ACT #2014-434

SB459

160888-3

By Senators Reed, Bussman, Waggoner and Marsh

RFD: Health

First Read: 11-MAR-14

APR - 2 2014
RECEIVED
GOVERNOR'S OFFICE

1 SB459
2
3
4 ENROLLED, An Act,
5 Relating to the Medicaid Agency; to amend Sections
6 22-6-151, 22-6-153, 22-6-155, 22-6-163, and 22-6-164, Code of
7 Alabama 1975; to revise the membership of and eligibility
8 requirements for the governing board of directors of a
9 regional care organization; to authorize the board of
10 directors of a regional care organization to appoint an
11 executive committee and other committees to take certain
12 authorized action; to provide for the membership of an
13 executive committee; to require each regional care
14 organization to create a provider standards committee to
15 review and develop performance standards and quality measures;
16 to provide for approval of the standards by the Medicaid
17 Quality Assurance Committee; to require the Medicaid Agency
18 to, by rule, establish the minimum reimbursement rate for
19 providers pursuant to certain methodologies; to provide for
20 the review of provider contracts by the Medicaid Agency; to
21 establish procedures for the review of contracts upon the
22 request of dissatisfied providers; to require the Medicaid
23 Agency to adopt rules regarding the review of agreements and
24 contracts by the contract dispute committee; to specify that
25 all agreements and contracts of regional care organizations

that have received probationary or final certification are subject to review or approval by the Medicaid Agency; and to further provide for the rulemaking authority of the Medicaid Agency in the administration of the Alabama Medicaid Program.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. Sections 22-6-151, 22-6-153, 22-6-155, 22-6-163, and 22-6-164, Code of Alabama 1975, are amended to read as follows:

"§22-6-151.

"(a) A regional care organization shall serve only Medicaid beneficiaries in providing medical care and services.

"(b) Notwithstanding any other provision of law, a regional care organization shall not be deemed an insurance company under state law.

"(c)(1) A regional care organization and an organization with probationary regional care organization certification shall have a governing board of directors composed of the following members:

"a. Twelve members shall be persons representing risk-bearing participants in the regional care organization or organization with probationary certification. A participant bears risk by contributing cash, capital, or other assets to the regional care organization. A participant also bears risk by contracting with the regional care organization to treat Medicaid beneficiaries at a capitated rate per beneficiary or

to treat Medicaid beneficiaries even if the regional care organization does not reimburse the participant.

"b. Eight members shall be persons who do not represent a risk-bearing participant in the regional care organization. Of these eight members, five members shall be medical professionals who provide care to Medicaid beneficiaries in the region. Three of these members shall be primary care physicians, one an optometrist, and one a pharmacist. One primary care physician shall be from a Federally Qualified Health Center appointed jointly by the Alabama Primary Health Care Association and the Alabama Chapter of the National Medical Association and the other two primary care physicians shall be appointed by ~~a caucus of county boards of health in the region~~ the Medical Association of the State of Alabama, or its successor organization. The optometrist shall be appointed by the Alabama Optometric Association, or its successor organization. The pharmacist shall be appointed by the Alabama Pharmacy Association, or its successor organization. All five medical professionals shall work in the region served by the regional care organization. None of these members shall be a risk-bearing participant in the regional care organization or be an employee of a risk-bearing participant, but these members may contract with the regional care organization on a fee-for-service basis.

"c. Three of the eight members shall be community representatives as follows: 1. The chair of the citizens' advisory committee established pursuant to subsection (d). 2. Another citizens' advisory committee member, elected by the committee, who is a representative of an organization that is part of the Disabilities Leadership Coalition of Alabama or Alabama Arise, or their successor organizations. 3. A business executive, nominated by a chamber of commerce in the region, who works in the region. These members may not be risk-bearing participants in the regional care organization or employees of a risk-bearing participant.

"(2) A majority of the members of the board may not represent a single ~~type of~~ provider ; however, ~~such as hospitals or doctors engaged in medical practice.~~ this shall not apply to a regional care organization if only one entity offers to be a risk-bearing participant as defined in paragraph (c)(1)a. Any provider shall meet licensing requirements set by law, shall have a valid Medicaid provider number, and shall not otherwise be disqualified from participating in Medicare or Medicaid.

"(3) The Medicaid Agency shall have the power to approve the members of the governing board and the board's structure, powers, bylaws, or other rules of procedure. No organization shall be granted probationary regional care

organization certification or full regional care organization certification without approval.

"(4) ~~The regional care organization, the caucus of county boards of health in the region, the citizens' advisory committee, and the optometric, and pharmacy associations shall promptly fill any vacancy on the board of directors.~~ Any vacancy on the governing board of directors in connection with members appointed as described in paragraph (c)(1)b. or (c)(1)c. shall be filled by the appropriate authority as designated in that subsection. A vacancy in a board of directors' seat held by a representative of a risk-bearing participant as defined in paragraph (c)(1)a., shall be filled by the regional care organization. Notwithstanding other provisions of this subsection, the Medicaid Commissioner shall fill a board seat left vacant for at least three months.

"(5) ~~The governing board may not take any action unless at least one physician appointed by a caucus of county boards of health in the region, who does not represent a risk-bearing participant and who does not hold one of the three seats held by community representatives, votes on the prevailing side.~~ The governing board may, by resolution adopted by a majority of the directors, appoint an executive committee, which shall consist of two or more directors, who may have such authority and take such action as authorized by the governing board and consistent with state law; provided,

however, any at-risk provider type shall be represented on the executive committee. The governing board shall set policy and direction for the regional care organization and the executive committee shall execute the policies established by the governing board. The governing board may also appoint such other committees as are consistent with Alabama law. All actions of the executive committee and all other committees shall be reported to the governing board. At least one member of an executive committee and any other committee shall be one of the physicians appointed to the board by the Medical Association of the State of Alabama pursuant to subsection (c)(1)b.

"(6) ~~The membership of the governing board of directors shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the region~~ All appointing authorities for the governing board and the executive committee shall coordinate their appointments so that diversity of gender, race, and geographical areas is reflective of the makeup of the region.

"(d) A citizen's advisory committee shall advise the organization on ways the organization may be more efficient in providing quality care to Medicaid beneficiaries. In addition, an advisory committee shall carry out other functions and duties assigned to it by a regional care organization and approved by the Medicaid Agency. Each regional care

1 organization shall have a citizens' advisory committee, as
2 shall an organization seeking to become a regional care
3 organization, which membership shall be inclusive and reflect
4 the racial, gender, geographic, urban/rural, and economic
5 diversity of the state. The committee shall meet all of the
6 following criteria:
7 "(1) Be selected in a method established by the
8 organization seeking to become a regional care organization,
9 or established by the regional care organization, and approved
10 by the Medicaid Agency.
11 "(2) At least 20 percent of its members shall be
12 Medicaid beneficiaries or, if the organization has been
13 certified as a regional care organization, at least 20 percent
14 of its members shall be Medicaid beneficiaries enrolled in the
15 regional care organization.
16 "(3) Include members who are representatives of
17 organizations that are part of the Disabilities Leadership
18 Coalition of Alabama or Alabama Arise, or their successor
19 organizations.
20 "(4) Include only persons who live in the Medicaid
21 region the organization plans to serve; or if the organization
22 has become a regional care organization, include only persons
23 who live in the Medicaid region served by the regional care
24 organization. The membership of the committee shall be

1 inclusive and reflect the racial, gender, geographic,
2 urban/rural, and economic diversity of the region.
3 "(5) Elect a chair.
4 "(6) Meet at least every three months.
5 "(e)(1) Each regional care organization shall meet
6 minimum solvency and financial requirements as provided in
7 this subsection. The Medicaid Agency shall require a regional
8 care organization, as a condition of certification or
9 continued certification, to maintain minimum financial
10 reserves at the following levels:
11 "a. Restricted reserves of two hundred fifty
12 thousand dollars ($250,000) or an amount equal to 25 percent
13 of the regional care organization's total actual or projected
14 average monthly expenditures, whichever is greater.
15 "b. Capital or surplus, or any combination thereof,
16 of two million five hundred thousand dollars ($2,500,000).
17 "(2) Instead of maintaining the financial reserves
18 required in subdivision (1), a regional care organization that
19 has entered into a risk contract with the Medicaid Agency may
20 submit to the agency a written guaranty in the form of a bond
21 issued by an insurer, in an amount equal to the financial
22 reserves that would otherwise be required of the regional care
23 organization under subdivision (1), to guarantee the
24 performance of the provisions of the risk contract. The bond
25 shall be issued by an insurer authorized in this state and

1 approved by the Medicaid Commissioner. No assets of the
2 regional care organization shall be pledged or encumbered for
3 the payment of the performance bond.
4 "(f) A regional care organization shall provide such
5 financial reports and information as required by the Medicaid
6 Agency.
7 "(g) A regional care organization shall report all
8 data as required by the Medicaid Agency, consistent with the
9 federal Health Insurance Portability and Accountability Act
10 (HIPAA).
11 "(h) Each regional care organization shall create a
12 provider standards committee which shall review and develop
13 the performance standards and quality measures required of a
14 provider by the regional care organization. The performance
15 standards and quality measures shall be subject to the
16 approval of the Medicaid Quality Assurance Committee
17 established in Section 22-6-154. At least 60 percent of the
18 members of the provider standards committee shall be
19 physicians who provide care to Medicaid beneficiaries served
20 by the regional care organization. The regional care
21 organization medical director shall serve as chairperson of
22 the provider standards committee. No more than 50 percent of
23 the members shall reside in one county of the region.
24 "§22-6-153.

1 "(a) Subject to approval of the federal Centers for
2 Medicare and Medicaid Services, the Medicaid Agency shall
3 enter into a contract in each Medicaid region for at least one
4 fully certified regional care organization to provide,
5 pursuant to a risk contract under which the Medicaid Agency
6 makes a capitated payment, medical care to Medicaid
7 beneficiaries. However, the Medicaid Agency may enter into a
8 contract pursuant to this section only if, in the judgment of
9 the Medicaid Agency, care of Medicaid beneficiaries would be
10 better, more efficient, and less costly than under the then
11 existing care delivery system. The Medicaid Agency may
12 contract with more than one regional care organization in a
13 Medicaid region. Pursuant to the contract, the Medicaid Agency
14 shall set capitation payments for the regional care
15 organization.
16 "(b) The Medicaid Agency shall enroll beneficiaries
17 into regional care organizations. If more than one regional
18 care organization operates in a Medicaid region, a Medicaid
19 beneficiary may choose the organization to provide his or her
20 care. If a Medicaid beneficiary does not make a choice, the
21 Medicaid Agency shall assign the person to a care
22 organization. Medicaid may limit the circumstances under which
23 a Medicaid beneficiary may change care organizations.
24 "(c) A regional care organization shall provide
25 Medicaid services to Medicaid enrollees directly or by

1 contract with other providers. The regional care organization
2 shall establish an adequate medical service delivery network
3 as determined by the Medicaid Agency. An alternate care
4 provider contracting with Medicaid shall also establish such a
5 network. The Medicaid Agency shall by rule, pursuant to the
6 Alabama Administrative Procedure Act, establish the minimum
7 reimbursement rate for providers. The minimum reimbursement
8 rate shall be the prevailing Medicaid fee-for-service payment
9 schedule, unless otherwise jointly agreed to by a provider and
10 a regional care organization through a contract. The minimum
11 provider reimbursements shall be incorporated into the
12 actuarially sound rate development methodology for each
13 regional care organization. The methodology and resulting
14 rates shall be submitted to the Centers for Medicare and
15 Medicaid Services for approval.
16 "(d) The Medicaid Agency shall establish by rule
17 procedures for safeguarding against wrongful denial of claims
18 and addressing grievances of enrollees in a regional care
19 organization or an alternate care provider. The procedures
20 shall provide for a timely and meaningful right of appeal, by
21 Medicaid enrollees or their providers, of approvals or denials
22 of care, billing and payment issues, bundling matters, and the
23 provision of health care services. The rules shall include
24 procedures for a fair hearing on all claims or complaints

1 brought by Medicaid enrollees or other providers that shall
2 include the following:
3 "(1) An immediate appeal to the medical director of
4 the regional care organization, who shall be a primary care
5 physician. The rules of evidence shall not apply. The medical
6 director shall consider the materials submitted on the issue
7 and any oral arguments and render a decision. The medical
8 director's decision shall be binding on the regional care
9 organization.
10 "(2) If a patient or provider is dissatisfied with
11 the decision of the medical director, the patient or provider
12 may file a notice of appeal to be heard by a peer review
13 committee. The peer review committee shall be composed of at
14 least three physicians of the same specialty in the region in
15 which the services or matter is at issue. If three physicians
16 cannot be found, then the physicians may be selected outside
17 of the region. The Medicaid Agency shall develop rules
18 regarding the appeal to the peer review committee. The peer
19 review committee's decision shall be binding on the regional
20 care organization.
21 "(3) If a patient or the provider is dissatisfied
22 with the decision of the peer review committee, the patient or
23 provider may file a written notice of appeal to the Medicaid
24 Agency. The Medicaid Agency shall adopt rules governing the
25 appeal, which shall include a full evidentiary hearing and a

1 finding on the record. The Medicaid Agency's decision shall be
2 binding upon the regional care organization. However, a
3 patient or provider may file an appeal in circuit court in the
4 county in which the patient resides, or the county in which
5 the provider provides services.
6 "(e) The Medicaid Agency shall by rule establish
7 procedures for addressing grievances of regional care
8 organizations, except as otherwise provided in subsection (g).
9 The grievance procedure shall include an opportunity for a
10 fair hearing before an impartial hearing officer in accordance
11 with the Alabama Administrative Procedure Act, Chapter 22 of
12 Title 41. The state Medicaid Commissioner shall appoint one,
13 or more than one, hearing officer to conduct fair hearings.
14 After each hearing, the findings and recommendations of the
15 hearing officer shall be submitted to the commissioner, who
16 shall make a final decision for the agency. Judicial review of
17 the final decision of the Medicaid Agency may be sought
18 pursuant to the Alabama Administrative Procedure Act. All
19 costs related to development and implementation of the
20 grievance procedure, including the provision of administrative
21 hearings, shall be borne by the Medicaid Agency. The agency
22 may adopt rules for implementing this subsection in accordance
23 with the Alabama Administrative Procedure Act.
24 "(f) All provider contracts of an organization
25 granted probationary or final certification as a regional care

1 organization shall be subject to review and/or approval of the
2 Medicaid Agency.
3 "(g)(1) If a provider is dissatisfied with any term
4 or provision of the agreement or contract offered by a
5 regional care organization, the provider shall:
6 "a. Seek redress with the regional care
7 organization. In providing redress, the regional care
8 organization shall afford the provider a review by a panel
9 composed of a representative of the regional care
10 organization, the same type of provider, and a representative
11 of the citizen's advisory board appointed by the chairman of
12 the advisory board.
13 "b. After seeking redress with the regional care
14 organization, a provider or the regional care organization who
15 remains dissatisfied may request a review of such disputed
16 term or provision by the Medicaid Agency. The Medicaid Agency
17 shall have 10 days to issue, in writing, its decision
18 regarding the dispute.
19 "c. Within 30 days of receipt of the Medicaid
20 Agency's decision, the provider or the regional care
21 organization may request review of the Medicaid Agency's
22 decision by a contract dispute committee. The committee shall
23 be appointed by the Medicaid Agency and shall be composed of
24 two providers from other Medicaid regions, two representatives
25 of regional care organizations from other Medicaid regions,

1 and an administrative law judge selected by the Medicaid
2 Agency. The two providers shall be selected by the affected
3 provider's professional or business association, and the two
4 representatives of the regional care organizations shall be
5 appointed by the Medicaid Agency from a list of four
6 representatives selected by regional care organizations from
7 the unaffected Medicaid regions.
8 "d. If the provider or the regional care
9 organization is dissatisfied with the decision of the contract
10 dispute committee, the provider or regional care organization
11 shall file an appeal in the Montgomery County Circuit Court
12 within 30 days of the decision.
13 "(2) The Medicaid Agency shall develop rules
14 regarding review of agreements and contracts by the contract
15 dispute committee. The standard of review for the contract
16 dispute committee shall be one of fairness and reasonableness.
17 The contract dispute committee shall undertake a de novo
18 review and shall consider current and historic reimbursement
19 rates; prevailing terms and standards in contracts currently
20 in existence; and customs, policies, and procedures prevalent
21 in the other Medicaid regions and under the Alabama Medicaid
22 Program. The rules shall include the requirement that the
23 contract dispute committee issue a written ruling on such
24 disputed term or provision stating its findings of fact and
25 conclusions of law no more than 20 days after the dispute is

1 submitted to it. The contract dispute committee's decision
2 shall be binding on the regional care organization and the
3 provider.
4 "~~(f)~~(h) In addition to the foregoing, the Medicaid
5 Agency shall do all of the following:
6 "(1) Establish by rule the criteria for probationary
7 and full certification of regional care organizations.
8 "(2) Establish the quality standards and minimum
9 service delivery network requirements for regional care
10 organizations or alternate care providers to provide care to
11 Medicaid beneficiaries.
12 "(3) Establish by rule and implement quality
13 assurance provisions for each regional care organization.
14 "(4) Adopt and implement, at its discretion,
15 requirements for a regional care organization concerning
16 health information technology, data analytics, quality of
17 care, and care-quality improvement.
18 "(5) Conduct or contract for financial audits of
19 each regional care organization. The audits shall be based on
20 requirements established by the Medicaid Agency by rule or
21 established by law. The audit of each regional care
22 organization shall be conducted at least every three years or
23 more frequently if requested by the Medicaid Agency.
24 "(6) Take such other action with respect to regional
25 care organizations or alternate care providers as may be

1 required by federal Medicaid regulations or under terms and
2 conditions imposed by the Centers for Medicare and Medicaid
3 Services in order to assure that payments to the regional care
4 organizations or alternate care providers qualify for federal
5 matching funds.
6 "§22-6-155.
7 "An initial contract between the Medicaid Agency and
8 a regional care organization shall be for three years, with
9 the option for Medicaid to renew the contract for not more
10 than two additional one-year periods. The Medicaid Agency
11 shall obtain provider input and an independent evaluation of
12 the cost savings, patient outcomes, and quality of care
13 provided by each regional care organization, and obtain the
14 results of each regional care organization's evaluation in
15 time to use the findings to decide whether to enter into
16 another multi-year contract with the regional care
17 organization or change the Medicaid region's care-delivery
18 system.
19 "§22-6-163.
20 "(a) The Legislature declares that collaboration
21 among public payers, private health carriers, third party
22 purchasers, and providers to identify appropriate service
23 delivery systems and reimbursement methods in order to align
24 incentives in support of integrated and coordinated health
25 care delivery is in the best interest of the

1 public. Collaboration pursuant to this article is to provide
2 quality health care at the lowest possible cost to Alabama
3 citizens who are Medicaid eligible. The Legislature,
4 therefore, declares that this health care delivery system
5 affirmatively contemplates the foreseeable displacement of
6 competition, such that any anti-competitive effect may be
7 attributed to the state's policy to displace competition in
8 the delivery of a coordinated system of health care for the
9 public benefit. In furtherance of this goal, the Legislature
10 declares its intent to exempt from state anti-trust laws, and
11 provide immunity from federal anti-trust laws through the
12 state action doctrine to, collaborators, regional care
13 organizations, and contractors that are carrying out the
14 state's policy and regulatory program of health care delivery.
15 "(b) The Medicaid Agency shall adopt rules to carry
16 out the provisions of this section.
17 "(c) Collaborators shall apply with the Medicaid
18 Agency for a certificate in order to collaborate with other
19 entities, individuals, or regional care organizations. The
20 applicant shall describe what entities and persons with whom
21 the applicant intends on collaborating or negotiating, the
22 expected effects of the negotiated contract, and any other
23 information the Medicaid Agency deems fit. The applicant shall
24 certify that the bargaining is in good faith and necessary to
25 meet the legislative intent stated herein. Before commencing

1 cooperation or negotiations described in this section, an
2 entity or individual shall possess a valid certificate.
3 "(1) Upon a sufficient showing that the
4 collaboration is in order to facilitate the development and
5 establishment of the regional care organization or health care
6 payment reforms, the Medicaid Agency shall issue a certificate
7 allowing the collaboration.
8 "(2) A certificate shall allow collective
9 negotiations, bargaining, and cooperation among collaborators
10 and regional care organizations.
11 "(d) All agreements and contracts of regional care
12 organizations that have received probationary or final
13 certification shall be ~~approved~~ subject to review and/or
14 approval by the Medicaid ~~Commissioner~~ Agency.
15 "(e) Should collaborators or a regional care
16 organization be unable to reach an agreement, they may request
17 that the Medicaid Agency intervene and facilitate
18 negotiations.
19 "(f) Notwithstanding any other law, the Medicaid
20 Commissioner or the commissioner's designee may engage in any
21 other appropriate state supervision necessary to promote state
22 action immunity under state and federal anti-trust laws, and
23 may inspect or request additional documentation to verify that
24 the Medicaid laws are implemented in accordance with the
25 legislative intent.

1 "(g) The Medicaid Commissioner may convene
2 collaborators and regional care organizations to facilitate
3 the development and establishment of the regional care
4 organizations and health care payment reforms. Any
5 participation by such entities and individuals shall be on a
6 voluntary basis.
7 "(h) The Medicaid Agency may do any or all of the
8 following:
9 "(1) Conduct a survey of the entities and
10 individuals concerning payment and delivery reforms.
11 "(2) Collect information from other persons to
12 assist in evaluating the impact of any proposed agreement on
13 the health care marketplace.
14 "(3) Convene meetings at a time and place that is
15 convenient for the entities and individuals.
16 "(i) To the extent the collaborators and regional
17 care organizations are participating in good faith
18 negotiations, cooperation, bargaining, or contracting in ways
19 that support the intent of establishment of the regional care
20 organization or other health care payment reforms, those
21 state-authorized collaborators and regional care organizations
22 shall be exempt from the anti-trust laws under the state
23 action immunity doctrine.
24 "(j) All reports, notes, documents, statements,
25 recommendations, conclusions, or other information submitted

1 pursuant to this section, or created pursuant to this section,
2 shall be privileged and confidential, and shall only be used
3 in the exercise of the proper functions of the Medicaid
4 Agency. These confidential records shall not be public records
5 and shall not be subject to disclosure except under HIPAA. Any
6 information subject to civil discovery or production shall be
7 protected by a confidentiality agreement or order. Nothing
8 contained herein shall apply to records made in the ordinary
9 course of business of an individual, corporation, or entity.
10 Documents otherwise available from original sources are not to
11 be construed as immune from discovery or used in any civil
12 proceedings merely because they were submitted pursuant to
13 this section. Nothing in this subsection or article shall
14 apply to prohibit the disclosure of any information that is
15 required to be released to the United States government or any
16 subdivision thereof. The Medicaid Agency, in its sole
17 discretion, but with input from potential collaborators, may
18 promulgate rules to make limited exceptions to this immunity
19 and confidentiality for the disclosure of information. The
20 exceptions created by the Medicaid Agency shall be narrowly
21 construed.
22 "(k) The Medicaid Agency shall actively monitor
23 agreements approved under this article to ensure that a
24 collaborator's or regional care organization's performance
25 under the agreement remains in compliance with the conditions

of approval. Upon request and not less than annually, a collaborator or regional care organization shall provide information regarding agreement compliance. The Medicaid Agency may revoke the agreement upon a finding that performance pursuant to the agreement is not in substantial compliance with the terms of the contract. Any entity or individual aggrieved by any final decision regarding contracts under this section that are approved by the Medicaid Agency, or presented to the Medicaid Agency, may take direct judicial appeal as provided for judicial review of final decisions in the Administrative Procedure Act.

"§22-6-164.

"The Medicaid Agency may adopt rules necessary to implement this article <u>and to administer the Alabama Medicaid Program in a manner consistent with state and federal law, as well as any State Plan approved by the Centers for Medicare and Medicaid Services</u>."

Section 2. This act shall become effective immediately following its passage and approval by the Governor, or its otherwise becoming law.

1

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Kay Ivey

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4 President and Presiding Officer of the Senate

5

6 Speaker of the House of Representatives

7 SB459
8 Senate 20-MAR-14
9 I hereby certify that the within Act originated in and passed
10 the Senate, as amended.
11
12 Patrick Harris
13 Secretary
14

15

16
17 House of Representatives
18 Passed: 02-APR-14

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21 By: Senator Reed

APPROVED April 10, 2014

TIME 1:00 p.m.

Robert Bentley

GOVERNOR

Alabama Secretary Of State

Act Num....: 2014-434
Bill Num...: S-459

Recv'd 04/10/14 03:21pmSLF

SPONSOR

Reed

CO-SPONSORS

Bussman

Waggoner

Marsh

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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 459

yeas 28 nays 0 abstain 0

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: 3-26 2014

RD 1 RFD

REPORT OF STANDING COMMITTEE

This bill having been referred by the House to its standing committee on Health 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 ____

This 1st day of April 2014

_____, Chairperson

DATE: 4-1 2014

RF 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 459

YEAS 93 NAYS 1

GREG PAPPAS,
Clerk