

NATIONAL COUNCIL OF INSURANCE LEGISLATORS
HEALTH, LONG TERM CARE AND HEALTH RETIREMENT ISSUES COMMITTEE
INTERIM COMMITTEE CONFERENCE CALL
OCTOBER 25, 2018
DRAFT MINUTES

The National Council of Insurance Legislators (NCOIL) Health, Long Term Care and Health Retirement Issues Committee held an interim meeting via conference call on Thursday, October 25, 2018 at 2:00 p.m.

Assemblyman Kevin Cahill (NY), Chair of the Committee, presided.

Other members of the Committees present were:

Rep. Sam Kito (AK)	Sen. Valerie Foushee (NC)
Rep. Deborah Ferguson (AR)	Sen. Jerry Klein (ND)
Sen. Jason Rapert (AR)	Sen. Neil Breslin (NY)
Rep. Richard Smith (GA)	Asw. Pam Hunter (NY)
Rep. Matt Lehman (IN)	Sen. Bob Hackett (OH)
Sen. Dan "Blade" Morrish (LA)	Rep. Glen Mulready (OK)
Rep. Michael Webber (MI)	Rep. Tom Oliverson, M.D. (TX)
Rep. Justin Hill (MO)	

Other legislators present were:

Sen. Jeff Raatz (IN)	Asm. John McDonald (NY)
Rep. Dan Hawkins (KS)	

Also in attendance from NCOIL were:

Commissioner Tom Considine, NCOL CEO
Paul Penna, Executive Director, NCOIL Support Services, LLC
Will Melofchik, Legislative Director, NCOIL Support Services, LLC

There were many interested persons also on the line. Those participating will be identified below.

INTRODUCTORY REMARKS FROM CHAIRMAN CAHILL

Assemblyman Kevin Cahill (NY), Chair of the Committee, stated that for purposes of today's meeting, the Committee will use the original version of Sen. Rapert's PBM Licensure and Regulation Model Act to review, rather than the "slimmed down" version that was released on October 15, 2018. Differences between those versions will be discussed during a section-by-section review of the original version. Asm. Cahill stated that at the end of the meeting, he intends to ask the Committee members if there is a sense of the body to approve which version would be offered up for consideration at the NCOIL Annual Meeting in December. Asm. Cahill noted that Sen. Rapert is of course free to offer any amendments to the Model between now and the December meeting but in the interest of efficiency it would be helpful to arrive at a consensus regarding which version to proceed with.

Asm. Cahill noted that the National Association of Insurance Commissioners (NAIC) has a comprehensive Model Law that touches upon PBMs but to the best of his knowledge the Model has not been adopted by any states. Asm. Cahill stated that he believes Rhode Island and South Dakota are the only states that have enacted PBM licensure and regulation statutes but noted that several other states are actively considering such laws. For example, in New York, in addition to a comprehensive PBM regulatory proposal by Asm. Richard Gottfried, there are at least 7 other bills in the NY Assembly that seek to regulate some aspect of PBM business practices.

REMARKS FROM SENATOR JASON RAPERT (AR) – NCOIL PRESIDENT

Sen. Jason Rapert (AR) – NCOIL President – thanked everyone for joining the call today and thanked those who have been engaged with this issue from the beginning. Sen. Rapert noted that we have all learned a great deal about PBMs and related issues throughout this entire Model-drafting process and he hopes the process continues to be beneficial for everyone involved. Sen. Rapert stated that during today's call he would like to hear comments from both legislators and interested parties as to what their thoughts are on the "slimmed down" draft of the Model so that any necessary adjustments to the Model can be made prior to the 30-day material deadline for the NCOIL Annual Meeting in Oklahoma City.

Sen. Rapert stated that the primary reason for the current "slimmed down" version of the Model is because he believes the current version is more in-line both with his statements throughout this entire process – that his entire objective is for PBMs to have a referee – as well as with NCOIL Model Law philosophy. The underpinnings of that philosophy are that NCOIL Model Laws should not be so detailed to the point that they read like regulations. Rather, NCOIL Model Laws should set forth a legislative framework – like the foundation of a house – which states can then add to as they see fit. Sen. Rapert noted that he has been very consistent in his talking points throughout this process in saying that he does not want the Model to just be the Arkansas PBM Law with an NCOIL logo on it. Sen. Rapert further noted that, in fact, throughout this process, he has used a similar analogy to the "legislative framework" analogy to describe what he thinks is best for this Model – the Model is best viewed as a "chassis" for states to use to calm the waters to address these contentious issues.

That means that one state may want a different set of tires or a different CD player in their chassis, but what must be in the Model, which he has said from the beginning, is the regulatory referee – which means PBMs need to be licensed and regulated by the state insurance department, and the insurance department must be able to enforce any requirements set forth in the enabling statute and accompanying regulations. Sen. Rapert stated that his goal is still to have a Model prepared for a vote at the NCOIL Annual Meeting in December, so that NCOIL can provide state legislatures around the country with guidance when they come into session beginning in January.

Nevertheless, Sen. Rapert stated that the "slimmed down" version is still a draft and that he is open to hearing everyone's thoughts on it. Sen. Rapert further stated that in moving to the slimmer licensure and enforcement version of the Model, legislatures that adopt the Model are clearly authorizing the insurance commissioners to regulate, and legislatures should expect them to do just that. If not, we will all be back here a year from now seeking to amend the Model.

Sen. Rapert closed by stating that he is aware of the recently enacted Federal legislation that contains language prohibiting “gag clauses” and noted that he kept the gag clause section of the Model in the current version because he wanted to hear comments from everyone as to whether the section is moot, or if it should be kept in and changed to mirror the Federal language. Sen. Rapert noted that the Arkansas tax code often cites to Federal statutes and that is something to consider moving forward when considering the gag clause section of the Model.

DISCUSSION/REVIEW OF DRAFT OF NCOIL PBM LICENSURE AND REGULATION MODEL ACT

Legislator Comments

Asm. Cahill began the section-by-section review of the Model by asking if by removing certain definitions from Section 3 – Definitions – such as “independent pharmacy” and other terms that could be useful in determining who the consumer or patient is, the “slimmed down” draft is overly narrow and unclear as to who some of the important “players” are. Sen. Rapert asked Commissioner Tom Considine, NCOIL CEO, and/or NCOIL staff to comment on Asm. Cahill’s question. Cmsr. Considine stated that the removal of certain defined terms in the definitions section was only due to the fact that those terms no longer appear in the substantive portions of the Model.

Rep. Tom Oliverson, M.D. (TX), Vice Chair of the Committee, stated that network adequacy always seems to be an important issue for consumers and certainly affects costs and accordingly asked why Section 5 – PBM Network Adequacy – was removed from the Model. Asm. Cahill stated that network adequacy is indeed an important issue for everyone, particularly the issue of PBMs including mail order pharmacies when determining network adequacy but stated that he believes the section was removed from the Model because it is in line with Sen. Rapert’s “legislative framework” approach – not because network adequacy is not an important issue. Asm. Cahill also noted that NCOIL currently has other Model Laws that touch upon network adequacy with other entities and PBMs and pharmacies may be able to be included in those Models.

Sen. Rapert noted that the network adequacy section was included in the Arkansas PBM law and stated he is of course open to hearing from everyone as to whether the section should be included in the Model. Sen. Rapert stated that in trying to draft a Model that is acceptable to the large majority of NCOIL membership, he has tried to be accommodating without completely undercutting the licensure and regulatory portions of the Model. Sen. Rapert further noted that, with the “slimmed down” version, the hope is that Insurance Departments will promulgate regulations to address any issues important to that particular state. Sen. Rapert stressed that he is open to suggestions with this section because it is important to be sure that a Model is produced that will be palatable for states to “run” with.

Rep. Deborah Ferguson (AR) stated that her concern is that normal network adequacy laws don’t cover PBMs. Rep. Oliverson stated that he understands that the network adequacy section is problematic for some committee members, but it is odd that the Model would direct the insurance department to license and regulate the functions of PBMs with the purposes of ensuring fairness and competition and yet network adequacy would not be addressed. Rep. Oliverson also stated that if the Model is to direct insurance departments to regulate PBMs then there should be some topics in the Model

to direct the insurance department to consider. State insurance departments need some guidance in the form of general principles articulating what legislators are concerned about and network adequacy is a topic that we should be concerned about.

Cmsr. Considine then stated that in discussions with Sen. Rapert prior to the call an option that was considered was to take the regulatory topics listed in Section 9(a)(2) of the Model and reference them in a Drafting Note which would say something along the lines of: "states may wish to consider promulgating regulations on topics such as..."

Asm. Cahill then asked NCOIL staff to note the Committee's deliberations on network adequacy in general and stated that what the Committee had learned in the past was that states are so diverse, and the needs of networks vary from state to state and even within a state so many times what is agreed upon ends up being so general as to be relatively meaningless. Accordingly, Asm. Cahill stated that he believes a drafting note on this topic is the best way to proceed because network adequacy standards are developed at different levels in different states and it may be appropriate to note in the Model that network adequacy standards should be developed and not go much further than that. Asm. Cahill then asked if there was a sense among the Committee to proceed in the manner. Sen. Rapert stated that at this time it is best to note the heavy interest in network adequacy and address it at a later time.

Sen. Valerie Foushee (NC) stated that with regard to Section 7 – Gag Clauses Prohibited – the language should mirror what is set forth in the recent Federal legislation that was signed into law earlier this month. Asm. Cahill stated that it is his understanding that the federal gag clause legislation applies specifically to health plans and not PBMs and it is therefore a good idea to keep the section in the Model. Asm. Cahill also noted that the gag clause section in the Model extends beyond what the federal legislation states and what other states have enacted. Asm. Cahill therefore recommended that the gag clause section, as currently drafted, should be kept in the Model. Sen. Rapert agreed with Asm. Cahill.

With regard to Section 9 – Rules – Asm. Cahill noted that NAIC's Model Laws often mirror regulations as to their level of specificity and NCOIL Model Laws do not follow that approach. Asm. Cahill further noted that in New York, he and his colleagues in the Assembly have experienced situations where regulators took advantage of ambiguity or areas of statutes that did not directly proscribe regulators' ability to exercise regulatory authority. Accordingly, Section 9 is a section that each individual legislator in accordance with the experience in their state should review very carefully and adapt it to the needs of that specific state. Asm. Cahill stated that, as an example, he tries not to offer any legislation in New York that gives the NY DFS Superintendent much "wiggle room" and noted that the proposed drafting note mentioned earlier could serve to quell any concerns about not offering enough guidance to regulators. Sen. Rapert stated that with the Arkansas PBM law he was in favor of specifically delineating the topics of regulation for the reasons stated by Asm. Cahill and noted that the Rules section is very important because NCOIL is in a position to offer their expertise to legislators and regulators across the country on these issues. What no one wants to see happen is the Model sent out to states and state legislators and regulators do things that are wholly inconsistent with the purpose of the Model.

Rep. Matt Lehman (IN) – NCOIL Treasurer – applauded Sen. Rapert for the "slimmed down" version of the Model and stressed that NCOIL Model philosophy is to provide

states with a legislative framework which states can add “drapes and curtains” to if they need to. Rep. Lehman stated that he knows that some provisions in the Model would have to change if it was adopted in Indiana but that does not affect his support for the Model as each state’s needs vary.

Asm. Cahill stated that in Section 12 – Maximum Allowable Cost (MAC) Lists – he knows there is some concern about the technical ability to work with the MAC lists and that this section is supposed to serve as a framework but there is a fundamental concept that underlies this section which is to protect pharmacists from being required to pay more for drugs than PBMs reimburse them for. Asm. Cahill stated that he would appreciate it if between now and December some mechanism was in the Model to make sure that does not happen. Asm. Cahill acknowledged that some MAC statutory provisions are subject to some controversy, but it is important to provide pharmacists with a level of protection. Sen. Rapert appreciated Asm. Cahill’s comments and stated that he does not want to see a situation arise where PBMs can capitalize on there being no MAC provisions in the Model and noted that one of the fundamental problems that Arkansas faced was that independent pharmacists had to close their doors because they were not being reimbursed at a proper level. Sen. Rapert acknowledged the lawsuits that have been filed dealing with MAC statutes and stressed that it would be ideal if there is a way to protect pharmacists from such reimbursement problems without running into any of the issues raised in such litigation.

Rep. Glen Mulready (OK) stated that if the Model is to serve as a legislative framework then he is not sure if he would agree with including the MAC section unless a cap was included that limited the maximum profit that could be made. It would be odd to have one without the other.

Rep. Oliverson stated that in other areas of practice where you have practitioners interfacing with insurers and a dispute arises about what is fair in terms of payment, having a mediation or arbitration process is helpful. There should be a dispute resolution process envisioned for these issues. Perhaps the maximum and minimum amounts should not be listed in the statute but there should be a process that is not internal to the pharmacist appealing to the PBM but rather utilizes a third party like the Insurance Department to “referee” disputes regarding unfair reimbursements. Either party could trigger the process.

Rep. Ferguson asked if putting a cap on maximum profit would even matter because the PBM sets the payment amount so it is not as if pharmacists can arbitrarily charge more – they take what the PBM pays. Asm. Cahill stated that he believes Rep. Oliverson was simply stating that there should be a process for disputes to be resolved by a third party regardless of listing maximum or minimum amounts. Rep. Oliverson agreed. Rep. Ferguson agreed but stated that pharmacists are not arbitrarily setting rates – the PBMs set the rates.

Before taking comments from interested persons present on the call, Asm. Cahill noted two issues that have emerged since this Committee started its discussion about PBMs several months ago. Those issues are related to the mergers and acquisitions that have been taking place that involve PBMs. Specifically, during a legislative hearing about said mergers and acquisitions, two issues arose: a.) the privacy of information and the data being used by PBMs to possibly encourage subscribers to use a different pharmacy, and having some protections for the internal regulation of the privacy of that

information; and b.) the medical loss ratio (MLR) is a regulated portion of an insurance premium and when an insurer owns a PBM and owns a pharmacy and owns in some cases even medical practices, the MLR is very susceptible to manipulation and therefore some regulatory means by which we can ensure that such manipulation does not occur is important. Asm. Cahill noted that those two issues are only generalized concerns at this point and he does not have specific proposals at this point but asked that such issues be considered between now and December.

Sen. Rapert stated that Asm. Cahill made valid points and that overall, the goal is to produce a Model that can make a difference and provide some stability with these issues. Sen. Rapert stated that the two issues raised by Asm. Cahill are moving targets but that if there is a way to address them in the Model, the Committee should do so.

Interested Party Comments

Matthew Magner of the National Community Pharmacists Association (NCPA) stated that NCPA appreciates the goal of the “slimmed down” version of the Model – to create a legislative framework for states to customize at their own level – but NCPA thinks too much has been removed from the original version and there is not enough guidance in the “slimmed down” version for insurance commissioners to promulgate rules. NCPA requests that more guidance be included in the Model and is happy to hear that the Committee is considering a drafting note in Section 9 that would detail specific regulation topics.

Sen. Rapert asked Mr. Magner if NCPA’s request for more guidance is limited to Section 9. Mr. Magner stated that NCPA believes some of the prohibited practices set forth in Section 6 – Compensation, Prohibited Practices – should be included in the Model as they are good policy and still provide enough flexibility for states to modify if they so choose. Sen. Rapert requested that NCPA’s comments that were sent to him earlier be distributed to the Committee.

Joshua Keepes of America’s Health Insurance Plans (AHIP) stated that AHIP is generally supportive of the “slimmed down” version of the Model and that AHIP is appreciative of the opportunities that have been provided throughout the Model drafting process to voice their comments. Many of AHIP’s concerns that were voiced to Sen. Rapert and members of the Committee have been addressed in the “slimmed down” version. The “slimmed down” version provides states with a better opportunity to conform the Model to the aspects of their particular market which is fundamental to any Model Law. Mr. Keepes stated that AHIP does still have some concerns with the “slimmed down” version of the Model but that AHIP looks forward to working with the Committee to address those concerns. AHIP’s remaining concerns are primarily technical in nature. AHIP looks forward to seeing inclusion of the drafting notes mentioned earlier in Section 9 – Rules – or Section 5 – PBM Network Adequacy – which are sections that AHIP supported removing from the original version of the Model.

Melodie Shrader of the Pharmaceutical Care Management Association (PCMA) thanked Sen. Rapert and the Committee for this open and transparency Model drafting process and for spending the time to understand these complex issues. Although PCMA still has some concerns, which are technical in nature, PCMA is pleased to see the “slimmed down” version of the Model. PCMA looks forward to sharing those concerns before the December meeting and to continuing to be a part of this process.

Saiza Elyda of the Pharmaceutical Research and Manufacturers of America (PhRMA) stated that PhRMA supports adding provisions from Section 5 – PBM Network Adequacy – and Section 6 – Compensation, Prohibited Practices – into a drafting note in Section 9 – Rules for states to consider. PhRMA also supports that Section 7 – Gag Clauses Prohibited – look more like the new Federal gag clause language and that can serve as a floor for states to consider rather than as a ceiling. Ms. Elyda then asked why the Model’s definition of PBM excludes any “entity that provides claims processing services or other prescription drug or device services for the fee-for-service [State] Medicaid Program only in that capacity.” (Section 3(f)(2)(iv) of the “slimmed down” version). PhRMA believes that exclusion is odd since many states have been examining PBM business practices with regards to the state Medicaid program.

Sen. Rapert asked Ms. Elyada to clarify PhRMA’s concerns with that exclusion. Ms. Elyada stated that said exclusion was a red flag for PhRMA because PhRMA was under the impression that spread pricing being used by PBMs in State Medicaid programs was an issue of importance to several states and therefore states should be given more control over their Medicaid programs. Sen. Rapert stated that is a valid point and that it would be up to the will of the Committee as to whether that language was removed from the Model. Sen. Rapert stated that such language was included in the Arkansas PBM Law, and correspondingly, the initial drafts of the NCOIL PBM Model, because Arkansas was trying to exclude Medicaid from its reforms.

Sen. Bob Hackett (OH) stated that Ohio experienced a lot of difficulties with PBMs using spread-pricing in the Ohio Medicaid program especially as applied to generic drugs. Spread pricing had increased tremendously because there was not enough transparency.

Leanne Gassaway of AHIP noted that the exclusion that PhRMA cites to in the Model applies to fee-for-service Medicaid, not managed Medicaid which is typically where you will find various payment options such as per-prescription spread pricing, rebate sharing, etc. Accordingly, a drafting note may be appropriate in that section of the Model so that someone can check with the state Medicaid Director as to how the Model would impact that state’s Medicaid program.

Julie Roberts, a healthcare consultant from Texas, stated that she appreciates the Committee’s efforts to create a legislative framework for states to consider, and appreciates that the Model does not reference ERISA. Ms. Roberts asked if the Committee plans to have the Model cover all health benefit plans or is the Model only applicable to Medicare and Medicaid. Asm. Cahill stated that the Model intends to cover all health benefit plans that are regulated by the states. Sen. Rapert stated that the intent of the Arkansas PBM law was to apply to commercial retail health benefit plans and to stay away from ERISA-plans and Medicaid.

Sen. Hackett stated that the Model is meant to apply to fully-insured plans and the market has really changed in that many employers are moving to self-insured plans which state legislators and regulators do not have authority over. Ms. Roberts asked if the Committee ever deals with its Federal colleagues on these issues because not being able to address plans regulated by ERISA leaves over 60% of Americans left out of the Model’s protections. Asm. Cahill stated that NCOIL regularly interacts with Federal legislators but that is not the subject of this Committee meeting.

Jeremy Crandall of the Blue Cross Blue Shield Association (BCBSA) thanked Sen. Rapert and the Committee for their work on this issue and echoed AHIP's comments on the Model in that BCBSA is supportive of the "slimmed down" version of the Model.

Duane Galligher of the Texas Independent Pharmacy Association (TIPA) thanked Sen. Rapert, Rep. Oliverson, and the Committee for their efforts thus far and stated that TIPA agrees with NCPA's preference that the Model be more robust. Mr. Galligher urged the Committee to look more closely at some of the provisions of the Model that are being proposed to be removed and while TIPA understands the Committee's rationale in moving to the "slimmed down" version, TIPA prefers the original version.

John Heal of PBA Health/Texas TrueCare echoed Mr. Galligher's comments and stated that he will work with NCPA to ensure that the Model is the best possible work product for states to consider.

John Vinson of the Arkansas Pharmacists Association (APA) thanked Sen. Rapert for his leadership on these issues and stated that APA is concerned with the "slimmed down" version of the Model because it does not provide enough guidance to states as to what the Model is really trying to accomplish. There are as many as five (5) other states that have enacted PBM licensure laws but they did not have good enough language on problematic business practices of PBMs that should be prohibited. As an example, with anti-competitive actions, there is data from pharmacies with real explanations of benefits data that shows where a particular PBM was paying itself \$63 more per-prescription than what it was paying independent pharmacies. Mr. Vinson stated that such a practice should be listed in the Prohibited Practices section of the Model and he would be disappointed if other states did not see it that way.

Debra Garza of the Texas Pharmacy Association (TPA) echoed Mr. Galligher's and Mr. Heal's comments and stated that TPA agrees with NCPA's comments regarding the original version of the Model being preferable over the "slimmed down" version since the original version provides more guidance to the states, particular regarding listing certain prohibited practices. Ms. Garza also stated that TPA supports Rep. Oliverson's statements regarding a dispute resolution process being set up for reimbursement disputes.

Ms. Roberts stated that if Section 6 – Compensation, Prohibited Practices – is added back into the Model that might raise some ERISA-preemption issues. Accordingly, the "slimmed down" version of the Model may be a better starting point for states to consider. Sen. Rapert asked Ms. Roberts to clarify her comment. Ms. Roberts stated that if the Model lists the prohibited practices and the enforcement provisions and sets forth things that the PBM can and cannot do, that can often be an issue in litigation. Asm. Cahill stated that the Committee would be happy to include Ms. Robert's comments in its future deliberations if they could be submitted in a memo-format.

Sen. Rapert stated that there is a tremendous amount of disagreement in the legal community as to what amounts to an ERISA-related problem when it comes to preemption of state law. Mr. Magner stated that NCPA has not seen any ERISA-preemption issues relating to the prohibited practices section of the Model in states that have passed similar provisions. Asm. Cahill noted that the "slimmed down" version of

the Model specifically excludes ERISA from its scope, but it is a worthy topic for discussion to avoid any complications down the road.

Kathy Febraio of the Pharmacists Society of the State of New York (PSSNY) thanked the Committee's work in understanding the importance of the relationship between PBMs and independent pharmacies and looks forward to being a part of the Committee's conversations going forward.

John Covello of the Independent Pharmacy Cooperative (IPC) stressed IPC's experience with recent legislation related to PBMs that was enacted in Florida. The lack of rule specificity regarding how the department would regulate the administration of benefits has created situations where a state regulatory framework is not expansive in their overall powers. Accordingly, the specificity needs to be in the Model and what has been proposed by NCPA is very reasonable as to what must be part of the "chassis" so that consumers are protected. Additionally, Mr. Covello stated that the issue of MLR's needs to be examined as part of the overall benefit administration that happens with state commercial plans.

Ms. Gassaway stated that AHIP has serious concerns with Section 6 – Compensation, Prohibited Practices – being put back in the Model as that section has the most specificity of any section other than the MAC section. Including Section 6 in the Model would run counter to the idea of the Model being a "chassis" and the idea of including drafting notes for states to consider addressing such issues in a way that addresses the state's personal needs.

Asm. Cahill then closed off the comment portion of the call and asked, if not objected to by Sen. Rapert, for a Motion that the "slimmed down" version of the Model be moved for consideration during the Committee's meeting in December. Sen. Rapert stated that he is not in a position yet for such a Motion and asked for some time to consider the comments made on the call today and then release the version of the Model to be considered in December in the 30-day materials. Cmsr. Considine stated that he believes the goal of Asm. Cahill's proposed Motion was to be clear that the "slimmed down" version of the Model is the basis for discussion going forward and whether that is achieved through the sponsor's amendments that appear today or by having the Committee specifically vote that the "slimmed down" version is the basis for discussion going forward to which certain provisions may get added back in, is a matter for the Chair to decide in conjunction with the sponsor.

Sen. Rapert stated that he would like to hold off any votes in order to make sure that there is time for considering any changes to the Model before the 30-day materials deadline and that all committee members are clear as to what they will be voting on in December.

Sen. Hackett stated that some committee members, including himself, have serious concerns about putting Section 6 – Compensation, Prohibited Practices – and Section 9 – Rules – back into the Model. Sen. Hackett stated that he hopes that Sen. Rapert has not changed his mind from the "slimmed down" version because the people that have objected to that version have objected all along. The independent pharmacists have objected all along to the slimmed down version, and, having worked in the system before, Sen. Hackett stated that the system was worse when the independent

pharmacists were in control. Sen. Hackett stated that he supports the “slimmed down” version of the Model but not the original version.

ADJOURNMENT

There being no further business, the Committee adjourned at 3:30 p.m. upon a Motion made by Sen. Rapert and seconded by Sen. Hackett.