

§ 1690.101. Short title

This act shall be known and may be cited as the "Pennsylvania Drug and Alcohol Abuse Control Act."

§ 1690.102. Definitions

(a) The definitions contained and used in the Controlled Substance, Drug, Device and Cosmetic Act shall also apply for the purposes of this act.

(b) As used in this act:

"CONTROLLED SUBSTANCE" means a drug, substance, or immediate precursor in Schedules I through V of the Controlled Substance, Drug, Device and Cosmetic Act.

"COUNCIL" means the Pennsylvania Advisory Council on Drug and Alcohol Abuse established by this act.

"COURT" means all courts of the Commonwealth of Pennsylvania, including magistrates and justices of the peace.

"DEPARTMENT." The Department of Health.

"DRUG" means (i) substances recognized in the official United States Pharmacopeia, or official National Formulary, or any supplement to either of them; and (ii) substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals; and (iii) substances (other than food) intended to affect the structure or any function of the body of man or other animals; and (iv) substances intended for use as a component of any article specified in clause (i), (ii) or (iii), but not including devices or their components, parts or accessories.

"DRUG ABUSER" means any person who uses any controlled substance under circumstances that constitute a violation of the law.

"DRUG DEPENDENT PERSON" means a person who is using a drug, controlled substance or alcohol, and who is in a state of psychic or physical dependence, or both, arising from administration of that drug, controlled substance or alcohol on a continuing basis. Such dependence is characterized by behavioral and other responses which include a strong compulsion to take the drug, controlled substance or alcohol on a continuous basis in order to experience its psychic effects, or to avoid the discomfort of its absence. This definition shall include those persons commonly known as "drug addicts."

"EMERGENCY MEDICAL SERVICES" includes all appropriate short term services for the acute effects of abuse and dependence which: (i) are available twenty-four hours a day; (ii) are community based and located so as to be quickly and easily accessible to patients; (iii) are affiliated with and constitute an integral (but not necessarily physical) part of the general medical services of a general hospital; and (iv) provide drug and alcohol withdrawal and other appropriate medical care and treatment, medical examination, diagnosis, and classification with respect to possible dependence, and referral for other treatment and rehabilitation.

"GOVERNMENT ATTORNEY" means an attorney authorized to represent the Commonwealth or any political subdivision in any judicial proceeding within the scope of this act.

"INPATIENT SERVICES" includes all treatment and rehabilitation services for drug and alcohol abuse and dependence provided for a resident patient while the patient spends full time in a treatment institution including but not limited to a hospital, rehabilitative center or residential facility.

"MINOR" means any person under the age of eighteen years.

"OUTPATIENT SERVICES" means all treatment and rehabilitation services, including but not limited to medical, psychological, vocational and social rehabilitational services, for drug and alcohol abuse and dependence provided while the patient is not a resident of a treatment institution.

"PREVENTION, INTERVENTION AND TREATMENT" means all appropriate forms of educational programs and services (including but not limited to radio, television, films, books, pamphlets, lectures, adult education and school courses); planning, coordinating, statistical, research, training, evaluation, reporting, classification, and other administrative, scientific or technical programs or services; and screening, diagnosis, treatment (emergency medical services, inpatient services, intermediate care and outpatient services), vocational rehabilitation, job training and referral, and other rehabilitation programs or services.

"STATE PLAN" means the master State plan for the control, prevention, treatment, rehabilitation, research, education and training aspects of drug and alcohol abuse and dependence problems.

"WELFARE ASSISTANCE" means "assistance" as defined in section 402 of the Public Welfare Code and "State Blind Pension" as defined by section 502 of the Public Welfare Code.

§ 1690.103. Council established

(a) There is hereby established a Pennsylvania Advisory Council on Drug and Alcohol Abuse which shall be recognized as the advisory council to the Department of Health for drug and alcohol programs.

(b) The council shall be composed of the Secretary of Health, or his designee, who shall serve as chairman of the council, and eight other members who shall be appointed by the Governor in accordance with the following:

(1) Four members shall have substantial training or experience in the fields of drug or alcohol prevention, intervention, rehabilitation, treatment or enforcement.

(2) One member shall be an individual with a prior history of drug and alcohol dependency.

(3) One member shall have no connection with or experience in drug or alcohol prevention, intervention, rehabilitation, treatment or enforcement.

(4) Two members shall be from the public at large. To the extent possible, all

geographic areas of this Commonwealth shall be represented. Officers and employees of the Commonwealth may be appointed as members of the council. Each member of the council, who is not otherwise an officer or employee of the Commonwealth, when actually engaged in official meetings or otherwise in the performance of his official duties as directed by the chairman, shall receive reimbursement for expenses incurred and per diem compensation at a rate to be set by the Executive Board.

(c) A majority of the members shall constitute a quorum for the purpose of conducting the business of the council, and exercising all of its powers. A vote of the majority of the members present shall be sufficient for all actions of the council.

(d) The council shall have the power to prescribe, amend and repeal bylaws, procedures governing the manner in which the business of the body is conducted and the manner in which the powers granted to it are exercised.

(e) The Department of Health shall seek the written advice and consultation of the council in the following areas:

(1) The development and implementation of the State plan for the control, prevention, intervention, treatment, rehabilitation, research, education and training aspects of drug and alcohol abuse and dependency problems.

(2) The promulgation by the Department of Health of any regulations necessary to carry out the purposes of this act.

(3) The establishment of funding priorities for drug and alcohol programs.

(4) The allocation of funds for the control, prevention, intervention, treatment, rehabilitation, research or training aspects of drug and alcohol abuse and dependency problems.

(5) Policies pertaining to the collection and dissemination of data and statistics pertaining to drug and alcohol abuse and dependency.

(f) The initial terms of the eight appointed members of the council appointed hereafter shall be as follows:

(1) Three members for a term of three years.

(2) Three members for a term of two years.

(3) Two members for a term of one year.

(g) The terms of all members following initial appointment shall be for three years. No member shall serve more than two consecutive terms. A member appointed to replace a member who has resigned, died or become otherwise disqualified shall be appointed to fill the unexpired term.

(h) The council shall meet at least six times annually.

(i) The department shall submit to the council reports, on a quarterly basis, of activities of any task force or ad hoc committee designated by the Secretary of

Health to advise the department on drug and alcohol issues. A representative from each advisory task force and ad hoc committee may attend council meetings.

§ 1690.104. Department's powers and responsibilities

(a) The department shall develop and adopt a State plan for the control, prevention, intervention, treatment, rehabilitation, research, education, and training aspects of drug and alcohol abuse and dependence problems. The State plan shall include, but not be limited to, provision for:

(1) Coordination of the efforts of all State agencies in the control, prevention, intervention, treatment, rehabilitation, research, education, and training aspects of drug and alcohol abuse and dependence problems so as to avoid duplications and inconsistencies in the efforts of the agencies.

(2) Coordination of all health and rehabilitation efforts to deal with the problem of drug and alcohol abuse and dependence, including, but not limited to, those relating to vocational rehabilitation, manpower development and training, senior citizens, law enforcement assistance, parole and probation systems, jails and prisons, health research facilities, mental retardation facilities and community mental health centers, juvenile delinquency, health professions, educational assistance, hospital and medical facilities, social security, community health services, education professions development, higher education, Commonwealth employees health benefits, economic opportunity, comprehensive health planning, elementary and secondary education, highway safety and the civil service laws.

(3) Encouragement of the formation of local agencies and local coordinating councils, and promotion of cooperation, and coordination among such groups, and encouragement of communication of ideas and recommendations from such groups to the council.

(4) Development of model drug and alcohol abuse and dependence control plans for local government, utilizing the concepts incorporated in the State plan. The model plans shall be reviewed on a periodic basis but not less than once a year, and reviewed to keep them current. They shall specify how all types of community resources and existing Federal and Commonwealth legislation may be utilized.

(5) Assistance and consultation to local governments, public and private agencies, institutions, and organizations, and individuals with respect to the prevention and treatment of drug and alcohol abuse and dependence, including coordination of programs among them.

(6) Cooperation with organized medicine to disseminate medical guidelines for the use of drugs and controlled substances in medical practice.

(7) Coordination of research, scientific investigations, experiments, and studies relating to the cause, epidemiology, sociological aspects, toxicology, pharmacology, chemistry, effects on health, dangers to public health, prevention, diagnosis and treatment of drug and alcohol abuse and dependence.

(8) Investigation of methods for the more precise detection and determination of alcohol and controlled substances in urine and blood samples, and by other means, and publication on a current basis of uniform methodology for such detections and

determinations.

Any information obtained through scientific investigation or research conducted pursuant to this act shall be used in ways so that no name or identifying characteristics of any person shall be divulged without the approval of the department and the consent of the person concerned. Persons engaged in research pursuant to this section shall protect the privacy of individuals who are the subject of such research by withholding from all persons not connected with the conduct of such research the names or other identifying characteristics of such individuals. Persons engaged in such research shall protect the privacy of such individuals and may not be compelled in any State, civil, criminal, administrative, legislative, or other proceeding to identify such individuals.

(9) Establishment of training programs for professional and nonprofessional personnel with respect to drug and alcohol abuse and dependence, including the encouragement of such programs by local governments.

(10) Development of a model curriculum, including the provision of relevant data and other information, for utilization by elementary and secondary schools for instructing children, and for parent-teachers' associations, adult education centers, private citizen groups, or other State and local sources, for instruction of parents and other adults, about drug and alcohol abuse and dependence.

(11) Preparation of a broad variety of educational, prevention and intervention material for use in all media, to reach all segments of the population, that can be utilized by public and private agencies, institutions, and organizations in educational programs with respect to drug and alcohol abuse and dependence.

(12) Establishment of educational courses, including the provision of relevant data and other information, on the causes and effects of, and treatment for, drug and alcohol abuse and dependence, for law enforcement officials (including prosecuting attorneys, court personnel, the judiciary, probation and parole officers, correctional officers and other law enforcement personnel), welfare, vocational rehabilitation, and other State and local officials who come in contact with drug abuse and dependence problems.

(13) Recruitment, training, organization and employment of professional and other persons, including former drug and alcohol abusers and dependent persons, to organize and participate in programs of public education.

(14) Treatment and rehabilitation services for male and female juveniles and adults who are charged with, convicted of, or serving a criminal sentence for any criminal offense under the law of this Commonwealth. Provision of similar services shall be made for juveniles adjudged to be delinquent, dependent or neglected. These services shall include but are not limited to: (i) emergency medical services; (ii) inpatient services; and (iii) intermediate care, rehabilitative and outpatient services.

The State plan shall give priority to developing community based drug or alcohol abuse treatment services in a cooperative manner among State or local governmental agencies and departments and public and private agencies, institutions and organizations. Consideration shall be given to supportive medical care, services, or residential facilities for drug or alcohol dependent persons for whom treatment

has repeatedly failed and for whom recovery is unlikely.

The department shall develop as part of the State plan and require the establishment of a system of emergency medical services for persons voluntarily seeking treatment, for persons admitted and committed pursuant to the provisions of section 5 of this act, and for persons charged with a crime under Pennsylvania law. Upon the establishment of such emergency medical services, the department, by regulation, shall require that appropriate emergency medical services be made available to all drug and alcohol abusers who are arrested for a crime under Pennsylvania law.

The State plan shall further provide standards for the approval by the relevant State agency for all private and public treatment and rehabilitative facilities, which may include but are not limited to State hospitals and institutions, public and private general hospitals, community mental health centers or their contracting agencies, and public and private drug or alcohol dependence and drug and alcohol abuse and dependence treatment and rehabilitation centers.

(15) Grants and contracts from the appropriate State department or agency for the prevention, intervention and treatment of drug and alcohol dependence. The grants and contracts may include assistance to local governments and public and private agencies, institutions, and organizations for prevention, intervention, treatment, rehabilitation, research, education and training aspects of the drug and alcohol abuse and dependence problems with the Commonwealth. Any grant made or contract entered into by a department or agency shall be pursuant to the functions allocated to that department or agency by the State plan.

(16) Preparation of general regulations for, and operation of, programs supported with assistance under this act.

(17) Establishment of priorities for deciding allocation of the funds under this act.

(18) Review the administration and operation of programs under this act, including the effectiveness of such programs in meeting the purposes for which they are established and operated, and make annual reports of its findings.

(19) Evaluate the programs and projects carried out under this act and disseminate the results of such evaluations.

(20) Establish such advisory committees as the department may deem necessary to assist the department in fulfilling its responsibilities under this act.

(b) In developing the State plan initially, and prior to its amendment annually, the department shall hold a public hearing at least thirty days prior to the adoption of the initial State plan and subsequent amendments and shall afford thereby all interested persons an opportunity to present their views thereon either orally or in writing. The department, through its staff, shall consult and collaborate with appropriate Federal and State and local departments, boards, agencies and governmental units, and with appropriate public and private agencies, institutions, groups and organizations. Otherwise the promulgation of the State plan shall conform to the procedure contained in the Commonwealth Documents Law.

(c) The department in accordance with the State plan shall allocate the

responsibility for all services, programs and other efforts provided for therein among the appropriate departments, agencies and other State personnel. The department, through its employes, shall have the power and its duty shall be to implement compliance with the provisions of the State plan and to coordinate all such efforts.

(d) Deleted by amendment. 1985, Dec. 20, P.L. 529, No. 119, § 4, effective Jan. 1, 1986.

(e) The department shall gather and publish statistics pertaining to drug and alcohol abuse and dependence and promulgate regulations, specifying uniform statistics to be obtained, records to be maintained and reports to be submitted, by public and private departments, agencies, organizations, practitioners, and other persons with respect to drug and alcohol abuse and dependence, and related problems. Such statistics and reports shall not reveal the identity of any patient or drug or alcohol dependent person or other confidential information.

(f) The department shall establish an information center, which will attempt to gather and contain all available published and unpublished data and information on the problems of drug and alcohol abuse and dependence. All Commonwealth departments and agencies shall send to the department any data and information pertinent to the cause, prevention, diagnosis and treatment of drug and alcohol abuse and dependence, and the toxicology, pharmacology, effects on the health of drug and alcohol abusers and danger to the public health of alcohol, drugs and controlled substances, and the department shall make such data and information widely available.

(g) To facilitate the effectuation of the purposes of this act, the department shall require all appropriate local and State departments, agencies, institutions and others engaged in implementing the State plan to submit as often as necessary, but no less often than annually, reports detailing the activities and effects of the efforts of the aforementioned and recommending appropriate amendments to the State plan. The department may direct a performance audit of any activity engaged in pursuant to the State plan.

(h) The department shall submit an annual report to the General Assembly which shall specify the actions taken and services provided and funds expended under each provision of this act and an evaluation of their effectiveness, and which shall contain the current State plan. The department shall submit such additional reports as may be requested by the General Assembly and such recommendations as will further the prevention, treatment, and control of drug and alcohol abuse and dependence.

(i) The department shall make provision for facilities in each city or region or catchment area which shall provide information about the total Commonwealth drug and alcohol abuse and drug and alcohol dependency programs and services.

(j) The department shall have the power to promulgate the rules and regulations necessary to carry out the provisions of this act.

§ 1690.105. Admissions and commitments

Except as provided in section 12.1 of this act, admissions and commitments to treatment facilities may be made according to the procedural admission and

commitment provisions of the act of July 9, 1976 (P.L. 817, No. 143), known as the "Mental Health Procedures Act."

§ 1690.106. Drug or alcohol abuse services in correctional institutions, juvenile detention facilities and on probation and parole

(a) The services established by this act shall be used by the Department of Corrections and the Department of Public Welfare for drug and alcohol abusers or drug and alcohol dependent offenders, including juveniles, placed on work release, probation, parole, or other conditional release. The department shall coordinate the development of and encourage State and appropriate local agencies and departments including the Department of Corrections and Board of Probation and Parole, pursuant to the State plan, to establish community based drug and alcohol abuse treatment services and of drug and alcohol abuse treatment services in State and county correctional institutions.

Medical detoxification and treatment shall be provided for persons physically dependent upon alcohol or controlled substances at correctional institutions and juvenile detention facilities or in available appropriate medical facilities.

(b) The conditional release of any drug or alcohol abuser or drug or alcohol dependent person convicted of any Commonwealth offense may be conditioned on the person's agreement to periodic urinalysis or other reasonable means of detecting controlled substances or alcohol within the body.

(c) The Department of Corrections and Board of Probation and Parole and appropriate local agencies may transfer an offender placed on conditional release from one treatment service to another depending upon his response to treatment. The decision whether to retain or to restrict or to revoke probation or parole or other conditional release after failure to conform to a schedule for rehabilitation shall be made on the basis of what is most consistent with both the rehabilitation of the individual and the safety of the community. All reasonable methods of treatment shall be used to prevent relapses and to promote rehabilitation. The department shall provide periodic reports and recommendations to the Department of Corrections and Board of Probation and Parole and appropriate local agencies on persons being treated pursuant to this section.

§ 1690.107. Retention of civil rights and liberties

A person receiving care or treatment under the provisions of this act shall retain all of his civil rights and liberties except as provided by law.

§ 1690.108. Confidentiality of records

(a) A complete medical, social, occupational, and family history shall be obtained as part of the diagnosis, classification and treatment of a patient pursuant to this act. Copies of all pertinent records from other agencies, practitioners, institutions, and medical facilities shall be obtained in order to develop a complete and permanent confidential personal history for purposes of the patient's treatment.

(b) All patient records (including all records relating to any commitment proceeding) prepared or obtained pursuant to this act, and all information contained therein, shall remain confidential, and may be disclosed only with the patient's

consent and only (i) to medical personnel exclusively for purposes of diagnosis and treatment of the patient or (ii) to government or other officials exclusively for the purpose of obtaining benefits due the patient as a result of his drug or alcohol abuse or drug or alcohol dependence except that in emergency medical situations where the patient's life is in immediate jeopardy, patient records may be released without the patient's consent to proper medical authorities solely for the purpose of providing medical treatment to the patient. Disclosure may be made for purposes unrelated to such treatment or benefits only upon an order of a court of common pleas after application showing good cause therefor. In determining whether there is good cause for disclosure, the court shall weigh the need for the information sought to be disclosed against the possible harm of disclosure to the person to whom such information pertains, the physician-patient relationship, and to the treatment services, and may condition disclosure of the information upon any appropriate safeguards. No such records or information may be used to initiate or substantiate criminal charges against a patient under any circumstances.

(c) All patient records and all information contained therein relating to drug or alcohol abuse or drug or alcohol dependence prepared or obtained by a private practitioner, hospital, clinic, drug rehabilitation or drug treatment center shall remain confidential and may be disclosed only with the patient's consent and only (i) to medical personnel exclusively for purposes of diagnosis and treatment of the patient or (ii) to government or other officials exclusively for the purpose of obtaining benefits due the patient as a result of his drug or alcohol abuse or drug or alcohol dependence except that in emergency medical situations where the patient's life is in immediate jeopardy, patient records may be released without the patient's consent to proper medical authorities solely for the purpose of providing medical treatment to the patient.

§ 1690.109. Welfare

(a) Drug and alcohol abuse and dependence shall, for the purpose of all State welfare programs be regarded as a major health and economic problem.

(b) State agencies charged with administering such welfare programs shall take action to reduce the incidence of financial indigency and family disintegration caused by drug and alcohol abuse and dependence, and treatment and rehabilitation services shall be provided for those persons enrolled in welfare programs whose financial eligibility for such assistance results, in part or in whole, from drug and alcohol dependence.

(c) Persons otherwise eligible for such welfare assistance shall not be ineligible for such assistance because of drug and alcohol abuse and dependence unless they refuse to accept available treatment and rehabilitation services. Any person whose financial eligibility for such assistance results in whole or in part, from drug and alcohol abuse or dependence shall be provided appropriate treatment and rehabilitation services. Upon receipt of substantial evidence of such alcohol or drug dependency or abuse, the Department of Public Welfare shall refer said welfare recipient to the mental health-mental retardation program of the recipient's catchment area or to any other approved treatment program, which shall provide an appropriate examination. Treatment and rehabilitation services will be deemed to be necessary and will be considered to be available upon a certification by the administrator of the community mental health-mental retardation program for the catchment area in which the recipient resides that: (i) the recipient's financial

eligibility for such assistance results in whole or in part from drug or alcohol abuse or dependence, (ii) the services will more likely than not be appropriate for the recipient, and (iii) the services can accommodate the recipient. After such certification, participation by the recipient in the available program shall be a requirement for continuing eligibility for such assistance, in the absence of good cause for nonparticipation.

(d) Any recipient of welfare assistance whose inability to work or to participate in a work training program is the result of drug and alcohol abuse or dependence shall be excused from such participation only on condition that he accept appropriate treatment and rehabilitation services made available to him and continue to participate until discharged by the director in charge of his program. Withdrawal from such program prior to proper discharge shall constitute reason to discontinue welfare assistance.

§ 1690.110. General

Drug and alcohol abuse or dependence shall be regarded as a health problem, sickness, physical and mental illness, disease, disability, or similar term, for purposes of all legislation relating to health, welfare, and rehabilitation programs, services, funds and other benefits.

§ 1690.111. Admission to private and public hospitals

Drug and alcohol abusers and drug and alcohol dependent persons shall be admitted to and treated in appropriate facilities of private and public hospitals on the basis of medical need and shall not be discriminated against because of their drug or alcohol abuse or dependence.

§ 1690.112. Consent of minor

Notwithstanding any other provisions of law, a minor who suffers from the use of a controlled or harmful substance may give consent to furnishing of medical care or counseling related to diagnosis or treatment. The consent of the parents or legal guardian of the minor shall not be necessary to authorize medical care or counseling related to such diagnosis or treatment. The consent of the minor shall be valid and binding as if the minor had achieved his majority. Such consent shall not be voidable nor subject to later disaffirmance because of minority. Any physician or any agency or organization operating a drug abuse program, who provides counseling to a minor who uses any controlled or harmful substance may, but shall not be obligated to inform the parents or legal guardian of any such minor as to the treatment given or needed.

§ 1690.112a. Commitment of Minors

(a) A parent or legal guardian who has legal or physical custody of a minor may petition the court of common pleas of the judicial district where the minor is domiciled for commitment of the minor to involuntary drug and alcohol treatment services, including inpatient services, if the minor is incapable of accepting or unwilling to accept voluntary treatment. The petition shall set forth sufficient facts and good reason for the commitment. Such matters shall be heard by the division or a judge of the court assigned to conduct proceedings under 42 Pa.C.S. Ch. 63

(relating to juvenile matters), involving children who have been alleged to be dependent or delinquent.

(b) Upon petition pursuant to subsection (a), the court:

(1) Shall appoint counsel for the minor.

(2) Shall order a minor who is alleged to have a dependency on drugs or alcohol to undergo a drug and alcohol assessment performed by a psychiatrist, a licensed psychologist with specific training in drug and alcohol assessment and treatment or a certified addiction counselor. Such assessment shall include a recommended level of care and length of treatment. Assessments completed by certified addiction counselors shall be based on the Department of Health approved drug and alcohol level of care criteria and shall be reviewed by a case management supervisor in a single county authority.

The court shall hear the testimony of the persons performing the assessment under this subsection at the hearing on the petition for involuntary commitment.

(c) Based on the assessment defined in subsection (b), the court may order the minor committed to involuntary drug and alcohol treatment, including inpatient services, for up to forty-five days if all of the following apply:

(1) The court finds by clear and convincing evidence that:

(i) the minor is a drug-dependent person; and (ii) the minor is incapable of accepting or unwilling to accept voluntary treatment services.

(2) The court finds that the minor will benefit from involuntary treatment services.

(3) Where the court decision is inconsistent with the level of care and length of treatment recommended by the assessment, the court shall set forth in its order a statement of facts and reasons for its disposition.

(d) A minor ordered to undergo treatment due to a determination pursuant to subsection (c) shall remain under the treatment designated by the court for a period of forty-five days unless sooner discharged. Prior to the end of the forty-five-day period, the court shall conduct a review hearing in accordance with subsection (c) for the purpose of determining whether further treatment is necessary. If the court determines that further treatment is needed, the court may order the minor recommitted to services for an additional period of treatment not to exceed forty-five days unless sooner discharged. The court may continue the minor in treatment for successive forty-five-day periods pursuant to determinations that the minor will benefit from services for an additional forty-five days.

§ 1690.113. Financial obligations

(a) Except for minors, all persons receiving treatment under this act shall be subject to the provisions of Article V of the act of October 20, 1966 (P.L.96), known as the "Mental Health and Mental Retardation Act of 1966," in so far as it

relates to liabilities and payments for services rendered by the Commonwealth.

(b) In the case of proceedings under section 12.1 of this act, unless the court finds that the parent or legal guardian is without financial resources, the parent or legal guardian shall be obligated for all of the following:

- (1) Court costs.
- (2) Counsel fees for the minor.
- (3) The cost of assessment and treatment services.

§ 1690.114. Savings provision

The provisions of this act shall not affect any act done, liability incurred, or right accrued or vested, or affect any suit or prosecution pending to enforce any right or penalty or punish any offense under the authority of any act of Assembly, or part thereof, repealed by this act.

§ 1690.115. Repeals

(a) The following acts and parts of acts are repealed to the extent indicated:

(1) Clause (4) of subsection (a) of section 616, act of April 29, 1959, P.L. 58, [75 P.S. § 616(a)(4)], known as "The Vehicle Code," absolutely.

(2) Except sections 1 and 4, the act of August 20, 1953 (P.L. 1212), entitled * * * [sections 2102, 2103, 2105 to 2113 of this title], absolutely.

(3) The act of January 14, 1952 (P.L. 1868), entitled * * * [sections 2061 to 2069 of this title], absolutely.

(b) All other acts and parts of acts, general, local and special, are repealed in so far as they are inconsistent herewith.