

COMMITTEE REPORT

MR. PRESIDENT:

The Senate Committee on Health and Environmental Affairs, to which was referred Senate Bill No. 364, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be **AMENDED** as follows:

- 1 Page 1, delete lines 1 through 14.
- 2 Delete pages 2 through 6.
- 3 Page 7, delete lines 1 through 30.
- 4 Page 8, line 4, delete "care is" and insert "**coverage for a**
- 5 **particular service or treatment has been**".
- 6 Page 8, line 5, after "that the" insert "**level of**".
- 7 Page 8, line 5, delete "received by the enrollee" and insert
- 8 "**authorized by the enrollee's managed care plan**".
- 9 Page 8, line 11, delete "means an amount, or a percentage of the"
- 10 and insert "**has the meaning set forth in IC 27-13-1-8**".
- 11 Page 8, delete lines 12 through 13.
- 12 Page 8, line 22, delete "the sudden onset of" and insert "**a medical**
- 13 **condition that arises suddenly and unexpectedly and manifests**
- 14 **itself by acute**".
- 15 Page 8, line 23, delete "sufficient".
- 16 Page 8, line 33, after "process" insert "**under IC 27-8-17 or**
- 17 **IC 27-13-10**".
- 18 Page 8, line 34, delete "less" and insert "**not more than**".

- 1 Page 8, line 35, delete "treatment that, while" and insert **"new**
 2 **medical technology or a new application of existing medical**
 3 **technology, including medical procedures, drugs, and devices for**
 4 **treatment of an illness or injury."**
- 5 Page 8, delete lines 36 through 39.
- 6 Page 8, line 40, delete "written".
- 7 Page 9, delete lines 3 through 15.
- 8 Page 9, line 16, delete "14. (a)" and insert **"13"**.
- 9 Page 9, line 16, delete "means" and insert **"has the meaning set**
 10 **forth in IC 27-13-1-18."**
- 11 Page 9, delete lines 17 through 30.
- 12 Page 9, line 31, delete "15" and insert **"14"**.
- 13 Page 9, line 31, delete "means a person" and insert **"has the**
 14 **meaning set forth in IC 27-13-1-19."**
- 15 Page 9, delete lines 32 through 34.
- 16 Page 9, line 35, delete "16" and insert **"15"**.
- 17 Page 10, line 3, delete "17" and insert **"16"**.
- 18 Page 10, line 5, delete "18" and insert **"17"**.
- 19 Page 10, delete lines 6 through 7, begin a new line block indented
 20 and insert:
- 21 **"(1) a provider sponsored organization (as defined in 42**
 22 **U.S.C. 1395w-25d); or"**.
- 23 Page 10, line 8, delete "(3)" and insert **"(2)"**.
- 24 Page 10, line 8, delete "or limited service" and insert **"(as defined**
 25 **in IC 27-13-1-19);"**.
- 26 Page 10, delete lines 9 through 12.
- 27 Page 10, line 14, before "provides" delete "health care".
- 28 Page 10, line 16, delete "19" and insert **"18"**.
- 29 Page 10, line 17, after "that" insert **"does the following:"**.
- 30 Page 10, line 17, delete "provides" begin a new line block indented
 31 and insert:
- 32 **"(1) Provides"**.
- 33 Page 10, line 18, delete "The term".
- 34 Page 10, delete lines 19 through 21, begin a new line block
 35 indented and insert:
- 36 **"(2) Requires an enrollee to receive a referral to obtain**
 37 **health care services other than primary care.**
- 38 **(3) Requires an enrollee to select a primary care provider."**

- 1 Page 10, line 22, delete "20" and insert "**19**".
- 2 Page 10, line 24, delete "health care".
- 3 Page 10, line 32, delete "21" and insert "**20**".
- 4 Page 10, line 32, delete "health care".
- 5 Page 10, line 40, delete "22" and insert "**21**".
- 6 Page 10, line 40, delete "includes the following:" and insert "**has**
- 7 **the meaning set forth in IC 27-13-1-25.**".
- 8 Page 10, delete lines 41 through 42.
- 9 Page 11, delete lines 1 through 4.
- 10 Page 11, line 5, delete "23" and insert "**22**".
- 11 Page 11, line 5, delete "means a product that covers" and insert
- 12 **"has the meaning set forth in IC 27-13-1-26.**".
- 13 Page 11, delete lines 6 through 8.
- 14 Page 11, line 9, delete "24" and insert "**23**".
- 15 Page 11, line 9, delete "health care".
- 16 Page 11, between lines 12 and 13, begin a new paragraph and
- 17 insert:
- 18 **"Sec. 24. "Provider" has the meaning set forth in**
- 19 **IC 27-13-1-28.**".
- 20 Page 11, line 25, after "IC 25-22.5" insert "**or an equivalent**
- 21 **license issued by another state**".
- 22 Page 11, line 26, after "for" insert "**oversight of**".
- 23 Page 11, between lines 28 and 29, begin a new paragraph and
- 24 insert:
- 25 **"(c) A managed care entity shall employ at least one (1)**
- 26 **individual who holds an unlimited license to practice medicine**
- 27 **under IC 25-22.5 to:**
- 28 **(1) develop treatment policies, protocols, and quality**
- 29 **assurance activities; and**
- 30 **(2) make utilization management decisions;**
- 31 **of a managed care plan operated by the managed care entity.**".
- 32 Page 11, line 33, delete "meaningful".
- 33 Page 11, line 41, delete "and".
- 34 Page 11, line 42, after ";" insert "**and**".
- 35 Page 11, after line 42, begin a new line double block indented and
- 36 insert:
- 37 **"(D) pharmacy services, if the managed care entity**
- 38 **offers pharmacy services;**".

- 1 Page 12, line 1, delete "distance or travel time" and insert
2 **"proximity"**.
- 3 Page 12, line 3, delete ":".
- 4 Page 12, line 4, delete "(A)".
- 5 Page 12, line 5, after "," delete "and".
- 6 Page 12, line 5, delete ";" and insert ",".
- 7 Page 12, line 5, after "and" insert **"mental and behavioral care
8 services."**.
- 9 Page 12, run in lines 3 through 5.
- 10 Page 12, delete lines 6 through 7.
- 11 Page 12, line 13, delete "Obstetrics or gynecology" and insert **"As
12 a woman's health care provider, in compliance with IC 27-8-24.7"**.
- 13 Page 12, line 15, after "5." insert **"(a)"**.
- 14 Page 12, line 15, after "When" insert **"an enrollee's primary care
15 provider determines that"**.
- 16 Page 12, line 17, delete "an enrollee is entitled to access" and
17 insert **"the primary care provider shall refer the enrollee"**.
- 18 Page 12, line 18, delete "a health care" and insert **"an
19 appropriate"**.
- 20 Page 12, line 18, delete "who" and insert **"that"**.
- 21 Page 12, line 19, after "network" insert **"for treatment that is not
22 available within the managed care plan's network"**.
- 23 Page 12, between lines 19 and 20, begin a new paragraph and
24 insert:
- 25 **"(b) A managed care plan shall pay a medical specialist who
26 provides health care services as described in subsection (a) the
27 usual, customary, and reasonable charge in the managed care
28 plan's service area for the health care services provided by the
29 medical specialist for the treatment.**
- 30 **(c) A contract between a managed care plan and a primary
31 care provider may not provide for a financial or other penalty to
32 a primary care provider for making a referral permitted under
33 subsection (a)."**
- 34 Page 12, line 20, after "6." insert **"(a)"**.
- 35 Page 12, line 20, delete "allow an enrollee, at no" and insert
36 **"include provisions in the managed care plan's contracts with
37 providers to provide for continuation of care in the event that a
38 provider's contract with the managed care plan is terminated,**

1 **provided that the termination is not due to a quality of care issue."**

2 Page 12, delete lines 21 through 24, begin a new paragraph and
3 insert:

4 **"(b) The contract provisions under subsection (a) shall require**
5 **that the provider, upon the request of the managed care plan and**
6 **the enrollee, continue to treat the enrollee for up to sixty (60) days**
7 **following the termination of the provider's contract with the**
8 **managed care plan. If the provider is a hospital, the contract shall**
9 **provide for continuation of treatment until the earlier of the**
10 **following:**

11 (1) **Sixty (60) days following the termination of the provider's**
12 **contract with the managed care plan.**

13 (2) **The enrollee is released from inpatient status at the**
14 **hospital.**

15 (c) **During a continuation period under this section, the**
16 **provider:**

17 (1) **shall agree to continue accepting the contract rate,**
18 **together with applicable deductibles and copayments, as**
19 **payment in full; and**

20 (2) **is prohibited from billing the enrollee for any amounts in**
21 **excess of the enrollee's applicable deductible or copayment."**

22 Page 12, line 27, delete "and evening".

23 Page 13, line 7, delete "health care".

24 Page 13, line 8, delete "health care".

25 Page 13, line 31, delete "health care".

26 Page 13, line 37, delete "management" and insert "**alleviation**".

27 Page 13, delete lines 38 through 41.

28 Page 13, line 42, delete "(a)".

29 Page 14, line 2, after "," insert "**including enrollees from major**
30 **population groups who speak a primary language other than**
31 **English,**".

32 Page 14, delete lines 4 through 7.

33 Page 14, line 11, delete "hold harmless enrollees" and insert
34 **"require that a participating provider hold enrollees harmless for**
35 **covered health services, except for applicable deductibles and**
36 **copayments, as provided in IC 27-13-15-1(4)."**

37 Page 14, delete lines 12 through 13.

38 Page 14, line 22, after "participating" insert "**primary care**".

- 1 Page 14, line 29, delete "A" and insert "**To the greatest extent**
2 **possible, a**".
- 3 Page 14, line 30, delete "that is adequate".
- 4 Page 14, line 35, delete "enrollees" and insert "**an enrollee**".
- 5 Page 14, line 35, delete "as the enrollee's" and insert "**to treat the**
6 **enrollee's medical condition**".
- 7 Page 14, line 36, delete "primary care provider".
- 8 Page 14, line 36, after "when" insert "**the enrollee's primary care**
9 **provider determines that the**".
- 10 Page 14, line 37, delete "conditions" and insert "**condition**".
- 11 Page 14, delete lines 38 through 40, begin a new paragraph and
12 insert:
- 13 "**(b) A primary care provider who makes the required**
14 **determination under subsection (a) shall refer the enrollee to a**
15 **medical specialist whom the primary care provider determines is**
16 **appropriate.**
- 17 **(c) A managed care plan shall provide coverage under this**
18 **section for treatment received by an enrollee from a medical**
19 **specialist when the enrollee is referred to the medical specialist as**
20 **provided in this section for as long as the treatment is appropriate**
21 **for the medical condition.**".
- 22 Page 15, line 6, delete "plan" and insert "**entity**".
- 23 Page 15, line 6, after "offer" insert "**to each purchaser of a**
24 **managed care plan**".
- 25 Page 15, line 7, delete "plan" and insert "**product**".
- 26 Page 15, line 8, delete "The point-of-service plan may require that
27 an enrollee in the" and insert "**A managed care entity is liable to pay**
28 **a provider that provides health care services to an enrollee of the**
29 **managed care entity under a point-of-service product the same**
30 **amount that the managed care entity would pay to a participating**
31 **provider that provides the same health care services.**".
- 32 Page 15, delete lines 9 through 10, begin a new paragraph and
33 insert:
- 34 "**(c) A provider that provides health care services to an**
35 **enrollee of a managed care entity under a point-of-service product**
36 **may charge the enrollee for an amount equal to the remainder of:**
37 **(1) the provider's charges for the health care services; minus**
38 **(2) the amount paid by the enrollee's managed care plan**

- 1 **under subsection (b)."**
- 2 Page 15, line 12, after "second" insert "**medical**".
- 3 Page 15, line 16, delete "An employment contract or a" and insert
- 4 "**A**".
- 5 Page 15, line 16, delete "for services".
- 6 Page 15, line 17, delete "the" and insert "**health care services**".
- 7 Page 15, line 18, delete "managed care plan".
- 8 Page 15, line 21, delete "to an enrollee of the managed care plan".
- 9 Page 15, line 26, delete "treatment options".
- 10 Page 15, line 33, before "contract" insert "**policy or**".
- 11 Page 15, line 38, delete "health care".
- 12 Page 15, line 40, delete "health care".
- 13 Page 16, line 6, delete "a" and insert "**the**".
- 14 Page 16, line 6, after "from" insert "**the subscriber or**".
- 15 Page 16, line 12, after "against" insert "**a subscriber or**".
- 16 Page 16, line 13, delete "entity" and insert "**plan**".
- 17 Page 16, line 18, after "1." insert "**(a)**".
- 18 Page 16, between lines 24 and 25, begin a new paragraph and
- 19 insert:
- 20 "**(b) This section does not do any of the following:**
- 21 **(1) Require coverage for any drug when the federal Food**
- 22 **and Drug Administration has determined the drug's use to**
- 23 **be contraindicated.**
- 24 **(2) Require coverage for an experimental drug not approved**
- 25 **for any indication by the federal Food and Drug**
- 26 **Administration.**
- 27 **(3) Alter any other law limiting the coverage of drugs that**
- 28 **have not been approved by the federal Food and Drug**
- 29 **Administration.**
- 30 **(c) A managed care plan may not:**
- 31 **(1) void a contract; or**
- 32 **(2) refuse to renew a contract;**
- 33 **between the managed care plan and a participating provider**
- 34 **because the participating provider determines that a drug or**
- 35 **device is medically necessary and appropriate for an enrollee's**
- 36 **condition, as provided in subsection (a)."**
- 37 Page 17, line 10, after "drugs" insert "**(as provided in**
- 38 **IC 16-42-22)**".

1 Page 17, between lines 13 and 14, begin a new paragraph and
2 insert:

3 **"Sec. 1. (a) A managed care plan shall develop and implement**
4 **a procedure to evaluate whether to provide coverage for new**
5 **medical technologies and new applications of existing medical**
6 **technologies, including medical procedures, drugs, and devices.**

7 (b) A managed care plan shall maintain the procedure
8 required under subsection (a) in writing. The written procedure
9 shall describe the process used to determine whether the managed
10 care plan will provide coverage for new medical technologies and
11 new uses of existing medical technologies.

12 (c) The procedure required under this section shall include a
13 review of information from appropriate governmental regulatory
14 bodies and published scientific literature about new medical
15 technologies and new uses of existing medical technologies.

16 (d) A managed care plan shall include appropriate
17 professionals in the decision making process to determine whether
18 new medical technologies and new uses of existing medical
19 technologies qualify for coverage."

20 Page 17, line 14, delete "1" and insert "2".

21 Page 17, line 15, delete ":" and insert "**clearly state the**
22 **limitations in any contract, policy, agreement, or certificate of**
23 **coverage.**".

24 Page 17, delete lines 16 through 18.

25 Page 17, line 24, after "experimental" insert "**, as provided in**
26 **section 1 of this chapter**".

27 Page 17, delete lines 25 through 38, begin a new paragraph and
28 insert:

29 **"Sec. 3. (a) If a managed care plan denies coverage for a**
30 **treatment, procedure, drug, or device on the grounds that the**
31 **treatment, procedure, drug, or device is experimental, the managed**
32 **care plan shall provide the enrollee with a letter in writing that**
33 **includes an explanation of:**

34 (1) the basis for the denial; and

35 (2) the enrollee's right to appeal the managed care plan's
36 decision as provided in IC 27-8-17-12, IC 27-8-16-8, and
37 IC 27-13-10.

38 (b) An enrollee is entitled to an expedited review if the

- 1 **enrollee's health situation is life threatening or is an emergency."**
- 2 Page 17, line 41, after "enrollees" insert "**and subscribers**".
- 3 Page 18, between lines 1 and 2, begin a new paragraph and insert:
- 4 "**Sec. 2. The commissioner may examine the grievance**
- 5 **procedures of a managed care plan.**".
- 6 Page 18, line 2, delete "2" and insert "3".
- 7 Page 18, line 7, delete "3" and insert "4".
- 8 Page 18, line 8, delete "in writing".
- 9 Page 18, line 8, after "enrollee" insert "**or subscriber**".
- 10 Page 18, delete lines 10 through 15.
- 11 Page 18, line 16, delete "(c)" and insert "**(b)**".
- 12 Page 18, line 17, after "enrollees" insert "**and subscribers**".
- 13 Page 18, line 17, delete "where" and insert "**at which**".
- 14 Page 18, line 19, delete "(d)" and insert "**(c)**".
- 15 Page 18, line 19, after "enrollee's" insert "**or subscriber's**".
- 16 Page 18, delete lines 23 through 33.
- 17 Page 18, line 34, after "enrollee" insert "**or a subscriber**".
- 18 Page 18, line 35, after "enrollees" insert "**and subscribers**".
- 19 Page 18, line 42, delete "all" and insert "**the**".
- 20 Page 18, line 42, delete "spoken by" and insert "**of**".
- 21 Page 19, line 3, delete "by the managed care plan".
- 22 Page 19, line 6, after "enrollees" insert "**and subscribers**".
- 23 Page 19, line 7, after "enrollee" insert "**or a subscriber**".
- 24 Page 19, line 8, after "enrollee" insert "**or subscriber**".
- 25 Page 19, line 9, delete "procedure".
- 26 Page 19, line 14, after "grievance," insert "**orally or**".
- 27 Page 19, line 15, after "enrollee" insert "**or subscriber**".
- 28 Page 19, line 20, after "enrollee" insert "**or subscriber**".
- 29 Page 19, line 23, after "enrollees" insert "**and subscribers**".
- 30 Page 19, line 24, delete "grievance" and insert "**complaint**".
- 31 Page 19, line 27, delete "grievance" and insert "**complaint**".
- 32 Page 19, line 34, after "enrollee" insert "**or subscriber**".
- 33 Page 19, line 38, after "enrollee" insert "**or subscriber**".
- 34 Page 20, line 3, after "enrollee's" insert "**or subscriber's**".
- 35 Page 20, line 5, delete "of".
- 36 Page 20, line 6, delete "the managed care plan".
- 37 Page 20, delete lines 8 through 21.
- 38 Page 20, line 33, after "enrollees" insert "**or subscribers**".

- 1 Page 20, line 34, after "enrollee" insert "**or subscriber**".
- 2 Page 20, line 37, after "enrollees" insert "**or subscribers**".
- 3 Page 21, line 5, delete "entity" and insert "**plan**".
- 4 Page 21, line 16, delete "participating".
- 5 Page 21, line 22, delete "thirty (30)" and insert "**forty-five (45)**".
- 6 Page 21, line 24, after "enrollee" insert "**or a subscriber**".
- 7 Page 21, line 26, after "enrollee" insert "**or subscriber**".
- 8 Page 21, line 28, after "enrollee" insert "**or subscriber**".
- 9 Page 21, line 35, after "enrollee's" insert "**or subscriber's**".
- 10 Page 21, line 38, delete "of".
- 11 Page 21, line 39, delete "the managed care plan".
- 12 Page 22, line 1, after "enrollee" insert "**or a subscriber**".
- 13 Page 22, line 3, delete "commissioner" and insert "**department**".
- 14 Page 22, line 25, delete "commissioner shall" and insert
- 15 "**department may**".
- 16 Page 23, line 42, delete "Each" and insert "A".
- 17 Page 24, line 10, after "body," insert "**participating**".
- 18 Page 24, line 21, delete "individual".
- 19 Page 24, line 37, delete "Before March 2" and insert "**Not later**
- 20 **than March 1 of**".
- 21 Page 25, line 17, after "enrollees" insert "**or subscribers**".
- 22 Page 25, line 25, delete "before March 2" and insert "**not later**
- 23 **than March 1**".
- 24 Page 25, line 27, delete "on or before" and insert "**not later than**".
- 25 Page 26, line 5, delete "Any" and insert "**Notwithstanding**
- 26 **IC 27-13-30, any**".
- 27 Page 26, line 7, delete "plan" and insert "**entity**".
- 28 Page 26, line 11, delete "plan" and insert "**entity**".
- 29 Page 26, line 21, delete "plan" and insert "**entity**".
- 30 Page 26, line 23, delete "plan" and insert "**entity**".
- 31 Page 26, line 26, delete "plan" and insert "**entity**".
- 32 Page 26, between lines 26 and 27, begin a new paragraph and
- 33 insert:
- 34 "**Sec. 3. (a) As used in this section, "in good faith and without**
- 35 **malice", when used to describe an action taken or a decision or**
- 36 **recommendation made, means that:**
- 37 (1) **a reasonable effort has been taken to obtain the facts of**
- 38 **the matter;**

- 1 **(2) a reasonable belief exists that the action, decision, or**
- 2 **recommendation is warranted by the facts known; and**
- 3 **(3) if the action is described in IC 34-4-12.6-2(g), the action**
- 4 **is made in compliance with IC 34-4-12.6-2(g).**
- 5 **(b) As used in this section, "health care review committee"**
- 6 **means a peer review committee under IC 34-4-12.6-1(c).**
- 7 **(c) In all actions to which this section applies, good faith shall**
- 8 **be presumed and malice shall be required to be proven by the**
- 9 **person aggrieved.**
- 10 **(d) A person who, in good faith and without malice:**
 - 11 **(1) takes an action or makes a decision or recommendation**
 - 12 **as a member, an agent, or an employee of a health care**
 - 13 **review committee; or**
 - 14 **(2) furnishes any record, information, or assistance to a**
 - 15 **health care review committee;**
- 16 **is not subject to liability for damages in any legal action in**
- 17 **consequence of that action.**
- 18 **(e) Neither:**
 - 19 **(1) the managed care entity that established the health care**
 - 20 **review committee; nor**
 - 21 **(2) the officers, directors, employees, or agents of the**
 - 22 **managed care entity;**
- 23 **are liable for damages in any civil action for the activities of a**
- 24 **person that, in good faith and without malice, takes an action or**
- 25 **makes a decision or recommendation as a member, an agent, or an**
- 26 **employee of a health care review committee, or furnishes any**
- 27 **record, information, or assistance to a health care review**
- 28 **committee.**
- 29 **(f) This section does not relieve a person of liability arising**
- 30 **from treatment of a patient or an enrollee, or from a determination**
- 31 **of the reimbursement to be provided under the terms of an**
- 32 **insurance policy, a managed care plan contract, or another benefit**
- 33 **program providing payment, reimbursement, or indemnification**
- 34 **for health care costs based on the appropriateness of health care**
- 35 **services delivered to an enrollee.**
- 36 **(g) A health care review committee shall comply with**
- 37 **IC 34-4-12.6-1(c).**
- 38 **Sec. 4. (a) Notwithstanding IC 27-13-30, the information**

1 considered by a health care review committee and the record of the
2 actions and proceedings of the committee are confidential for
3 purposes of IC 5-14-3-4 and not subject to subpoena or order to
4 produce, except:

5 (1) in proceedings before the appropriate state licensing or
6 certifying agency; and

7 (2) in an appeal, if permitted, from the finding or
8 recommendation of the health care review committee.

9 (b) If information considered by a health care review
10 committee or records of the actions and proceedings of a health
11 care review committee are used under subsection (a) by a state
12 licensing or certifying agency or in an appeal, the information or
13 records:

14 (1) shall be kept confidential; and

15 (2) are subject to the same provisions concerning discovery
16 and use in legal actions as are the original information and
17 records in the possession and control of a health care review
18 committee.

19 **Sec. 5. To fulfill its obligations under IC 27-14-9 concerning**
20 **the quality management program of the managed care entity, a**
21 **managed care entity is entitled to access to treatment records and**
22 **other information pertaining to the diagnosis, treatment, and**
23 **health status of an enrollee during the period of time the enrollee**
24 **is covered by the managed care entity."**

25 Page 27, between lines 6 and 7, begin a new paragraph and insert:

26 **"Chapter 13. Limited Service Health Maintenance**
27 **Organizations and Preferred Provider Organizations**

28 **Sec. 1. A limited service health maintenance organization shall**
29 **comply with the following:**

30 (1) IC 27-14-3-5.

31 (2) IC 27-14-3-6.

32 (3) IC 27-14-5.

33 (4) IC 27-14-10, except for IC 27-14-10-2(a)(1) and
34 IC 27-14-10-2(a)(2).

35 (5) IC 27-14-11.

36 (6) IC 27-14-12.

37 **Sec. 2. A preferred provider organization shall comply with**
38 **the following:**

- 1 **(1) IC 27-14-3-5.**
- 2 **(2) IC 27-14-3-6.**
- 3 **(3) IC 27-14-5.**
- 4 **(4) IC 27-14-10.**
- 5 **(5) IC 27-14-11.**
- 6 **(6) IC 27-14-12."**
- 7 Page 27, line 7, delete "13" and insert "**14**".
- 8 Page 27, delete lines 25 through 26.
- 9 Page 27, delete line 29.
- 10 Page 27, line 30, delete "providers, and managed care entities,".
- 11 Renumber all SECTIONS consecutively.
(Reference is to SB 364 as introduced.)

and when so amended that said Bill do pass.

Committee Vote: Yeas 8, Nays 1.

Senator Miller, Chairperson