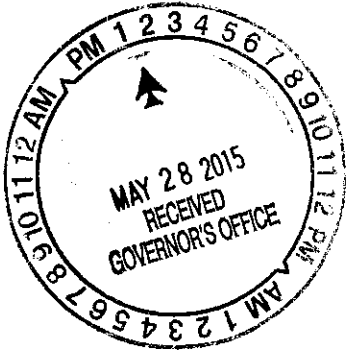


ACT No. 2015 - 322

1 SB431
2 168266-4
3 By Senators Reed, Marsh, and Waggoner
4 RFD: Health and Human Services
5 First Read: 30-APR-15



1 SB431

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4 ENROLLED, An Act,

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Relating to the Medicaid Agency; to amend Section 22-6-160 of the Code of Alabama 1975, to provide for the delivery of medical care services to certain elderly and disabled Medicaid beneficiaries on a managed care basis through one or more statewide integrated care networks; and to establish requirements for the governance and operation of the integrated care network.

12

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

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Section 1. Section 22-6-160, Code of Alabama 1975, is amended to read as follows:

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"§22-6-160.

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~~"(a) The Medicaid Agency, with input from long-term care providers, shall conduct an evaluation of the existing long-term care system for Medicaid beneficiaries and, on October 1, 2015, shall report the findings of the evaluation to the Legislature and Governor.~~

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"(b) The Medicaid Agency shall decide which groups of Medicaid beneficiaries to include for coverage by a regional care organization or alternate care provider. The Medicaid Agency, without the approval of the Governor, shall

1 not make a coverage decision that would affect Medicaid
2 beneficiaries who are directly served by another state agency.

3 ~~"(c) Notwithstanding the above, the current Medicaid~~
4 ~~long term care programs shall continue as currently~~
5 ~~administered by the Medicaid Agency until the end of the~~
6 ~~fiscal year when the evaluation required in subsection (a) is~~
7 ~~reported to the Legislature and the Governor."~~

8 Section 2. For the purposes of this act, the
9 following words shall have the following meanings:

10 (1) CAPITATION PAYMENT. A payment the state Medicaid
11 Agency makes periodically to the integrated care
12 network on behalf of each recipient enrolled under a contract
13 for the provision of medical services pursuant to this act.

14 (2) COLLABORATOR. A private health carrier, third
15 party purchaser, provider, health care center, health care
16 facility, state and local governmental entity, or other public
17 payers, corporations, individuals, and consumers who are
18 expecting to collectively cooperate, negotiate, or contract
19 with another collaborator, or integrated care network in the
20 health care system.

21 (3) INTEGRATED CARE NETWORK. One or more statewide
22 organizations of health care providers, with offices in each
23 regional care organization region, that contracts with the
24 Medicaid Agency to provide Medicaid benefits to certain
25 Medicaid beneficiaries as defined in subdivision (4) and that

1 meets the requirements set forth in this act. The number of
2 integrated care networks shall be based on actuarial soundness
3 as determined by the Medicaid Agency.

4 (4) MEDICAID BENEFICIARIES. As used in this act,
5 those Medicaid beneficiaries who have been determined eligible
6 for Medicaid benefits in a nursing facility or home and
7 community based waiver programs covered by the Medicaid state
8 plan, who have also been determined by a qualified provider to
9 meet the level of care for skilled nursing facility services,
10 and those Medicaid beneficiaries who are also eligible for
11 Medicare coverage, under Title XVIII of the Social Security
12 Act, and who are assigned by Medicaid to the integrated care
13 network.

14 (5) LONG-TERM CARE SERVICES. Medicaid-funded nursing
15 facility services, home-based and community-based support
16 services, or such other long-term care services as the
17 Medicaid Agency may determine by rule provided to certain
18 Medicaid beneficiaries defined in subdivision (4).

19 (6) MEDICAID AGENCY. The Alabama Medicaid Agency or
20 any successor agency of the state designated as the single
21 state agency to administer the medical assistance program
22 described in Title XIX of the Social Security Act.

23 (7) QUALITY ASSURANCE PROVISIONS. Specifications for
24 assessing and improving the quality of care provided by the
25 integrated care networks.

1 (8) REGIONAL CARE ORGANIZATION. An organization of
2 health care providers that contracts with the Medicaid Agency
3 to provide a comprehensive package of Medicaid benefits to
4 Medicaid beneficiaries in a defined region of the state.

5 (9) RISK CONTRACT. A long-term care contract with a
6 fully certified integrated care network under which the
7 integrated care network assumes risk for the cost of the
8 services covered under the contract and incurs loss if the
9 cost of furnishing the services exceeds the payments under the
10 contract and which is competitively bid or competitively
11 procured.

12 Section 3. (a) An integrated care network shall
13 serve only Medicaid beneficiaries in providing medical care
14 and services. For the purposes of this act, a beneficiary
15 cannot be a member of both an integrated care network and a
16 regional care organization.

17 (b) An integrated care network shall provide
18 required medical care and services to Medicaid beneficiaries
19 and may coordinate care provided by or through an affiliation
20 of other health care providers or other programs as the
21 Medicaid Agency shall determine.

22 (c) Notwithstanding any other provision of law, the
23 integrated care network shall not be deemed an insurance
24 company under state law.

1 (d) (1) An integrated care network shall have a
2 governing board of directors composed of the following
3 members:

4 a. Twelve members shall be persons representing risk
5 bearing participants. A participant bears risk by contributing
6 cash, capital, or other assets to the integrated care network.

7 b. Eight members shall be persons who do not
8 represent a risk bearing participant in the integrated care
9 network and are not employed by a risk bearing participant.

10 c. A majority of the board may not represent a
11 single provider. The Medicaid Agency may promulgate rules
12 providing for the criteria and selection of risk bearing and
13 non-risk bearing participants on the board of directors.

14 (2) Any provider represented on the governing board
15 shall meet licensing requirements set by law, shall have a
16 valid Medicaid provider number, and shall not otherwise be
17 disqualified from participating in Medicare or Medicaid.

18 (3) The Medicaid Agency shall approve the members of
19 the governing board and the board's structure, powers, bylaws,
20 or other rules of procedure. No organization shall be granted
21 integrated care network certification without approval.

22 (4) Any vacancy on the governing board of directors
23 in connection with non-risk bearing directors shall be filled
24 in accordance with rules promulgated by the Medicaid Agency. A
25 vacancy in a board of directors' seat held by a representative

1 of a risk bearing participant as defined herein, shall be
2 filled by a majority vote of the remaining directors of the
3 integrated care network. Notwithstanding other provisions of
4 this subsection, the Medicaid Commissioner shall fill a board
5 seat left vacant for more than three months.

6 (5) All appointing authorities for the governing
7 board shall coordinate their appointments so that diversity of
8 gender, race, and geographical areas is reflective of the
9 makeup of the population served.

10 Section 4. There shall be a citizens' advisory
11 committee constituted to advise the integrated care network on
12 ways the integrated care network may be more efficient in
13 providing quality care to Medicaid beneficiaries. In addition,
14 the advisory committee shall carry out other functions and
15 duties assigned to it by the integrated care network and
16 approved by the Medicaid Agency. The committee shall meet all
17 of the following criteria:

18 (1) Be selected in a method established by the
19 organization seeking to become an integrated care network, or
20 established by an integrated care network, and approved by the
21 Medicaid Agency.

22 (2) At least 20 percent of its members shall be
23 Medicaid beneficiaries or sponsors of Medicaid beneficiaries
24 or, if the organization has been certified as an integrated
25 care network, at least 20 percent of its members shall be

1 Medicaid beneficiaries enrolled in the integrated care
2 network, or their sponsor.

3 (3) Include members who are representatives of
4 organizations that are part of the Disabilities Leadership
5 Coalition of Alabama or Alabama Arise, or their successor
6 organizations, the Alabama chapter of AARP, the Alabama
7 Disability Advocacy Program, the Disability Rights and
8 Resources, The Arc of Alabama, and also include members who
9 are non-at-risk providers that provide services to Medicaid
10 beneficiaries through the integrated care network.

11 (4) Be inclusive and reflect the racial, gender,
12 geographic, and diversity of the population served.

13 (5) Elect a chair.

14 (6) Meet at least every three months.

15 Section 5. (a) An integrated care network shall meet
16 minimum solvency and financial requirements as provided by the
17 Medicaid Agency. The Medicaid Agency shall require the
18 integrated care network, as a condition of certification or
19 continued certification, to maintain minimum solvency and
20 financial reserves. The Medicaid Agency shall hereafter
21 promulgate rules setting forth requirements for minimum
22 solvency, financial reserves, and other financial requirements
23 of an integrated care network based on the number of
24 integrated care networks that may be certified and based on
25 actuarial soundness as determined by the Medicaid Agency. The

1 Medicaid Agency shall allow for the requirements to be met
2 through the submission of an irrevocable letter of credit in
3 an amount equal to the financial reserves that would otherwise
4 be required of the integrated care network, to guarantee the
5 performance of the provisions of the risk contract. If an
6 irrevocable letter of credit is used, it shall be issued by a
7 federally or Alabama state chartered banking institution with
8 assets in excess of four billion dollars (\$4,000,000,000) and
9 in a form approved by the Medicaid Agency. No assets of the
10 integrated care network shall be pledged or encumbered in
11 connection with the irrevocable letter of credit.

12 (b) An integrated care network shall provide
13 financial reports and information as required by the Medicaid
14 Agency.

15 (c) An integrated care network shall report all data
16 as required by the Medicaid Agency, consistent with the
17 federal Health Insurance Portability and Accountability Act
18 (HIPAA).

19 Section 6. (a) Subject to approval of the federal
20 Centers for Medicare and Medicaid Services, the Medicaid
21 Agency shall enter into contracts with one or more integrated
22 care networks to provide, pursuant to a risk contract under
23 which the Medicaid Agency makes a capitated payment, medical
24 care to Medicaid beneficiaries assigned to the integrated care
25 network. The Medicaid Agency may enter into a contract

1 pursuant to this section only if, in the judgment of the
2 Medicaid Agency, care of Medicaid beneficiaries would be
3 better, more efficient, and less costly than under the then
4 existing care delivery system. Pursuant to the contract, the
5 Medicaid Agency shall set capitation payments for the
6 integrated care network.

7 (b) The Medicaid Agency shall enroll beneficiaries
8 it designates into an integrated care network consistent with
9 guidance from the Center for Medicare and Medicaid Services.

10 (c) An integrated care network shall provide
11 applicable Medicaid services to Medicaid enrollees directly or
12 by contract with other providers. An integrated care network
13 shall establish an adequate medical service delivery network
14 as determined by the Medicaid Agency. The Medicaid Agency,
15 pursuant to the Administrative Procedure Act, shall establish
16 by rule the minimum reimbursement rate for providers. The
17 minimum provider reimbursements shall be incorporated into the
18 actuarially sound rate development methodology for an
19 integrated care network. If necessary, the methodology and
20 resulting rates shall be submitted to the Centers for Medicare
21 and Medicaid Services for approval.

22 Section 7. (a) The Medicaid Agency shall establish
23 by rule procedures for safeguarding against wrongful denial of
24 claims and addressing grievances of enrollees in an integrated
25 care network.

1 (b) If a patient or the provider is dissatisfied
2 with the decision of an integrated care network, the patient
3 or provider may file a written notice of appeal to the
4 Medicaid Agency. The Medicaid Agency shall adopt rules
5 governing the appeal, which shall include a full evidentiary
6 hearing and a finding on the record. The Medicaid Agency's
7 decision shall be binding upon the integrated care network.
8 However, a patient or provider may file an appeal in circuit
9 court in the county in which the patient resides, or the
10 county in which the provider provides services.

11 (c) The Medicaid Agency shall by rule establish
12 procedures for addressing grievances and appeals of the
13 integrated care network. The appeal procedure shall include an
14 opportunity for a fair hearing before an impartial hearing
15 officer in accordance with the Administrative Procedure Act,
16 Chapter 22, Title 41, Code of Alabama 1975. The state Medicaid
17 commissioner shall appoint one, or more than one, hearing
18 officer to conduct fair hearings. After each hearing, the
19 findings and recommendations of the hearing officer shall be
20 submitted to the Commissioner, who shall make a final decision
21 for the agency. Judicial review of the final decision of the
22 Medicaid Agency may be sought pursuant to the Administrative
23 Procedure Act. All costs related to development and
24 implementation of the appeal procedure, including the
25 provision of administrative hearings, shall be borne by the

1 Medicaid Agency. The Medicaid Agency shall adopt rules for
2 implementing this subsection in accordance with the
3 Administrative Procedure Act.

4 Section 8. (a) All provider contracts of an
5 organization granted final certification as an integrated care
6 network shall be subject to review and approval of the
7 Medicaid Agency.

8 (b) (1) If a provider is dissatisfied with any term
9 or provision of the agreement or contract offered by an
10 integrated care network, the provider shall:

11 a. Seek redress with the integrated care network. In
12 providing redress, an integrated care network shall afford the
13 provider a review by a panel composed of a representative of
14 an integrated care network, the same type of provider, and a
15 representative of the citizens' advisory board appointed by
16 the chair of the advisory board.

17 b. After seeking redress with an integrated care
18 network, a provider or an integrated care network who remains
19 dissatisfied may request a review of such disputed term or
20 provision by the Medicaid Agency. The Medicaid Agency shall
21 have 10 days to issue, in writing, its decision regarding the
22 dispute.

23 c. If the provider or an integrated care network is
24 dissatisfied with the decision of the Medicaid Agency, the
25 provider or an integrated care network may file an appeal only

1 in the Montgomery County Circuit Court within 30 days of the
2 decision.

3 (c) The Medicaid Agency shall establish by rule
4 requirements by which integrated care networks shall operate.
5 In addition to the foregoing, the Medicaid Agency shall do all
6 of the following:

7 (1) Establish by rule the criteria for certification
8 of an integrated care network.

9 (2) Establish by rule the quality standards and
10 minimum service delivery network requirements for an
11 integrated care network to provide care to Medicaid
12 beneficiaries.

13 (3) Establish by rule and implement quality
14 assurance provisions for an integrated care network.

15 (4) Adopt and implement, at its discretion,
16 requirements for an integrated care network concerning health
17 information technology, data analytics, quality of care, and
18 care quality improvement.

19 (5) Conduct or contract for financial audits of an
20 integrated care network. The audits shall be based on
21 requirements established by the Medicaid Agency by rule or
22 established by law. The audit of an integrated care network
23 shall be conducted at least every three years or more
24 frequently if requested by the Medicaid Agency.

1 (6) Take any other action with respect to an
2 integrated care network as may be required by federal Medicaid
3 regulations or under terms and conditions imposed by the
4 Centers for Medicare and Medicaid Services in order to assure
5 that payments to an integrated care network qualify for
6 federal matching funds.

7 Section 9. (a) The Medicaid Agency shall create a
8 quality assurance committee appointed by the Medicaid
9 Commissioner to review the care rendered through the
10 integrated care networks. The members of the committee shall
11 serve two-year terms. The Medicaid Agency shall promulgate a
12 rule establishing the membership and criteria to serve on the
13 quality assurance committee.

14 (b) The Medicaid Agency shall continuously evaluate
15 the outcome and quality measures adopted by the committee
16 pursuant to this section.

17 (c) The Medicaid Agency shall utilize available data
18 systems for reporting outcome and quality measures adopted by
19 the committee and take actions to eliminate any redundant
20 reporting or reporting of limited value.

21 (d) The Medicaid Agency shall publish the
22 information collected under this section at aggregate levels
23 that do not disclose information otherwise protected by law.
24 The information published shall report all of the following:

25 (1) Quality measures.

- 1 (2) Costs.
- 2 (3) Outcomes.
- 3 (4) Other information, as specified by the contract
- 4 between the integrated care network and the Medicaid Agency,
- 5 that is necessary for the Medicaid Agency to evaluate the
- 6 value of health services delivered by an integrated care
- 7 network.

8 Section 10. A risk contract between the Medicaid
9 Agency and an integrated care network shall be for two years,
10 with the option for Medicaid to renew the contract for not
11 more than three additional one-year periods. The Medicaid
12 Agency shall obtain provider input and an independent
13 evaluation of the cost savings, patient outcomes, and quality
14 of care provided by an integrated care network, and obtain the
15 results of an integrated care network's evaluation in time to
16 use the findings to decide whether to enter into another
17 multi-year contract with the integrated care networks or
18 change the Medicaid care delivery system associated with an
19 integrated care network.

20 Section 11. (a) The Medicaid Agency shall establish
21 by rule the procedure for the termination of an integrated
22 care network certification for non-performance of contractual
23 duty or for failure to meet or maintain standards or
24 requirements provided by this act or established by the
25 Medicaid Agency as required by this act.

1 (b) Termination of an integrated care network
2 certification shall follow the standard administrative process
3 with the right to a hearing before a hearing officer appointed
4 by the Medicaid Agency.

5 Section 12. An integrated care network shall
6 contract with any willing nursing home, doctor, home and
7 community waiver program or other provider to provide services
8 through an integrated care network if the provider is willing
9 to accept the payments and terms offered comparable providers,
10 where applicable, but in no event less than amounts
11 historically paid by the Medicaid Agency to comparable
12 providers. To the extent that the Medicaid Agency currently
13 calculates and establishes provider-specific rates for any
14 provider category on an annualized basis, it shall continue to
15 calculate and establish such rates and the integrated care
16 network shall be required to offer providers from that
17 category not less than their established rates. Any provider
18 shall meet licensing requirements set by law, shall have a
19 Medicaid provider number, and shall not otherwise be
20 disqualified from participating in Medicare or Medicaid.

21 Section 13. (a) The following timeline applies to
22 implementation of this act:

23 (1) Not later than April 1, 2017, the Medicaid
24 Agency shall establish integrated care network rules setting
25 forth solvency, governing board, network, and active

1 supervision requirements, as well as other requirements of the
2 Medicaid Agency.

3 (2) Not later than April 1, 2018, Medicaid Agency
4 will initiate competitive procurement for the services of
5 integrated care network or networks.

6 (3) Not later than October 1, 2018, one or more
7 integrated care networks certified by the Medicaid Agency
8 shall begin to deliver services pursuant to a risk bearing
9 contract.

10 Section 14. (a) The Medicaid Agency shall determine
11 by rule which groups of Medicaid beneficiaries to include for
12 coverage by an integrated care network. The Medicaid Agency,
13 without the approval of the Governor, shall not make a
14 coverage decision that would affect Medicaid beneficiaries who
15 are directly served by another state agency.

16 (b) Notwithstanding subsection (a), the current
17 Medicaid long-term care programs shall continue as currently
18 administered by the Medicaid Agency until one or more
19 integrated care networks are fully operational and has entered
20 into a risk contract as provided herein.

21 Section 15. (a) The Legislature declares that
22 collaboration among public payers, private health carriers,
23 third party purchasers, and providers to identify appropriate
24 service delivery systems and reimbursement methods in order to
25 align incentives in support of integrated and coordinated

1 health care delivery is in the best interest of the public.
2 Collaboration pursuant to this act is to provide quality
3 health care at the lowest possible cost to Alabama citizens
4 who are Medicaid eligible. The Legislature, therefore,
5 declares that this health care delivery system affirmatively
6 contemplates the foreseeable displacement of competition, such
7 that any anti-competitive effect may be attributed to the
8 state's policy to displace competition in the delivery of a
9 coordinated system of health care for the public benefit. In
10 furtherance of this goal, the Legislature declares its intent
11 to exempt from state anti-trust laws, and provide immunity
12 from federal anti-trust laws through the state action doctrine
13 to, collaborators, regional care organizations, the integrated
14 care networks, and contractors that are carrying out the
15 state's policy and regulatory program of health care delivery
16 pursuant to this act.

17 (b) The Medicaid Agency shall promulgate rules to
18 carry out the provisions of this section.

19 (c) Collaborators shall apply with the Medicaid
20 Agency for a certificate in order to collaborate with other
21 entities, individuals, integrated care networks, or regional
22 care organizations. The applicant shall describe what entities
23 and persons with whom the applicant intends on collaborating
24 or negotiating, the expected effects of the negotiated
25 contract, and any other information the Medicaid Agency deems

1 fit. The applicant shall certify that the bargaining is in
2 good faith and necessary to meet the legislative intent stated
3 herein. Before commencing cooperation or negotiations
4 described in this section, an entity or individual shall
5 possess a valid certificate.

6 (1) Upon a sufficient showing that the collaboration
7 is in order to facilitate the development and establishment of
8 an integrated care network or health care payment reforms, the
9 Medicaid Agency shall issue a certificate allowing the
10 collaboration.

11 (2) A certificate shall allow collective
12 negotiations, bargaining, and cooperation among collaborators
13 and the integrated care networks.

14 (d) All agreements and contracts of an integrated
15 care network shall be subject to review and approval by the
16 Medicaid Agency.

17 (e) If collaborators or the integrated care network
18 are unable to reach an agreement, they may request that the
19 Medicaid Agency intervene and facilitate negotiations.

20 (f) Notwithstanding any other law, the Medicaid
21 Commissioner or any designee of the commissioner may engage in
22 any other appropriate state supervision necessary to promote
23 state action immunity under state and federal anti-trust laws,
24 and may inspect or request additional documentation to verify

1 that the Medicaid laws are implemented in accordance with the
2 legislative intent.

3 (g) The Medicaid Commissioner may convene
4 collaborators and an integrated care network to facilitate the
5 development and establishment of an integrated care network
6 and health care payment reforms.

7 (h) The Medicaid Agency may do any or all of the
8 following:

9 (1) Conduct a survey of the entities and individuals
10 concerning payment and delivery reforms.

11 (2) Collect information from other persons to assist
12 in evaluating the impact of any proposed agreement on the
13 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 an
17 integrated care network are participating in good faith
18 negotiations, cooperation, bargaining, or contracting in ways
19 that support the intent of establishment of one or more
20 integrated care networks or other health care payment reforms,
21 those state-authorized collaborators and the integrated care
22 network shall be exempt from the anti-trust laws under the
23 state 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 act shall prohibit the
14 disclosure of any information that is required to be released
15 to the United States government or any subdivision thereof.
16 The Medicaid Agency, in its sole discretion, but with input
17 from potential collaborators, may promulgate rules to make
18 limited exceptions to this immunity and confidentiality for
19 the disclosure of information. The exceptions created by the
20 Medicaid Agency shall be narrowly construed.

21 (k) The Medicaid Agency shall actively monitor
22 activities and agreements approved under this act to ensure
23 that a collaborator's or integrated care network's performance
24 under the agreement remains in compliance with the conditions
25 of approval. Upon request and not less than annually, a

1 collaborator or integrated care network shall provide
2 information regarding agreement compliance. The Medicaid
3 Agency may revoke the agreement upon a finding that
4 performance pursuant to the agreement is not in substantial
5 compliance with the terms of the contract. Any entity or
6 individual aggrieved by any final decision regarding contracts
7 under this section that are approved by the Medicaid Agency,
8 or presented to the Medicaid Agency, may take direct judicial
9 appeal as provided for judicial review of final decisions in
10 the Administrative Procedure Act.

11 Section 16. Any participant in the integrated care
12 network system receiving long term care services shall be
13 offered information regarding advance directive for health
14 care options consistent with applicable Alabama state law.

15 Section 17. The Medicaid Agency shall adopt rules
16 necessary to implement this act and to administer the Medicaid
17 Program as provided in this act in a manner consistent with
18 state and federal law, as well as any State Plan or State Plan
19 Waiver approved by the Centers for Medicare and Medicaid
20 Services.

21 Section 18. All laws or parts of laws which conflict
22 with this act are repealed. Notwithstanding the above, it is
23 expressly declared that the provisions of Sections 2 to 16,
24 inclusive, of this act apply only to long-term care and
25 integrated care networks as provided for in those sections.

1 Therefore, Sections 2 to 16, inclusive, of this act shall not
2 be construed to be in conflict with or to amend, repeal, or
3 modify any other provisions of Sections 22-6-150 to 22-6-164,
4 inclusive, Code of Alabama 1975, that do not expressly deal
5 with long-term care, nor any laws and regulations that deal
6 with care provided by regional care organizations or
7 alternative care providers.

8 Section 19. Any other provision of law to the
9 contrary notwithstanding, integrated care networks as defined
10 in this act are exempt from the payment of any and all state,
11 county, and municipal license fees, including any business
12 privilege or license tax heretofore or hereafter levied by the
13 State of Alabama or any county or municipality thereof. The
14 exemptions provided by this section shall not extend to the
15 individual health care providers who are members of the
16 integrated care networks.

17 Section 20. This act shall become effective
18 immediately following its passage and approval by the
19 Governor, or its otherwise becoming law.

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Kay Ivey

President and Presiding Officer of the Senate

Tommy Blanton

Speaker of the House of Representatives

SB431

Senate 19-MAY-15

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

Patrick Harris
Secretary

House of Representatives
Passed: 28-MAY-15

By: Senator Reed

APPROVED

6-3-2015

TIME

3:30 PM

Robert Bentley

GOVERNOR

Alabama Secretary Of State

Act Num....: 2015-322
Bill Num...: S-431

Recv'd 06/03/15 05:31pSLF

SPONSOR

Reed
SPONSORS

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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 431

years 29 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 _____

DATE: 5-19 2015

RD 1 RFD 1-16-14-15

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 21 day of May, 2015.

Jeff Woodard Chairperson

DATE: 5-21 2015

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 431

YEAS 98 NAYS 6

JEFF WOODARD,
Clerk