

Tab 1	SB 156 by Broxson ; (Similar to H 00275) Loss Run Statements
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Tab 2	SB 252 by Brodeur ; Health Care Cost Savings
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The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

BANKING AND INSURANCE
Senator Boyd, Chair
Senator Broxson, Vice Chair

MEETING DATE: Wednesday, November 3, 2021

TIME: 8:30—11:00 a.m.

PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Boyd, Chair; Senator Broxson, Vice Chair; Senators Brandes, Burgess, Gruters, Passidomo, Rodrigues, Rouson, Stargel, Stewart, Taddeo, and Thurston

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 156 Broxson (Similar H 275)	Loss Run Statements; Specifying the entities that must receive requests for loss run statements; specifying that insurers must provide loss run statements under certain circumstances; revising the required claims history in loss run statements; providing applicability; limiting loss run statement requests with respect to group health insurance policies to group policyholders, etc. BI 11/03/2021 Favorable JU RC	Favorable Yeas 10 Nays 0
2	SB 252 Brodeur	Health Care Cost Savings; Revising the definition of the term "shoppable health care service" to include certain items and services specified in federal regulation, etc. BI 11/03/2021 Favorable AEG AP	Favorable Yeas 10 Nays 0

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Banking and Insurance

BILL: SB 156

INTRODUCER: Senator Broxson

SUBJECT: Loss Run Statements

DATE: November 1, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Arnold</u>	<u>Knudson</u>	<u>BI</u>	Favorable
2.	_____	_____	<u>JU</u>	_____
3.	_____	_____	<u>RC</u>	_____

I. Summary:

SB 156 amends two statutes related to insurance loss run statements and repeals a conflicting statute. Specifically, the bill:

- Reduces from 5 years to 3 years the claims history that must be included within a loss run statement.
- Requires an admitted and nonadmitted group health insurer's loss run statement to include certain information
- Requires an admitted and nonadmitted personal lines insurer to provide loss run statements within 15 days of an insured's request after first providing information on how to obtain a loss run statement from a consumer reporting agency
- Excludes admitted and nonadmitted life insurers from the requirement to provide loss run statements.
- Specifies that only the group policyholder may request and receive a loss run statement for a group health insurance policy, and repeals a conflicting statute related to group health insurance claims data.

The bill takes effect upon becoming law.

II. Present Situation:

Loss Run Statements

Loss run statements are reports produced by an insurer or consumer reporting agency containing the claims history of a policyholder with an authorized or unauthorized insurer for the preceding 5 years or, if the claims history is less than 5 years, a complete claims history with the insurer.¹ Under Florida law, the reports must contain the policy number, period of coverage, number of

¹ See sections 626.9202 and 627.444, F.S.

claims, the paid losses on all claims, and the date of each loss.² Reports are not required to include supporting claims file documentation such as copies of claim files, investigation reports, evaluation statements, insureds' statements, and documents protected by a common law or statutory privilege.³ Upon receipt of the policyholder's written request, the insurer has 15 days to provide the loss run statement or, for personal lines of insurance, information on how to obtain the loss run statement at no cost through a consumer reporting agency.⁴ A personal lines policyholder may request a loss run statement from the insurer after receiving information from a consumer reporting agency. Upon receiving such request, the personal lines insurer must provide the loss run statement within 15 days.

Release of Claims Experience Under Group Health Insurance Policies

In addition to the statutory provisions governing loss run statements described above, group health insurers must also provide the policyholder with claims experience information required for bid for the previous 3 years or for the entire period of coverage.⁵ Required information includes, but is not limited to, claim experience, premiums paid, number of insureds on a monthly basis, and dependent status. The insurer is not required to disclose any information deemed confidential by law.⁶ Upon receipt of the policyholder's written request, the insurer has 21 days to provide the claims experience.

III. Effect of Proposed Changes:

Section 1 amends s. 626.9202, F.S., and **Section 2** amends s. 627.444, F.S., to amend several provisions governing loss run statement requirements for nonadmitted and admitted insurers:

- Reduces from the preceding 5 years to the preceding 3 years the claims history that must be included within a loss run statement.
- Reports from group health insurers must also include premiums paid, number of insured on a monthly basis, and dependent status;
- Each insurer must designate an individual or entity to receive written requests for loss run statements from insureds;
- The personal lines insurer must provide the insured a loss run statement within 15 days of receiving the insured's written request subsequent to the insured providing the insurer with information on obtaining a loss run statement from a consumer reporting agency'
- Life insurers are exempted from this section;
- Under a group health insurance policy, only the group policyholder may request and be provided a loss run statement.

Section 3 repeals s. 627.6647, F.S., to remove conflicting statutory language related to group health insurance claims data.

Section 4 provides that this act is effective upon becoming law.

² Sections 626.9202(1) and 627.444(1), F.S.

³ *Id.*

⁴ Sections 626.9202(2) and 627.444(2), F.S.

⁵ Section 627.6647(1), F.S.

⁶ Section 627.6647(2), F.S.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 626.9202 and 627.444.

This bill repeals the following section 627.6647 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Broxson

1-00235A-22

2022156__

1 A bill to be entitled
 2 An act relating to loss run statements; amending ss.
 3 626.9202 and 627.444, F.S.; revising the definition of
 4 the term "loss run statement"; specifying the entities
 5 that must receive requests for loss run statements;
 6 specifying that insurers must provide loss run
 7 statements under certain circumstances; revising the
 8 required claims history in loss run statements;
 9 providing applicability; limiting loss run statement
 10 requests with respect to group health insurance
 11 policies to group policyholders; repealing s.
 12 627.6647, F.S., relating to release of claims
 13 experience; providing an effective date.

15 Be It Enacted by the Legislature of the State of Florida:

16 Section 1. Subsections (1), (2), and (4) of section
 17 626.9202, Florida Statutes, are amended, and subsections (7) and
 18 (8) are added to that section, to read:

19 626.9202 Loss run statements for all lines of insurance.—

20 (1) As used in this section, the term:

21 (a) "Loss run statement" means a report that contains the
 22 policy number, the period of coverage, the number of claims, the
 23 paid losses on all claims, and the date of each loss. The term
 24 does not include supporting claim file documentation, including,
 25 but not limited to, copies of claim files, investigation
 26 reports, evaluation statements, insureds' statements, and
 27 documents protected by a common law or statutory privilege. As
 28 applied to group health insurance, the term means a report that

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1-00235A-22

2022156__

30 also contains the premiums paid, the number of insureds on a
 31 monthly basis, and the dependent status.

32 (b) "Provide" means to electronically send a document or to
 33 allow access through an electronic portal to view or generate a
 34 document.

35 (2) Notwithstanding any other law, an insurer shall provide
 36 to an insured within 15 calendar days after an individual or
 37 entity designated by the insurer receives ~~receipt of~~ the
 38 insured's written request, either:

39 (a) A loss run statement; or

40 (b) For personal lines of insurance, information on how to
 41 obtain a loss run statement at no charge through a consumer
 42 reporting agency. However, this section does not prohibit an
 43 insured from requesting a loss run statement after receiving
 44 information from a consumer reporting agency, in which case the
 45 insurer shall then provide the loss run statement within 15
 46 calendar days after the individual or entity designated by the
 47 insurer receives the insured's subsequent written request.

48 (4) A loss run statement provided pursuant to this section
 49 must contain a claims history with the insurer for the preceding
 50 3 5 years or, if the claims history is less than 3 5 years, a
 51 complete claims history with the insurer.

52 (7) This section does not apply to a life insurer as
 53 defined in s. 624.602.

54 (8) For group health insurance, only the group policyholder
 55 may request and be provided a loss run statement pursuant to
 56 this section.

57 Section 2. Subsections (1), (2), and (4) of section
 58 627.444, Florida Statutes, are amended, and subsections (7) and

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1-00235A-22

2022156__

59 (8) are added to that section, to read:

60 627.444 Loss run statements for all lines of insurance.--

61 (1) As used in this section, the term:

62 (a) "Loss run statement" means a report that contains the
63 policy number, the period of coverage, the number of claims, the
64 paid losses on all claims, and the date of each loss. The term
65 does not include supporting claim file documentation, including,
66 but not limited to, copies of claim files, investigation
67 reports, evaluation statements, insureds' statements, and
68 documents protected by a common law or statutory privilege. As
69 applied to group health insurance, the term means a report that
70 also contains the premiums paid, the number of insureds on a
71 monthly basis, and the dependent status.

72 (b) "Provide" means to electronically send a document or to
73 allow access through an electronic portal to view or generate a
74 document.

75 (2) Notwithstanding any other law, an insurer shall provide
76 to an insured within 15 calendar days after an individual or
77 entity designated by the insurer receives ~~receipt~~ of the
78 insured's written request, either:

79 (a) A loss run statement; or

80 (b) For personal lines of insurance, information on how to
81 obtain a loss run statement at no charge through a consumer
82 reporting agency. However, this section does not prohibit an
83 insured from requesting a loss run statement after receiving
84 information from a consumer reporting agency, in which case the
85 insurer shall then provide the loss run statement within 15
86 calendar days after the individual or entity designated by the
87 insurer receives the insured's subsequent written request.

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1-00235A-22

2022156__

88 (4) A loss run statement provided pursuant to this section
89 must contain a claims history with the insurer for the preceding
90 3 5 years or, if the claims history is less than 3 5 years, a
91 complete claims history with the insurer.

92 (7) This section does not apply to a life insurer as
93 defined in s. 624.602.

94 (8) For group health insurance, only the group policyholder
95 may request and be provided a loss run statement pursuant to
96 this section.

97 Section 3. Section 627.6647, Florida Statutes, is repealed.

98 Section 4. This act shall take effect upon becoming a law.

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The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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156

Bill Number or Topic

Meeting Date

Committee

Name

Richard Reeves

Phone

Address

PO Box 10803

Email

Street

Tallahassee

City

State

Zip

Amendment Barcode (if applicable)

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

FL Ins. Agents

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

11-3-21

Meeting Date

154

Bill Number or Topic

Banking & Insurance

Committee

Amendment Barcode (if applicable)

Name

Paul Runk

Phone

850-527-9761

Address

700 W. College Ave.

Email

paul@fa.hp.net

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Banking and Insurance

BILL: SB 252

INTRODUCER: Senator Brodeur

SUBJECT: Health Care Cost Savings

DATE: November 1, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Arnold</u>	<u>Knudson</u>	<u>BI</u>	Favorable
2.	_____	_____	<u>AEG</u>	_____
3.	_____	_____	<u>AP</u>	_____

I. Summary:

SB 252 expands the list of shoppable health care services for which a health insurer may offer shared savings incentives under a shared savings incentive program created pursuant to Florida’s Patient Savings Act. The bill incorporates 500 items and services by reference to a table in the United States Departments of Health and Human Services, Treasury, and Labor Transparency in Coverage Final Rule published on November 12, 2020.

The bill takes effect July 1, 2022.

II. Present Situation:

Patient Savings Act

In 2019,¹ the Legislature enacted the Patient Savings Act (Act),² which allows health insurers³ to create shared savings incentive programs (Programs) to encourage insureds to choose lower cost, high quality nonemergency health care services and share any savings realized as a result of the insured’s choice. Health insurers are not required to establish a Program under the Act, and an insured’s participation in a Program offered by a health insurer is similarly voluntary and optional. A health insurer that establishes a Program must distribute Program payments at least quarterly to participating insureds.

Under the Act, a Program may offer the following shared savings incentives (Incentives) for choosing shoppable health care services (Services):

- Premium reduction or return;
- Flexible spending account credit;

¹ Chapter 2019-100, L.O.F.

² Sections 627.6387, 627.6648, and 641.31076, F.S.

³ The Patient Savings Act also applies to health maintenance organizations.

- Health savings account credit;
- Health reimbursement account credit;⁴
- Cash or cash equivalent including, but not limited to, merchandise, gift card, or debit card;⁵
- Copayment modification;
- Deductible modification; and
- Coinsurance amount.

Under the Act, Services within and outside Florida for which Incentives may be offered include, but are not limited to:

- Clinical laboratory services;
- Infusion therapy;
- Inpatient and outpatient surgical procedures;
- Obstetrical and gynecological services;
- Inpatient and outpatient nonsurgical diagnostic tests and procedures;
- Physical and occupational therapy services;
- Radiology and imaging services;
- Prescription drugs;
- Services provided through telehealth; and
- Any additional services published by the Agency for Health Care Administration that have the most significant price variation both statewide and regionally pursuant to s. 408.05(3)(m), F.S.

Health insurers offering Programs must annually file with the Office of Insurance Regulation the number of participating insureds; the number of instances of participation; the total cost of provided services under the Program; the total value of the Program payments made to insureds; and the values distributed as premium reductions, credits to flexible spending accounts, credits to health savings accounts, or credits to health reimbursement accounts.⁶

Currently, only one health insurer in Florida offers a Program to its policyholders.⁷

Federal Departments of Health and Human Services, Treasury, and Labor Transparency in Coverage Final Rule

On November 12, 2020, the United States Departments of Health and Human Services, Treasury, and Labor published the Transparency in Coverage Final Rule,⁸ imposing new requirements on group health plans and health insurers in the individual and group markets to disclose cost-sharing information, in-network provider negotiated rates, historical out-of-network allowed amounts, and drug pricing information.

⁴ Section 627.6387(3)(e), F.S.

⁵ Section 626.9541(4)(a), F.S.

⁶ Section 627.6387(3)(f), F.S.

⁷ Phone conversation with Jessica Krause, Government Affairs Analyst, Florida Office of Insurance Regulation (October 22, 2021).

⁸ 26 CFR Part 54, 29 CFR Part 2590, 45 CFR Part 147 and 45 CFR Part 158. See Transparency in Coverage; Final Rule, 85 Fed. Reg. 72,158 (November 12, 2020) <https://www.federalregister.gov/documents/2020/11/12/2020-24591/transparency-in-coverage> (last visited October 22, 2021).

Under the Final Rule, for plan years beginning on or after January 1, 2023, plans and issuers must disclose to enrollees, through a self-service online tool, personalized cost-sharing information and negotiated rates for 500 shoppable services (Table 1 – 500 Items and Services List) identified in the Final Rule. For plan years beginning on or after January 1, 2024, this disclosure requirement will expand to all covered health care items and services, including encounters, procedures, medical tests, supplies, prescription drugs, medical equipment, and fees, including facility fees.

For plan years beginning on or after January 1, 2022, plans and issuers must make publicly available, through standardized, regularly updated, machine-readable files:

- Negotiated rates for in-network providers;
- Historical allowed amounts for out-of-network providers; and
- Prices for prescription drugs.

The Final Rule does not apply to grandfathered health plans; account-based group health plans, such as HRAs, including individual-coverage HRAs; or health FSAs, healthcare-sharing ministries, or short-term limited duration insurance plans.

III. Effect of Proposed Changes:

Section 1 amends 627.6387, F.S., to expand the list of shoppable health services for which a health insurer may offer shared savings incentives under a shared savings incentive program created pursuant to Florida's Patient Savings Act, to incorporate 500 items and services by reference to a table in the November 12, 2020 United States Departments of Health and Human Services, Treasury, and Labor Transparency in Coverage Final Rule.

Section 2 provides an effective date of July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Any subsequent amendment to Table 1-500 Items and Services List of the Transparency in Coverage Final Rule will require a corresponding reenactment of s. 627.6387(2)(e)(11), F.S.

VIII. Statutes Affected:

This bill substantially amends section 627.6387 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Brodeur

9-00174-22

2022252__

1 A bill to be entitled
 2 An act relating to health care cost savings; amending
 3 s. 627.6387, F.S.; revising the definition of the term
 4 "shoppable health care service" to include certain
 5 items and services specified in federal regulation;
 6 providing an effective date.
 7
 8 Be It Enacted by the Legislature of the State of Florida:
 9
 10 Section 1. Paragraph (e) of subsection (2) of section
 11 627.6387, Florida Statutes, is amended to read:
 12 627.6387 Shared savings incentive program.—
 13 (2) As used in this section, the term:
 14 (e) "Shoppable health care service" means a lower-cost,
 15 high-quality nonemergency health care service for which a shared
 16 savings incentive is available for insureds under a health
 17 insurer's shared savings incentive program. Shoppable health
 18 care services may be provided within or outside this state and
 19 include, but are not limited to:
 20 1. Clinical laboratory services.
 21 2. Infusion therapy.
 22 3. Inpatient and outpatient surgical procedures.
 23 4. Obstetrical and gynecological services.
 24 5. Inpatient and outpatient nonsurgical diagnostic tests
 25 and procedures.
 26 6. Physical and occupational therapy services.
 27 7. Radiology and imaging services.
 28 8. Prescription drugs.
 29 9. Services provided through telehealth.

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9-00174-22

2022252__

30 10. Any additional services published by the Agency for
 31 Health Care Administration that have the most significant price
 32 variation pursuant to s. 408.05(3)(m).
 33 11. The items and services listed in Table 1-500 Items and
 34 Services List as published in Volume 85, No. 219 of the Federal
 35 Register, pages 72182-72190 (2020).
 36 Section 2. This act shall take effect July 1, 2022.

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THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Agriculture
Appropriations Subcommittee on Agriculture,
Environment, and General Government
Banking and Insurance
Education
Judiciary
Rules

SENATOR PERRY E. THURSTON, JR.
33rd District

October 26, 2021

The Honorable Jim Boyd
Florida Senate
312 Senate Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Boyd,

I respectfully request an excused absence from the Senate Banking & Insurance Committee meeting that is scheduled for Wednesday, November 3rd. Thank you for your consideration in this matter.

Respectfully,

A handwritten signature in black ink that reads "Perry E. Thurston, Jr." with a stylized flourish at the end.

Perry E. Thurston, Jr.
State Senator, District 33

REPLY TO:

- 2151 NW 6th Street, Fort Lauderdale, Florida 33311 (954) 321-2705 FAX: (888) 284-6086
- 206 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5033

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Agriculture, *Chair*
Appropriations
Appropriations Subcommittee on Health and
Human Services
Banking and Insurance
Children, Families, and Elder Affairs
Judiciary
Reapportionment
Regulated Industries

SELECT SUBCOMMITTEE:

Select Subcommittee on Congressional
Reapportionment

SENATOR DARRYL ERVIN ROUSON

19th District

November 3, 2021

Chairman Jim Boyd

Please excuse my absence from the Banking & Insurance Committee meeting on November 3rd, 2021.

Thank you,

A handwritten signature in green ink that reads "Darryl E. Rouson".

Darryl E. Rouson
State Senator, District 19

REPLY TO:

- 535 Central Avenue, Suite 302, St. Petersburg, Florida 33701 (727) 822-6828
- 212 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5019

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Committee on Banking and Insurance

Judge:

Started: 11/3/2021 8:30:47 AM

Ends: 11/3/2021 8:36:37 AM

Length: 00:05:51

8:30:46 AM Meeting called to order, roll call
8:31:11 AM Chair Boyd announces Senator Thurston as excused
8:31:31 AM Chair Boyd pre-meeting announcements
8:31:39 AM Tab 1 - SB 156 Loss Run Statements by Senator Broxson
8:32:00 AM Senator Broxson explains the bill
8:32:59 AM Questions?
8:33:05 AM Richard Reeves, Florida Insurance Agents waives in support
8:33:18 AM Paul Runk waives in support
8:33:34 AM Debate?
8:33:36 AM Close
8:33:41 AM Roll call on SB 156
8:33:48 AM SB 156 reported Favorable
8:34:14 AM Tab 2 - SB 252 Health Care Cost Savings by Senator Brodeur
8:34:28 AM Senator Brodeur presents SB 252
8:35:22 AM Questions
8:35:26 AM Debate
8:35:28 AM Roll call on SB 252
8:35:40 AM SB 252 reported Favorable
8:36:09 AM Senator Broxson moves to adjourn, without objection meeting adjourned