the material change, submit to the  
26 department an updated outbreak response plan. The department  
27 shall, upon receiving an updated outbreak response plan, verify that  
28 the plan is compliant with the requirements of subsections b. and c.  
29 of this section.

30       e. (1) The department shall require <sup>1</sup>**【**a**】** each long-term care  
31 facility **【**that provides care to ventilator-dependent residents**】** to  
32 <sup>2</sup>establish an infection prevention and control committee and<sup>2</sup>  
33 assign to the facility's infection <sup>1</sup>prevention and<sup>1</sup> control committee  
34 <sup>1</sup>**【**on a full-time or part-time basis, or on a consultative basis**】**<sup>1</sup> :

35       (a) **【**an who is**】** a physician who has completed an infectious  
36 disease fellowship <sup>2</sup>, who shall be employed on a full-time or part  
37 time basis or contracted with on a consultative basis<sup>2</sup>; and

38       (b) an individual designated as the infection **【**control  
39 coordinator,**】** preventionist who <sup>2</sup>;

40       (i)<sup>2</sup> has **【**education, training, completed course work, or  
41 experience in infection control or**】** primary professional training in  
42 medicine, nursing, medical technology, microbiology,  
43 epidemiology, **【**including**】** or a related field <sup>2</sup>**【**.**】** ;

44       (ii)<sup>2</sup> is qualified by education, training, <sup>1</sup>and at least five years  
45 of infection control<sup>1</sup> experience, or <sup>2</sup>by<sup>2</sup> certification in infection

1 control by the Certification Board of Infection Control and  
2 Epidemiology <sup>2</sup>【.】:

3 (iii) is employed by the facility consistent with the  
4 requirements of subsection f. of this section;<sup>2</sup> and

5 <sup>2</sup>(iv)<sup>2</sup> has completed specialized training in infection prevention  
6 and control.

7 <sup>1</sup>(2)<sup>1</sup> The infection <sup>1</sup>prevention and<sup>1</sup> control committee shall  
8 meet on at least a quarterly basis <sup>1</sup>【and both individuals】. The  
9 physician<sup>1</sup> assigned to the committee pursuant to this subsection  
10 shall attend at least half of the meetings held by the infection  
11 <sup>1</sup>prevention and<sup>1</sup> control committee <sup>1</sup>, and the infection  
12 preventionist assigned to the committee pursuant to this subsection  
13 shall attend all of the meetings held by the infection prevention and  
14 control committee<sup>1</sup>.

15 f. (1) An infection preventionist assigned to a long-term care  
16 facility's infection <sup>1</sup>prevention and<sup>1</sup> control committee pursuant to  
17 subsection e. of this section shall be a managerial employee <sup>1</sup>【and  
18 shall be employed at least part-time at a long-term care facility with  
19 a licensed bed capacity equal to 100 beds or less or full-time at a  
20 long-term care facility with a licensed bed capacity equal to 101  
21 beds or more】<sup>1</sup> <sup>2</sup>and shall be employed:

22 (a) in the case of a long-term care facility with a licensed bed  
23 capacity equal to 100 or fewer beds, on at least a part time  
24 basis; and

25 (b) in the case of a long-term care facility with a licensed bed  
26 capacity equal to more than 100 beds or that provides on-site  
27 hemodialysis services, on a full-time basis<sup>2</sup>.

28 <sup>2</sup>(2)<sup>2</sup> The infection preventionist shall report directly to the  
29 <sup>1</sup>【chief executive officer and the board】 administrator<sup>1</sup> of the long-  
30 term care facility <sup>1</sup>【, as applicable,】<sup>1</sup> and shall provide the <sup>1</sup>【chief  
31 executive officer and board, as applicable,】 administrator<sup>1</sup> quarterly  
32 reports detailing the effectiveness of the long-term care facility's  
33 infection prevention policies.

34 <sup>2</sup>【(2)】 (3)<sup>2</sup> The infection preventionist shall be responsible for:

35 (a) <sup>1</sup>【developing】 contributing to the development of<sup>1</sup> policies,  
36 procedures, and a training curriculum for long-term care facility  
37 staff based on best practices and clinical expertise; <sup>1</sup>【and】<sup>1</sup>

38 (b) monitoring the implementation of infection prevention <sup>1</sup>and  
39 control<sup>1</sup> policies and <sup>1</sup>【instituting】 recommending<sup>1</sup> disciplinary  
40 measures for staff who routinely violate those policies <sup>1</sup>; and

41 (c) assessing the facility's infection prevention and control  
42 program by conducting internal quality improvement audits<sup>1</sup>.

43 <sup>3</sup>(4) A long-term facility that is unable to hire an infection  
44 preventionist on a full-time or part-time basis may contract with an  
45 infection preventionist on a consultative basis until <sup>4</sup>【October 1,  
46 2021】 February 1, 2022<sup>4</sup>. A long-term care facility shall provide

1 notice to the Department of Health, within 60 days after the  
2 effective date of P.L. , c. (C. ) (pending before the  
3 Legislature as this bill), if the facility is unable to hire an infection  
4 preventionist on a full-time or part-time basis and if the facility has  
5 contracted with an infection preventionist on a consultative basis.  
6 A long-term care facility shall hire an infection preventionist on a  
7 full-time or part-time basis after <sup>4</sup>[October 1, 2021] February 1,  
8 2022, except that the Department of Health may waive this  
9 requirement if a long-term care facility is unable to hire an infection  
10 preventionist following the facility's good faith efforts to hire an  
11 infection preventionist<sup>4, 3</sup>

12 g. <sup>1</sup>[A] Each<sup>1</sup> long-term care facility <sup>1</sup>[, which develops an  
13 outbreak response plan pursuant to this section,]<sup>1</sup> shall publish the  
14 'facility's outbreak response'<sup>1</sup> plan on its Internet website <sup>3</sup>if the  
15 facility maintains an Internet website<sup>3 1</sup>, distribute copies of the  
16 plan to residents and their families upon admission to the facility,  
17 and provide notice to residents and their families any time the  
18 facility makes material changes to its plan<sup>1</sup> . <sup>3</sup>Each long-term care  
19 facility shall make its outbreak response plan available upon request  
20 if the facility does not maintain an Internet website.<sup>3</sup>

21 h. <sup>1</sup>[A] Each<sup>1</sup> long-term care facility <sup>1</sup>[, which develops an  
22 outbreak response plan pursuant to this section,]<sup>1</sup> shall annually  
23 perform preparedness drills to evaluate the effectiveness of its  
24 outbreak response plan.

25 (cf: <sup>1</sup>[P.L.2019, c.243, s.1] P.L.2020, c.87, s.7<sup>1</sup>)

26  
27 <sup>3</sup>2. a. (New section) As used in this section:

28 "Assisted living facility" means an assisted living residence  
29 licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

30 "Cohorting" means the practice of grouping patients who are or  
31 are not colonized or infected with the same organism to confine  
32 their care to one area and prevent contact with other patients.

33 <sup>4</sup>"Comprehensive personal care home " means a comprehensive  
34 personal care home licensed pursuant to P.L.1971, c.136 (C.26:2H-  
35 1 et seq.).

36 "Dementia care home" means a dementia care home licensed  
37 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).<sup>4</sup>

38 "Department" means the Department of Health.

39 "Endemic level" means the usual level of given disease in a  
40 geographic area.

41 <sup>4</sup>"Facility" means an assisted living facility, a comprehensive  
42 personal care home, a dementia care home, or a residential health  
43 care facility.<sup>4</sup>

44 "Isolating" means the process of separating sick, contagious  
45 persons from those who are not sick.

46 "Outbreak" means any unusual occurrence of disease or any  
47 disease above background or endemic levels.

1 <sup>4</sup>"Residential health care facility" means a residential health care  
2 facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).<sup>4</sup>

3 b. Notwithstanding any provision of law to the contrary, as a  
4 condition of licensure, the department shall require <sup>4</sup>[assisted  
5 living]<sup>4</sup> facilities to develop an outbreak response plan within 180  
6 days after the effective date of this act, which plan shall be  
7 customized to the facility, based upon national standards and  
8 developed in consultation with the facility's infection prevention  
9 and control committee. At a minimum, each facility's plan shall  
10 include, but shall not be limited to:

11 (1) a protocol for isolating and cohorting infected and at-risk  
12 residents in the event of an outbreak of a contagious disease until  
13 the cessation of the outbreak;

14 (2) clear policies for the notification of residents, residents'  
15 families, visitors, and staff in the event of an outbreak of a  
16 contagious disease at a facility;

17 (3) information on the availability of laboratory testing,  
18 protocols for assessing whether facility visitors are ill, protocols to  
19 require ill staff to not present at the facility for work duties, and  
20 processes for implementing evidence-based outbreak response  
21 measures;

22 (4) policies to conduct routine monitoring of residents and staff  
23 to quickly identify signs of a communicable disease that could  
24 develop into an outbreak;

25 (5) policies for reporting outbreaks to public health officials in  
26 accordance with applicable laws and regulations; and

27 (6) a documented strategy for securing more staff in the event of  
28 an outbreak of infectious disease among staff or another emergent  
29 or non-emergent situation affecting staffing levels at the facility  
30 during an outbreak of an infectious disease.

31 c. (1) In addition to the requirements set forth in subsection b.  
32 of this section, the department shall require <sup>4</sup>[assisted living  
33 facilities] a facility<sup>4</sup> to include in the facility's outbreak response  
34 plan written policies to meet staffing, training, and facility demands  
35 during an infectious disease outbreak to successfully implement the  
36 outbreak response plan, including employing an individual who  
37 meets the requirements of paragraph of (1) subsection e. of this  
38 section.

39 (2) Each <sup>4</sup>[assisted living]<sup>4</sup> facility that has not previously  
40 submitted an outbreak response plan to the department shall submit  
41 an outbreak response plan to the department for verification as  
42 provided in paragraph (3) of this subsection.

43 (3) The department shall verify that the outbreak response plans  
44 submitted by <sup>4</sup>[assisted living]<sup>4</sup> facilities are in compliance with  
45 the requirements of subsection b. of this section and with the  
46 requirements of paragraph (1) of this subsection.

47 (4) The department shall have the authority to require any  
48 <sup>4</sup>[assisted living]<sup>4</sup> facility to revise its outbreak response plan as

1 needed to come into compliance with the requirements of  
2 subsection b. of this section and the requirements of paragraph (1)  
3 of this subsection. The department may assess civil penalties or  
4 take other administrative actions against a facility in the event the  
5 department determines the facility is not in compliance with the  
6 requirements of this section.

7 d. (1) Each <sup>4</sup>[assisted living]<sup>4</sup> facility shall review and, if  
8 necessary, update its outbreak response plan on an annual basis.

9 (2) If <sup>4</sup>[an assisted living] a<sup>4</sup> facility makes any material  
10 changes to its outbreak response plan, the facility shall, within 30  
11 days after completing the material change, submit to the department  
12 an updated outbreak response plan. The department shall, upon  
13 receiving an updated outbreak response plan, verify that the plan is  
14 compliant with the requirements of subsections b. and c. of this  
15 section.

16 e. (1) The department shall require each <sup>4</sup>[assisted living]<sup>4</sup>  
17 facility to establish an infection prevention and control committee  
18 and assign to the facility's infection prevention and control  
19 committee an individual designated as the infection preventionist  
20 who is a licensed health care provider and who possesses five years  
21 of experience in infection control, or an individual who has  
22 successfully completed an online infection prevention course  
23 through the federal Centers for Disease Control and Prevention or  
24 the American Health Care Association course with a valid  
25 certificate therefrom.

26 (2) The infection prevention and control committee shall meet  
27 on at least a quarterly basis. The infection preventionist assigned to  
28 the committee pursuant to this subsection shall attend all of the  
29 meetings held by the infection prevention and control committee.

30 f. (1) An infection preventionist assigned to <sup>4</sup>[an assisted  
31 living] a<sup>4</sup> facility's infection prevention and control committee  
32 pursuant to subsection e. of this section shall be a managerial  
33 employee and:

34 (a) in the case of <sup>4</sup>[an assisted living] a<sup>4</sup> facility with multiple  
35 locations, the facility shall be permitted to employ one full-time  
36 infection preventionist who shall be responsible for up to five  
37 locations; and

38 (b) in the case of <sup>4</sup>[an assisted living] a<sup>4</sup> facility located in the  
39 same building <sup>4</sup>or on the same property<sup>4</sup> as a nursing home or <sup>4</sup>[an  
40 assisted living] a<sup>4</sup> facility that is located within a continuing care  
41 retirement community, the <sup>4</sup>[assisted living]<sup>4</sup> facility shall be  
42 permitted to hire one full-time infection control preventionist who  
43 will be responsible for the <sup>4</sup>[assisted living]<sup>4</sup> facility and the  
44 nursing home or for the <sup>4</sup>[assisted living]<sup>4</sup> facility and the  
45 continuing care retirement community.

46 (2) The infection preventionist shall report directly to the  
47 administrator of the <sup>4</sup>[assisted living]<sup>4</sup> facility and shall provide the



- 1 administrator quarterly reports detailing the effectiveness of the  
2 <sup>4</sup>[assisted living]<sup>4</sup> facility's infection prevention policies.
- 3 (3) The infection preventionist shall be responsible for:
- 4 (a) contributing to the development of policies, procedures, and  
5 a training curriculum for <sup>4</sup>[assisted living]<sup>4</sup> facility staff based on  
6 best practices and clinical expertise;
- 7 (b) monitoring the implementation of infection prevention and  
8 control policies and recommending disciplinary measures for staff  
9 who routinely violate those policies;
- 10 (c) assessing the facility's infection prevention and control  
11 program by conducting internal quality improvement audits;
- 12 (d) directly training all <sup>4</sup>[assisted living facility's]<sup>4</sup> employees  
13 in infection prevention at such intervals as determined by the  
14 department.
- 15 (4) <sup>4</sup>[An assisted living residence] A facility<sup>4</sup> that is unable to  
16 hire an infection preventionist on a full-time or part-time basis may  
17 contract with an infection preventionist on a consultative basis until  
18 <sup>4</sup>[October 1, 2021] February 1, 2022<sup>4</sup>. <sup>4</sup>[An assisted living  
19 residence] A facility<sup>4</sup> shall provide notice to the Department of  
20 Health, within 60 days after the effective date of P.L. ,  
21 c. (C. ) (pending before the Legislature as this bill), if the  
22 facility is unable to hire an infection preventionist on a full-time or  
23 part-time basis and if the facility has contracted with an infection  
24 preventionist on a consultative basis. <sup>4</sup>[An assisted living  
25 residence] A facility<sup>4</sup> shall hire an infection preventionist on a full-  
26 time or part-time basis after <sup>4</sup>[October 1, 2021] February 1, 2022,  
27 except that the Department of Health may waive this requirement if  
28 a facility is unable to hire an infection preventionist following the  
29 facility's good faith efforts to hire an infection preventionist<sup>4</sup>.
- 30 g. Each <sup>4</sup>[assisted living]<sup>4</sup> facility shall publish the facility's  
31 outbreak response plan on its Internet website if the facility  
32 maintains an Internet website, distribute copies of the plan to  
33 residents and their families upon admission to the facility, and  
34 provide notice to residents and their families any time the facility  
35 makes material changes to its plan. Each <sup>4</sup>[assisted living]<sup>4</sup> facility  
36 shall make its outbreak response plan available upon request if the  
37 facility does not maintain an Internet website.
- 38 h. Each <sup>4</sup>[assisted living]<sup>4</sup> facility shall annually perform  
39 preparedness drills to evaluate the effectiveness of its outbreak  
40 response plan.
- 41 i. Each <sup>4</sup>[assisted living]<sup>4</sup> facility shall designate employees  
42 who receive special training in infection control and who shall be  
43 representative of the facility's staff, including certified nurse aides,  
44 licensed practical nurses, and registered nurses. Such employees  
45 shall assist training staff, distribute infection control information,  
46 assist with infection control implementation and policy  
47 development, and participate in quarterly infection control training

1 exercises to maintain competency in using personal protection  
2 equipment.<sup>3</sup>

3

4 <sup>3</sup>[2.] 3.<sup>3</sup> This act shall take effect immediately.