



ACT #2025 - 136

1 SB252

2 DG7FYTH-2

3 By Senators Beasley, Gudger, Livingston, Chesteen, Williams,

4 Stutts, Jones, Bell, Sessions, Hovey, Givhan, Allen,

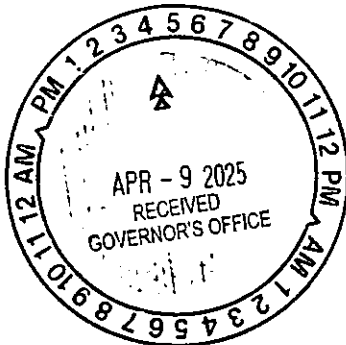
5 Smitherman, Roberts, Price, Butler, Shelnuttt, Melson,

6 Coleman-Madison, Stewart, Singleton, Barfoot, Chambliss,

7 Kelley, Coleman, Carnley, Hatcher, Figures, Elliott

8 RFD: Banking and Insurance

9 First Read: 18-Mar-25





1 Enrolled, An Act,

2
3 Relating to pharmacy benefits managers; to amend
4 Sections 27-45A-3, 27-45A-5, 27-45A-6, 27-45A-8, and
5 27-45A-10, Code of Alabama 1975; to further provide for
6 regulation of pharmacy benefits managers by the Commissioner
7 of Insurance; to add Section 27-45A-13 to the Code of Alabama
8 1975, to provide a minimum reimbursement amount for
9 independent pharmacies; and to add Section 27-45A-14 to the
10 Code of Alabama 1975, to regulate rebates from drug
11 manufacturers to pharmacy benefits managers.

12 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

13 Section 1. This act shall be known as "The Community
14 Pharmacy Relief Act."

15 Section 2. Sections 27-45A-3, 27-45A-5, 27-45A-6,
16 27-45A-7, 27-45A-8, and 27-45A-10, Code of Alabama 1975, are
17 amended to read as follows:

18 "§27-45A-3

19 For purposes of this chapter, the following words ~~shall~~
20 have the following meanings:

21 (1) AFFILIATE or PBM AFFILIATE. An entity, including,
22 but not limited to, a pharmacy, health insurer, or group
23 purchasing organization that directly or indirectly, through
24 one or more intermediaries, has one of the following
25 affiliations:

26 a. Owns, controls, or has an investment interest in a
27 pharmacy benefits manager.

28 b. Is owned, controlled by, or has an investment



29 interest holder who is a pharmacy benefits manager.

30 c. Is under common ownership or corporate control with
31 a pharmacy benefits manager.

32 ~~(1)~~ (2) CLAIMS PROCESSING SERVICES. The administrative
33 services performed in connection with the processing and
34 adjudicating of claims relating to pharmacist services that
35 include any of the following:

36 a. Receiving payments for pharmacist services.

37 b. Making payments to pharmacists or pharmacies for
38 pharmacist services.

39 c. Both paragraphs a. and b.

40 ~~(2)~~ (3) COVERED INDIVIDUAL. A member, policyholder,
41 subscriber, enrollee, beneficiary, dependent, or other
42 individual participating in a health benefit plan.

43 ~~(3)~~ (4) HEALTH BENEFIT PLAN. A policy, contract,
44 certificate, or agreement entered into, offered, or issued by
45 a health insurer to provide, deliver, arrange for, pay for, or
46 reimburse any of the costs of physical, mental, or behavioral
47 health care services, including pharmaceutical services.

48 ~~(4)~~ (5) HEALTH INSURER. An entity subject to the
49 insurance laws of this state and rules of the department, or
50 subject to the jurisdiction of the department, that contracts
51 or offers to contract to provide, deliver, arrange for, pay
52 for, or reimburse any of the costs of health care services,
53 including, but not limited to, a sickness and accident
54 insurance company, a health maintenance organization operating
55 pursuant to Chapter 21A, a nonprofit hospital or health
56 service corporation, a health care service plan organized



pursuant to Article 6, Chapter 20 of Title 10A, or any other entity providing a plan of health insurance, health benefits, or health services, including a nonprofit agricultural organization that provides a plan for health care services to its members.

(6) INDEPENDENT PHARMACY. A pharmacy in the state as defined in Section 34-23-1 that holds an active permit from the Alabama State Board of Pharmacy and is classified by the Alabama State Board of Pharmacy as a community pharmacy.

(7) IN-NETWORK or NETWORK. A network of pharmacists or pharmacies that are paid for pharmacist services pursuant to an agreement with a health benefit plan or a pharmacy benefits manager.

(8) MEDICAID REIMBURSEMENT RATE. The total payment amount for an outpatient drug dispensed by a pharmacy as set by rule adopted by the Alabama Medicaid Agency which is in effect on the effective date of this act.

~~+5)~~ (9) OTHER PRESCRIPTION DRUG OR DEVICE SERVICES.
Services, other than claims processing services, provided directly or indirectly, whether in connection with or separate from claims processing services, including, but not limited to, any of the following:

a. ~~Negotiating rebates, discounts, or other financial incentives and arrangements~~ with drug companies.

b. Disbursing or distributing rebates.

c. Managing or participating in incentive programs or arrangements for pharmacist services.

d. Negotiating or entering into contractual



arrangements with pharmacists or pharmacies, or both.

e. Developing formularies.

f. Designing prescription benefit programs.

g. Advertising or promoting services.

~~(6)~~ (10) PHARMACIST. As defined in Section 34-23-1.

~~(7)~~ (11) PHARMACIST SERVICES. Products, goods, and services, or any combination of products, goods, and services, provided as a part of the practice of pharmacy.

~~(8)~~ (12) PHARMACY. As defined in Section 34-23-1.

~~(9)~~ (13) PHARMACY BENEFITS MANAGER. a. A person, including a wholly or partially owned or controlled subsidiary of a pharmacy benefits manager, that provides claims processing services or other prescription drug or device services, or both, to covered individuals who are employed in or are residents of this state, for health benefit plans. The term includes any person that administers a prescription discount program directly for or on behalf of a pharmacy benefits manager or health benefit plan for drugs to covered individuals which are not reimbursed by a pharmacy benefits manager or are not covered by a health benefit plan.

b. Pharmacy benefits manager does not include any of the following:

1. A ~~healthcare~~ health care facility licensed in this state.

2. A ~~healthcare~~ health care professional licensed in this state.

3. A consultant who only provides advice as to the selection or performance of a pharmacy benefits manager.



~~(10) PBM AFFILIATE. A pharmacy or pharmacist that, directly or indirectly, through one or more intermediaries, is owned or controlled by, or is under common control by, a pharmacy benefits manager.~~

~~(11)~~ (14) PRESCRIPTION DRUGS. Includes, but is not limited to, certain infusion, compounded, and long-term care prescription drugs. The term does not include specialty drugs.

(15) REBATE. Any payments or price concessions that accrue to a pharmacy benefits manager or its health benefit plan client, directly or indirectly, including through its PBM affiliate or its subsidiary, third party, or intermediary, including an off-shore purchasing organization, from a pharmaceutical manufacturer or its affiliate, subsidiary, third party, or intermediary. The term includes, but is not limited to, payments, discounts, administration fees, credits, incentives, or penalties associated, directly or indirectly, in any way with claims administered on behalf of a health benefit plan.

~~(12)~~ (16) SPECIALTY DRUGS. Prescription medications that require special handling, administration, or monitoring and are used for the treatment of patients with serious health conditions requiring complex therapies, and that are eligible for specialty tier placement by the Centers for Medicare and Medicaid Services pursuant to 42 C.F.R. § 423.560.

(17) SPREAD PRICING. A prescription drug pricing model used by a pharmacy benefits manager in which the pharmacy benefits manager charges a health benefit plan a contracted price for a prescription drug which is higher than the amount



141 the pharmacy benefits manager pays the pharmacy for the
142 prescription drug.

143 (18) STEERING. The term includes all of the following
144 practices by a pharmacy benefits manager:

145 a. Directing, ordering, or requiring a covered
146 individual to use a specific pharmacy, including a PBM
147 affiliate pharmacy, for the purpose of filling a prescription
148 or receiving pharmacist services.

149 b. Inducing a covered individual to use a designated
150 pharmacy, including a PBM affiliate pharmacy, by increasing
151 costs to the health benefit plan or charging the covered
152 individual up to the full cost for a prescription drug if the
153 covered individual fails to use the pharmacy designated by the
154 pharmacy benefits manager.

155 c. Advertising, marketing, or promoting a pharmacy,
156 including a PBM affiliate pharmacy, over another in-network
157 pharmacy.

158 d. Engaging in any practice that results in excluding,
159 restricting, or inhibiting an in-network pharmacy from
160 providing prescription drugs to beneficiaries under a health
161 benefit plan, which may involve, but not be limited to, the
162 use of credentialing or accreditation standards, day supply
163 limitations, or delivery method limitations.

164 e. Engaging in any practice aimed at directly or
165 indirectly influencing a pharmaceutical manufacturer to limit
166 its distribution of a prescription drug to certain pharmacies
167 or to restrict distribution of the drug to non-PBM affiliate
168 pharmacies."



169 "§27-45A-5

170 (a) ~~The commissioner may adopt rules necessary to~~
171 ~~implement this chapter.~~ It shall be the responsibility of the
172 commissioner to enforce this chapter and any conduct arising
173 from any action taken by a pharmacy benefits manager or PBM
174 affiliate pursuant to an audit conducted under Article 8,
175 Chapter 23, Title 34, which violates this chapter.

176 (b) The commissioner shall adopt rules necessary to
177 implement and enforce this chapter, both independently and in
178 conjunction with the conduct of an audit by a pharmacy
179 benefits manager or PBM affiliate under Article 8, Chapter 23,
180 Title 34, to include the authority to set a complaint filing
181 fee of no more than one hundred dollars (\$100) to be paid by a
182 pharmacy or pharmacist with any complaint alleging a violation
183 of Article 8, Chapter 23, Title 34, which fee shall be repaid
184 to the complaining pharmacy or pharmacist by the pharmacy
185 benefits manager or PBM affiliate in the event the violation
186 is proven. The commissioner may waive the complaint filing fee
187 at his or her discretion.

188 (c) The commissioner shall set and impose civil
189 penalties of not less than one thousand dollars (\$1,000) per
190 violation for violations of this chapter, including conduct
191 arising from an action taken by a pharmacy benefits manager or
192 PBM affiliate pursuant to Article 8, Chapter 23, Title 34,
193 which violates this chapter.

194 ~~(b)~~ (d) The powers and duties set forth in this chapter
195 shall be in addition to all other authority of the
196 commissioner.



197 ~~(e)~~ (e) The commissioner shall enforce compliance with
198 the requirements of this chapter and rules adopted thereunder.

199 ~~(d)~~ (f) (1) The commissioner may examine or audit,
200 including on an annual basis, any books and records of a
201 pharmacy benefits manager providing claims processing services
202 or other prescription drug or device services for a health
203 benefit plan as may be deemed relevant and necessary by the
204 commissioner to determine compliance with this chapter and
205 Article 8, Chapter 23, Title 34.

206 (2) Examinations conducted by the commissioner shall be
207 pursuant to the same examination authority of the commissioner
208 relative to insurers as provided in Chapter 2, including, but
209 not limited to, the confidentiality of documents and
210 information submitted as provided in Section 27-2-24;
211 examination expenses shall be processed in accordance with
212 Section 27-2-25; and pharmacy benefits managers shall have the
213 same rights as insurers to request a hearing in accordance
214 with Sections 27-2-28 et seq., and to appeal as provided in
215 Section 27-2-32.

216 (3) The commissioner may contract the services of a
217 third party to perform an examination or audit under this
218 subsection.

219 ~~(e)~~ (g) The commissioner's examination expenses shall be
220 collected from pharmacy benefits managers in the same manner
221 as those collected from insurers."

222 "§27-45A-6

223 ~~(a)~~ Nothing in this chapter is intended or shall be
224 construed to do any of the following:



225 (1) Be in conflict with existing relevant federal law.

226 (2) Apply to any specialty drug.

227 (3) Impact the ability of a hospital to mandate its
228 employees' use of a hospital-owned pharmacy.

229 ~~(b) The following provisions shall not apply to the~~
230 ~~administration by a person of any term, including prescription~~
231 ~~drug benefits, of a self-funded health benefit plan that is~~
232 ~~governed by the federal Employee Retirement Income Security~~
233 ~~Act of 1974, 29 U.S.C. §1001 et. seq.:~~

234 ~~(1) Subdivisions (1) and (5) of Section 27-45A-8.~~

235 ~~(2) Subdivisions (2), (3), (6), and (7) of Section~~
236 ~~27-45A-10."~~

237 "§27-45A-8

238 (a) A pharmacy benefits manager may not do any of the
239 following:

240 (1) Require a covered individual, as a condition of
241 payment or reimbursement, to purchase pharmacist services,
242 including, but not limited to, prescription drugs, exclusively
243 through a mail-order pharmacy or pharmacy benefits manager
244 affiliate.

245 (2) Prohibit or limit any covered individual from
246 selecting an in-network pharmacy or pharmacist of his or her
247 choice who meets and agrees to the terms and conditions,
248 including reimbursements, in the pharmacy benefits manager's
249 contract.

250 (3) Impose a monetary advantage or penalty under a
251 health benefit plan that would affect a covered individual's
252 choice of pharmacy among those pharmacies that have chosen to



253 contract with the pharmacy benefits manager under the same
254 terms and conditions, including reimbursements. For purposes
255 of this subdivision, "monetary advantage or penalty" includes,
256 but is not limited to, a higher copayment, a waiver of a
257 copayment, a reduction in reimbursement services, a
258 requirement or limit on the number of days of a drug supply
259 for which reimbursement will be allowed, or a promotion of one
260 participating pharmacy over another by these methods.

261 (4)a. Use a covered individual's pharmacy services data
262 collected pursuant to the provision of claims processing
263 services for the purpose of soliciting, marketing, or
264 referring the covered individual to a mail-order pharmacy or
265 PBM affiliate.

266 b. This subdivision shall not limit a health benefit
267 plan's use of pharmacy services data for the purpose of
268 administering the health benefit plan.

269 'c. This subdivision shall not prohibit a pharmacy
270 benefits manager from notifying a covered individual that a
271 less costly option for a specific prescription drug is
272 available through a mail-order pharmacy or PBM affiliate,
273 provided the notification shall state that switching to the
274 less costly option is not mandatory. The commissioner, by
275 rule, may determine the language of the notification
276 authorized under this paragraph made by a pharmacy benefits
277 manager to a covered individual.

278 (5) Require a covered individual to make a payment for
279 a prescription drug at the point of sale in an amount that
280 exceeds the lessor of the following:



281 a. The contracted cost share amount.

282 b. An amount an individual would pay for a prescription
283 if that individual were paying without insurance.

284 (6) Otherwise seek to limit, control, or influence the
285 utilization of a pharmacy or pharmacist services by a covered
286 individual through any of the practices of steering.

287 (b) If any of the practices prohibited under subsection
288 (a), including activities that qualify as other prescription
289 drug or device services, are required of a pharmacy benefits
290 manager pursuant to its contractual duties under a health
291 benefits plan, the pharmacy benefits manager shall not be
292 subject to this section."

293 "\$27-45A-10

294 With respect to a pharmacist or pharmacy, Aa pharmacy
295 benefits manager, directly or through an affiliate or a
296 contracted third party, may not do any of the following:

297 (1) Reimburse an in-network pharmacy or pharmacist in
298 the state an amount less than the amount that the pharmacy
299 benefits manager reimburses a similarly situated PBM affiliate
300 for providing the same pharmacist services to covered
301 individuals in the same health benefit plan.

302 (2) Practice spread pricing in this state unless
303 required under the health benefit plan. If spread pricing is
304 practiced pursuant to the health benefit plan, the pharmacy
305 benefits manager shall submit an annual report to the
306 commissioner which discloses the differences between the
307 amount the health benefit plan is charged and the amount
308 network pharmacies are reimbursed.



309 ~~(2)~~ (3) Deny a pharmacy or pharmacist the right to
310 participate as a ~~contract~~network provider if the pharmacy or
311 pharmacist meets and agrees to the terms and conditions,
312 including reimbursements, in the pharmacy benefits manager's
313 contract, including an independent pharmacy that qualifies for
314 reimbursement at the minimum rate established in Section
315 27-45A-13(a) (1), notwithstanding any term to the contrary in
316 the pharmacy benefits manager's contract.

317 ~~(3)~~ (4) Impose credentialing standards on a pharmacist
318 or pharmacy beyond or more onerous than the licensing
319 standards set by the Alabama State Board of Pharmacy or charge
320 a pharmacy or pharmacist ~~any fee in connection with~~ in regard
321 to, without limitation, network enrollment, network
322 participation, credentialing or recredentialing, change of
323 ownership, submission of claims, transmission of claims,
324 adjudication of claims, claims processed through discount card
325 programs, or otherwise, if not in conjunction with an audit
326 conducted pursuant to Article 8, Chapter 23, Title 34;
327 provided, however, this subdivision shall not prohibit a
328 pharmacy benefits manager from setting minimum requirements
329 for participating in a pharmacy network.

330 ~~(4)~~ (5) Prohibit a pharmacist or pharmacy from providing
331 a covered individual ~~specific information on the amount of the~~
332 ~~covered individual's cost share for the covered individual's~~
333 ~~prescription drug and the clinical efficacy of a more~~
334 ~~affordable alternative drug if one is available, or penalize a~~
335 ~~pharmacist or pharmacy for disclosing this information to a~~
336 ~~covered individual or for selling to a covered individual a~~



337 ~~more affordable alternative if one is available~~ with any
338 relevant information about a prescription drug, including the
339 following:

- 340 a. The cost and reimbursement amount of the drug.
- 341 b. An alternative drug.
- 342 c. Any other information considered to be necessary in
343 the professional judgment of the pharmacist.

344 ~~(5)~~ (6) Prohibit a pharmacist or pharmacy from offering
345 and providing delivery services to a covered individual as an
346 ancillary service of the pharmacy, provided all of the
347 following requirements are met:

348 a. The pharmacist or pharmacy can demonstrate quality,
349 stability, and safety standards during delivery.

350 b. The pharmacist or pharmacy does not charge any
351 delivery or service fee to a pharmacy benefits manager or
352 health insurer.

353 c. The pharmacist or pharmacy alerts the covered
354 individual that he or she will be responsible for any delivery
355 service fee associated with the delivery service, and that the
356 pharmacy benefits manager or health insurer will not reimburse
357 the delivery service fee.

358 ~~(6)~~ (7) Charge or hold a pharmacist or pharmacy
359 responsible for a fee or penalty relating to an audit
360 conducted pursuant to ~~The Pharmacy Audit Integrity Act,~~
361 ~~Article 8-of, Chapter 23-of, Title 34,~~ provided this
362 prohibition does not restrict recoupments made in accordance
363 with the Pharmacy Audit Integrity Act.

364 ~~(7)~~ (8) Charge a pharmacist or pharmacy a point-of-sale



or retroactive fee or otherwise recoup funds from a pharmacy in connection with claims for which the pharmacy has already been paid, unless the recoupment is made pursuant to an audit conducted in accordance with ~~the Pharmacy Audit Integrity Act~~ Article 8, Chapter 23, Title 34.

~~(8)~~ (9) Except for a drug reimbursed, directly or indirectly, by the Medicaid program, vary the amount a pharmacy benefits manager reimburses an entity for a drug, including each and every prescription medication that is eligible for specialty tier placement by the Centers for Medicare and Medicaid Services pursuant to 42 C.F.R. § 423.560, regardless of any provision of law to the contrary, on the basis of whether:

a. The drug is subject to an agreement under 42 U.S.C. § 256b; or

b. The entity participates in the program set forth in 42 U.S.C. § 256b.

~~(9)~~ (10) If an entity participates, directly or indirectly, in the program set forth in 42 U.S.C. § 256b, do any of the following:

a. Assess a fee, charge-back, or other adjustment on the entity.

b. Restrict access to the pharmacy benefits manager's pharmacy network.

c. Require the entity to enter into a contract with a specific pharmacy to participate in the pharmacy benefits manager's pharmacy network.

d. Create a restriction or an additional charge on a



patient who chooses to receive drugs from the entity.

e. Create any additional requirements or restrictions on the entity.

~~(10)~~ (11) Require a claim for a drug to include a modifier to indicate that the drug is subject to an agreement under 42 U.S.C. § 256b.

~~(11)~~ (12) Penalize or retaliate against a pharmacist or pharmacy for exercising rights under this chapter or ~~the Pharmacy Audit Integrity Act~~ Article 8, Chapter 23, Title 34. For purposes of this subdivision, the conduct prohibited includes any written or verbal communication that a reasonable individual would construe as a threat of penalty or retaliation received before or in the course of exercising rights under this chapter or Article 8, Chapter 23, Title 34.

(13) Prohibit a pharmacist or pharmacy from declining to dispense a drug to a covered individual, or directing a covered individual to another pharmacy, if the reimbursement amount would be lower than the dispensing cost of the pharmacist or pharmacy.

(14) Take retaliatory action against, or impose any penalty on, a pharmacist or pharmacy who declines to dispense a drug to a covered individual under subdivision (13), including cancellation or nonrenewal of a contract, or suit for breach of contract."

Section 3. Section 27-45A-13 is added to the Code of Alabama 1975, to read as follows:

§27-45A-13

(a) Notwithstanding any other provision of this chapter



or any form of a contract to the contrary, with respect to an independent pharmacy, a pharmacy benefits manager, directly or through an affiliate or a contracted third party, may not do any of the following:

(1) Reimburse for dispensing a prescription drug in an amount that is less than the Medicaid reimbursement rate.

(2) Impose a fee or otherwise adjust or lower the reimbursement of a drug at the time the claim is adjudicated, or after the claim is adjudicated, that in any way reduces the amount of reimbursement for the drug as regulated pursuant to subdivision (1).

(3) Increase a covered individual's cost-sharing percentage or ratio at or after the point of sale by raising the deductible, copayment, or coinsurance, or by requiring any other out-of-pocket payment as a means to recoup the dispensing cost portion of the reimbursement required pursuant to subdivision (1).

(4) Reject payment of a claim for a drug that is submitted by an independent pharmacy when the drug is available to a covered individual at a different in-network pharmacy; provided, however, if the drug is dispensed by the different in-network pharmacy, the pharmacy benefits manager shall pay the independent pharmacy a surcharge equal to the reimbursement that would have been paid pursuant to subdivision (1) had the independent pharmacy dispensed the drug.

(b) A health benefit plan that covers individuals who are public employees and which reimburses independent



pharmacies for dispensing prescription drugs during its plan year in an aggregate amount that is higher than would otherwise be calculated using the rate set in subdivision (a)(1), upon proof of the same submitted to the commissioner, shall be exempt from this section.

Section 4. Section 27-45A-14 is added to the Code of Alabama to read as follows:

§27-45A-14

A pharmacy benefits manager, either directly or through a PBM affiliate, when performing pharmacy benefits management services or other prescription drug or device services for a health benefit plan client, shall pass on 100 percent of all rebates received, directly or indirectly, from a pharmaceutical manufacturer unless the health benefit plan client directs the pharmacy benefits manager or PBM affiliate to apply the rebates to purchases of prescription drugs by covered individuals at the point of sale or the health benefit plan client directs the pharmacy benefits manager, PBM affiliate, or health insurer to retain a portion of the rebates as an administrative fee.

Section 5. In the event of an enactment by the United States Congress of a law that preempts the operation of any provision of this act, it is the intent of the Legislature that any remaining provision of this act that is unaffected by the congressional enactment remain in effect.

Section 6. This act shall become effective immediately, except Section 3 shall take effect October 1, 2025.



[Signature]

President and Presiding Officer of the Senate

[Signature]

Speaker of the House of Representatives

SB252

Senate 20-Mar-25

I hereby certify that the within Act originated in and passed the Senate, as amended.

Patrick Harris,
Secretary.

House of Representatives

Amended and passed: 08-Apr-25

Senate concurred in House amendment 08-Apr-25

By: Senator Beasley

APPROVED

4.15.2025

TIME

10:15 AM

Alabama Secretary of State

Act Num....: 2025-136

Bill Num....: S-252

Recv'd 04/15/2025 11:10AM KCW

Kay Ivey
GOVERNOR

ENGROSSED

Senate Bill No. 2152

SPONSOR

1 Bassley
CO-SPONSORS

SENATE ACTION

I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, SB 2152.

yeas 33 nays 0 abstain 1

PATRICK HARRIS,
Secretary

I hereby certify that the notice & proof is attached to the Bill, SB _____ as required in the General Acts of Alabama, 1975 Act No. 919.

PATRICK HARRIS,
Secretary

CONFERENCE COMMITTEE

Senate Conferees _____

HOUSE ACTION

DATE: 3.20 2025

RD 1 RFD Insurance

REPORT OF STANDING COMMITTEE

This bill having been referred by the House to its standing committee on Insurance was acted upon by such committee in session, and returned therefrom to the House with the recommendation that it be Passed, w/amend(s) w/sub 1. This 2nd day of April, 2025.

[Signature], Chairperson

DATE: 4.3 2025

RF Insurance RD 2 CAL

DATE: _____ 20__

RE-REFERRED ☐ RE-COMMITTED ☐

Committee _____

I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, SB 2152

YEAS 100 NAYS 0

JOHN TREADWELL,
Clerk

FURTHER HOUSE ACTION (OVER)

2 Carlyle 19 Coleman-Hudson
3 Drummond 20 Elewaut
4 McClain 21 Snodgrass
5 Williams 22 Barfield
6 Shultz 23 Chambliss
7 Donner 24 Shelley
8 Bell 25 McLennan
9 Assum 26 Lawler
10 Shaw 27 Whitaker
11 Finshaw 28 Engstrom
12 Allen 29 Feldt
13 Smith 30 _____
14 Roberts 31 _____
15 Price 32 _____
16 Reid 33 _____
17 Chapman 34 _____
18 Johnson 35 _____