

PA12-150

SB0097

House	8257-8259, 8288-8290	6
Insurance	413-417, 547	6
<u>Senate</u>	<u>2246-2252, 2490</u>	<u>8</u>
		20

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2012**

**VOL.55
PART 25
8215 - 8555**

THE CLERK:

On page 24, Calendar 492, Substitute for Senate Bill Number 97, AN ACT CONCERNING BREAST CANCER SCREENING, favorable report by the Committee on Appropriations.

SPEAKER DONOVAN:

Representative Susan Johnson, you have the floor, madam.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

Mr. Speaker, I move the joint committee's favorable report and passage of the bill.

SPEAKER DONOVAN:

The question is on acceptance and passage in concurrence with the Senate.

Will you remark?

REP. JOHNSON (49th):

Yes, Mr. Speaker. This bill has a strike-all amendment, LCO Number 4196.

SPEAKER DONOVAN:

The Clerk please call LCO 4196, previously designated Senate "A."

THE CLERK:

LCO 4196, Senate "A," offered by Representative Megna, et al.

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

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SPEAKER DONOVAN:

The Representative seeks leave of the Chamber to summarize.

Hearing no objection, you may proceed.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

This simply takes out the radiologist as a standard for coverage and leaves in the American Cancer Society so that there's one consistent standard for coverage all the way through the screening statutory screen.

I move acceptance.

SPEAKER DONOVAN:

The question is on adoption of the amendment.

Will you care remark further? Care to remark further?

If not, let me try your minds.

All those in favor of the amendment, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Opposed, nay.

The ayes have it. The amendment is adopted.

Remark further on the bill as amended? Remark

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

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further on the bill?

Representative Johnson.

REP. JOHNSON (49th):

Yes, Mr. Speaker.

I would ask that this be put on the consent calendar.

SPEAKER DONOVAN:

The motion is to place this item on the consent calendar.

Any objection?

Hearing none, the item is placed on the consent calendar.

Will the Clerk please call Calendar 499.

THE CLERK:

On page 25, Calendar 499, substitute for Senate Bill Number 234, AN ACT CONCERNING CERTAIN SOCIAL SERVICES PROGRAMS, favorable report by the Committee on Government Administration and Elections.

SPEAKER DONOVAN:

Representative Bruce Morris, you have the floor, sir.

REP. MORRIS (140th):

Mr. Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

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calendar.

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker..

Mr. Speaker, I'm about to call the items again that are on the consent calendar, but I would like to alert the Clerk to two bills that we will be taking off the consent calendar. They are Calendars 380, and Calendars 431. Those are Calendars 380 and Calendar 431.

HB5333
SB130

SPEAKER DONOVAN:

Will the Clerk please call Calendar 204.

THE CLERK:

On page 6, Calendar 204, Substitute for House Bill Number 530, AN ACT CONCERNING THE BOARD IN CONTROL OF THE CONNECTICUT AGRICULTURAL EXPERIMENT STATION, favorable report by the Committee on Government Administration and Elections.

SPEAKER DONOVAN:

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker.

With that, let me -- I was looking to just list the calendar numbers again that we are planning to put on the consent calendar before I move them. I'll be doing this

mr/ch/rgd/gdm/gbr
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in numerical order by calendar number.

They are Calendar Number 71, Calendar 204, Calendar 205, Calendar 287, Calendar 292, Calendar 330, Calendar 402, Calendar 407, Calendar 412, Calendar 417, Calendar 425, Calendar 426, Calendar 442, Calendar 458, Calendar 460.

Calendar 463, Calendar 492, Calendar 495, Calendar 499, Calendar 500, Calendar 501, Calendar 506, Calendar 507, Calendar 508, Calendar 512, Calendar 515, Calendar 516, Calendar 530, Calendar 538 and Calendar 545.

And I'd also like to add to that -- I'm sorry. I omitted one which is Calendar 275.

SPEAKER DONOVAN:

The question before us is passage of the bills on today's consent calendar.

Will you remark? Will you remark?

If not, staff and guests please come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call.
Members to the Chamber. The House is voting the consent calendar by roll call. Members to the Chamber, please.

HB5025
HB5368
HB5326
HB5539
HB5146
SB328
HB5534
HB5555
SB157
SB232
SB339
SB340
SB41
SB98
SB116
SB196
SB97
SB188
SB234
SB237
SB299
SB347
SB371
SB391
SB345
SB383
SB384
SB29
SB354
HB5320
SB254

mr/ch/rgd/gdm/gbr
HOUSE OF REPRESENTATIVES

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SPEAKER DONOVAN:

Have all the members voted? Have all the members voted?

Please check the roll call board to make sure your vote has been properly cast.

If all the members have voted the machine will be locked. The Clerk will please take a tally.

The Clerk please announce the tally.

THE CLERK:

On today's consent calendar.

Total Number Voting	150
Necessary for Adoption	76
Those Voting Yea	150
Those Voting Nay	0
Those Absent and Not Voting	1

SPEAKER DONOVAN:

The consent calendar passes.

Will the Clerk please call Calendar 443.

THE CLERK:

On page 20, Calendar 443, Senate Bill Number 60, AN ACT PROHIBITING PRICE GOUGING DURING SEVERE WEATHER EVENTS, favorable report by the Committee on the Judiciary.

SPEAKER DONOVAN:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**INSURANCE AND
REAL ESTATE
PART 2
360 – 637**

2012



CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

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TESTIMONY
BEFORE THE
INSURANCE AND REAL ESTATE COMMITTEE
LEGISLATIVE OFFICE BUILDING
FEBRUARY 21, 2012

My name is Eric George and I am Associate Counsel for the Connecticut Business & Industry Association (CBIA). CBIA represents approximately 10,000 businesses throughout Connecticut and the vast majority of these are small companies employing less than 50 people.

While the federal government has passed health care reform and Connecticut has begun the process of establishing its federally-required health insurance exchange, more still needs to be done to lower costs and more needs to be done to improve the health of our citizens. Employers find health care costs rising faster than other input costs. Some providers are unable to generate sufficient patient revenue to cover costs. Some patients cannot get timely access to optimal care. And too many individuals remain without health insurance, engage in unhealthy behaviors and live in unhealthy environments.

For the business community, the issues of health care quality, cost and access are critical. After numerous years of double-digit and near-double-digit increases, health insurance has quickly become a product that many people and companies find they can no longer afford. In addition, the cost of health care directly affects businesses' ability to create new jobs.

Therefore, CBIA asks this committee to reject **SB 97, AN ACT CONCERNING BREAST ULTRASOUND SCREENING**. This bill prohibits insurers from requiring copayments for breast ultrasound screening services. By prohibiting copayments as a tool for medical service payments, this bill effectively shifts the costs associated with such copayments onto the rest of the insured market. Such legislation increases healthcare cost much like health benefit mandates do.

As Connecticut moves towards developing its new health insurance exchange, CBIA asks you to refrain from making the already high cost of health care even more unaffordable for the state's companies and residents.

Every health benefit mandate, while providing a benefit to the individuals who utilize those services, increases health insurance premiums for all state-regulated group and individual policies. In fact, the Council for Affordable Health

Insurance (CAHI) has reported that health benefit mandates increase health insurance premiums between less than 20% to more than 50%. According to CAHI, Connecticut's mandates increase group and individual health insurance premiums by as much as 65%.

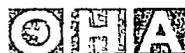
Connecticut's employers are already struggling to afford health insurance for their employees. The hardest hit among these companies are small employers whose revenues and operating budgets make affording employee health insurance extremely difficult. However, when the legislature adopts new health insurance mandates, it makes affording health insurance particularly difficult for these small employers. This is because state mandated benefits only impact plans that are subject to state regulation. If a company has the financial ability to self-insure, then that company's health plan is governed solely by federal law, including the Employee Retirement Income Security Act (ERISA), and does not have to comply with state health benefit mandates. Companies that are able to self-insure (and therefore not subject to Connecticut's health insurance mandates) are typically larger companies that can afford taking on such risk. Smaller companies usually cannot and are forced to be fully insured and subject to state regulation.

So, Connecticut's health insurance mandates impact smaller employers in the state to a greater degree than larger employers. When the legislature either creates a new mandate or expands an existing mandate, it is making health insurance less affordable for those small companies that can least afford to shoulder these cost increases.

CBIA asks this committee to reject all new or expanded mandate proposals and to enact a moratorium on health insurance mandates. It is crucial that as the state moves forward toward major health care reform, that the General Assembly refrain from taking any actions that would increase the cost of already skyrocketing health insurance premiums.

Again, please reject SB 97 and thank you for the opportunity to offer CBIA's comments on this legislation. I look forward to working with you on this and other issues related to the reforming Connecticut's health care system.

FTR



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of Victoria Veltri
Healthcare Advocate**

Submitted to the **Insurance and Real Estate Committee**
In support of **SB 97**
February 21, 2012

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. Thank you for the opportunity to submit testimony before you today. For the record, I am Vicki Veltri, the Healthcare Advocate. OHA is an independent state agency with a three-fold mission to assure managed care consumers have access to medically necessary healthcare, to educate consumers about their rights and responsibilities under health insurance plans, and to inform legislators of problems consumers face in accessing care and propose solutions to those problems.

We support SB 97 to provide access to screening magnetic resonance imaging for patients with dense breast tissue or at increased risk of breast cancer without the financial burden of deductibles, coinsurance, copayments, or other out-of-pocket expense. Screening is vital for detection of breast cancer at its earliest, most curable stage. Evidence has shown that mammogram screenings, currently covered at 100%, are ineffective for some patients. These patients should not be denied affordable access to preventative healthcare or financially penalized based on the method of screening their doctor recommends. Especially when studies have found that patients with dense breast tissue are at a higher risk of breast cancer and their tumors are more likely to have certain aggressive characteristics.¹

The Office of the Healthcare Advocate supports the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums. We appreciate the opportunity to testify today on behalf of our state's 3.5 million healthcare consumers.

If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.

¹ *Journal of the National Cancer Institute*, July 27, 2011



A handwritten signature in black ink, appearing to be 'FOR'.

Feb. 21, 2012

Senator Joseph Crisco and Representative Robert Megna, Co-Chairs
Insurance and Real Estate Committee
Legislative Office Building – Room 2800
Hartford, CT 06106

RSB -97 An Act Concerning Breast Ultrasound Screening

Dear Senator Crisco, Representative Megna and Members of the Insurance & Real Estate Committee:

My name is Nancy M. Cappello and I am writing on behalf of the Board of Directors of Are You Dense, Inc. and Are You Dense Advocacy, Inc., in support of **RSB-97 - An Act Concerning Breast Ultrasound Screening**. I apologize for not testifying at the Public Hearing today; as I am flying home from Florida where I participated in a media and training program with Boca Raton Regional Hospital radiologists about our landmark legislation in Connecticut concerning dense breast tissue.

In 2005, Connecticut became the first state in the nation to mandate insurance coverage for whole breast ultrasound screening for women with dense breast tissue. The members of this Legislature understood the importance of using **ultrasound**, in addition to mammography, for women with dense breast tissue. Research demonstrates that mammography misses **50%** of cancers in women with dense breast tissue and, by **adding the additional ultrasound, substantially increases cancer detection in women with dense breast tissue**. These cancers are typically found at an early stage when most treatable and survivable.

Connecticut data on ultrasound screening for dense breasts were presented in November, 2011 in Chicago at the Radiological Society of North America's (RSNA) Scientific Assembly. **Findings demonstrated a 64% increase in cancer detection. This is a major advance in early detection** and is why Connecticut is hailed as the leader in breast cancer detection for women with dense breast tissue. The data also show that **less than 50% of women with dense breast tissue in Connecticut are opting for the additional ultrasound**. While we do not know the reasons why women are not choosing the added ultrasound screening, we suspect the predominant reason is the expense which, unlike mammography, is subject to a copayment or deductible. I often hear from women that the cost of their deductible prohibits them from benefitting from the screening. For many of these women, this could be the difference between a deadly later stage cancer and a **curable** early stage cancer.

I ask for your support of **RSB-97** which will give women with dense breast tissue, regardless of their ability to pay, equal access to an ultrasound screening for the early detection of breast cancer. I thank you for leading the nation and the world in the prevention of later stage cancers for women with dense breast tissue.

Sincerely,

Nancy M. Cappello
Nancy M. Cappello, Ph.D
President and Founder
Are You Dense, Inc.

Are You Dense, Inc.
96 Rowley Road
Woodbury CT 06798
501 (c)(3) Public Charity
www.AreYouDense.org



Quality is Our Bottom Line

Insurance & Real Estate Committee

Public Hearing

Tuesday, February 21, 2012

Connecticut Association of Health Plans

Testimony in Opposition to

**SB 97 AAC Breast Ultrasound Screening
SB 98 AAC Deductibles and Guidelines for Colonoscopies**

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 97 AAC Breast Ultrasound Screening and SB 98 AAC Deductibles and Guidelines for Colonoscopies.

While we appreciate the intent of the legislation, it will simply add an appreciable cost to the delivery system that will ultimately be passed onto consumers via higher premiums. The ability of health plans to incorporate cost sharing mechanisms into various benefit design packages is critically important to providing affordable insurance products. Removing flexibility in the process, particularly given that the costs have not proven prohibitive, makes little sense at a time when the state at-large is attempting to address issues related to universal coverage.

We urge your opposition.

Thank you for your consideration.

FTR

Jinnah A Phillips
20 Fernwood Rd.
West Hartford, CT 06119
February 23, 2012

Senator Joe Crisco
Representative Bob Megna
Chairs Insurance Committee
State Capitol
Hartford, Connecticut

Dear Senator Crisco and Representative Megna,

As a Connecticut resident and a physician in our community, I am writing to express my concern about Senate bills 12 and 97 both of which would eliminate the reference to national clinical guidelines for breast MRI and therefore would enable every woman with dense breasts to obtain an MRI (in addition to an ultrasound) with no copay.

I do not believe that the benefits of this proposed change in the current language would justify the significant burden this would place on the health care system. The American Cancer Society has very reasonable, evidence-based and clear guidelines for the use of annual breast MRI—namely for women at very high risk (>20-25%) of developing breast cancer over their lifetimes. At this time, there is no good evidence for the use of breast MRI solely for the indication of evaluating dense breast tissue. Eliminating the reference to national clinical guidelines in these bills would be tantamount to the legislative community stating that there is no role for evidence or science in the formulation of sound and prudent healthcare policy.

MRI is not without potential risks. Breast MRI requires the administration of intravenous contrast. Lesions that are identified by MRI must be biopsied in order to establish benignity or malignancy, and therefore increased use of MRI would inevitably lead to an increase in ultrasound and MRI directed biopsies. MRI is also expensive, and when evaluated in the context of what truly makes a good screening test (simple, acceptable, high sensitivity, high specificity, reproducible, cost-effective, low risk-benefit ratio), MRI fails to meet several criteria for applicability to the general or even intermediate risk population.

MRI could be performed on every woman with dense breasts (>50% of the screening population), but it would create numerous undue burdens on an already overtaxed health care system. Are these tradeoffs that we really want to make?

Sincerely,

Jinnah A. Phillips, M.D.

Director of Breast Imaging, Jefferson Radiology
Division Chief of Breast Imaging, Hartford Hospital

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SENATE

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Some items to mark as -- as go at -- at this time. First of all, Madam President, calendar page 21, Calendar Number 59, Senate Bill 97 is marked -- marked go. Calendar page 21, Calendar Number 90, Senate Bill 188 marked go. Calendar page 25, Calendar 233, Senate Bill 371 marked go. Calendar page 25, Calendar 234, Senate Bill 436 marked go. Calendar page 26, Calendar 268, Senate Bill 185, marked go. Calendar page 27, Calendar 288, Senate Bill 299 also marked go.

Madam President, in addition -- in addition, Madam President, back on the earlier part of the Calendar under Favorable Reports, calendar page 6, Calendar 294, Senate Bill 111 also marked go.

And if the Clerk would begin by calling calendar page 21, Calendar 59, Senate Bill 97, the first item.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 21, Calendar Number 59, under Matters Returned from Committees, Substitute for Senate Bill Number 97, AN ACT CONCERNING BREAST CANCER SCREENING, favorable report of the Committees on Insurance and Appropriations.

THE CHAIR:

Good morning -- good afternoon, Senator Crisco.

SENATOR CRISCO:

Good afternoon to you Madam Governor.

I move for acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Question is on passage of the bill.
Will you remark, sir?

SENATOR CRISCO:

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Yes, Madam -- Madam Governor.

The Clerk has an amendment LCO 4196. I ask that it be called and I be given permission to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 4196, Senate A, offered by Senator Crisco and Representative Megna.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam -- Madam Governor.

I move for its adoption.

THE CHAIR:

Motion is on adoption.

Will you remark, sir?

SENATOR CRISCO:

Yes, Madam Governor, this removes the language pertaining to out of pocket expenses which could be considered a mandate and eliminates any concern about whether we would have an additional mandate. Also it -- it sets up the standard for certain criteria for breast screening -- breast cancer screening following the guidelines of the American Cancer Society.

It also eliminates the conflict that was created last year when two similar bills were adopted so this eliminates the conflict and now, as recommended by many people, we have one standard. I just want to, for the record, express my appreciation to our House Vice-Chair, Representative Johnson, for all her work on this bill.

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THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Kelly, good afternoon, sir.

SENATOR KELLY:

Good afternoon, Madam President.

I have a couple of questions for the proponent of this bill.

THE CHAIR:

Please proceed, sir.

SENATOR KELLY:

Thank you.

Through you to Senator Crisco, I just want to be clear that what we're doing here is changing the guidelines or -- or clarifying the guidelines with regards to this bill.

SENATOR CRISCO:

Madam Governor, through you to the illustrious Senator for Shelton/Stratford, yes.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Now is this applicable for ultrasound screening or the MRI?

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

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Madam President, through you to Sen -- I believe it's
for -- for both.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

So basically what we're doing is we're going to make the
guidelines consistent and this bill will accomplish that
for both the ultrasound screening and the MRI process.

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes Madam President, through you to Senator Kelly, also
we have been advised that many of the other standards that
have been related to are all incorporated into American
Cancer Society guidelines.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

No further questions. Thank you.

THE CHAIR:

Thank you, sir.

Will you remark? Will you remark?

Senator McKinney, good afternoon, sir.

SENATOR MCKINNEY:

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Thank you, Madam President.

If I could, a -- a question --

THE CHAIR:

Please proceed, sir.

SENATOR MCKINNEY:

-- maybe only one to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR MCKINNEY:

Thank you, Madam President.

Senator Crisco, a couple of days ago -- a couple of session days ago we had a bill regarding colonoscopies which an -- an amendment that passed that deleted reference to the breast cancer screening and I had asked you if we were going to come back and deal with that issue and, through you, is this -- is this the amendment that we were talking about in that instance?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Republican, yes.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you.

And -- and so now, with respect to -- does this include

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the breast cancer screening ultrasounds and the MRIs? Are both working on the same guidelines or is this just dealing with the screening ultrasounds?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to Senator McKinney, working on the same guideline.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Great, thank you.

I -- I thank Senator Crisco. I think this is a -- this is a very important step that we need to do to make sure the guidelines are consistent. I was concerned when we stripped the other bill and I'm glad we're back here doing it and -- and I appreciate Senator Crisco's work.

Thank you.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

All in favor of Amendment A, please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed?

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Amendment A has been adopted.

Senator Crisco.

SENATOR CRISCO:

Madam Pres -- Governor, if there's no objection, asked to
be placed on the Consent calendar.

THE CHAIR:

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

On page 21, Calendar Number 90, Sen -- Substitute for
Senate Bill Number 188, AN ACT CONCERNING FINANCIAL
ASSISTANCE TO LOCAL HEALTH DEPARTMENTS FOR LEAD POISONING
PREVENTION, favorable report of the Committees on Public
Health and Planning and Development.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you --

THE CHAIR:

You're on sir.

SENATOR LOONEY:

Doesn't seem to be --

THE CHAIR:

There you go, sir.

SENATOR LOONEY:

Okay -- nope --

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House Bill 5123; on page 15, Calendar 401, House Bill 5516; on page 19, Calendar 421, House Bill 5107.

On page 21, Calendar 59, Senate Bill Number 97; also on page 21, Calendar 90, Senate Bill 188; on page 21, again, Calendar 72, Senate Bill 63; page 21, Calendar 73, Senate Bill 195; on page 22, Calendar 104, Senate Bill 207; on page 24, Calendar 197, Senate Bill Number 315; also on page 24, Calendar 183, Senate Bill 234.

Page 25, Calendar 208, Senate Bill 347; on page 25, Calendar 233, Senate Bill 371; on page 26, Calendar 275, Senate Bill 391; on page 27, Calendar 288, Senate Bill 299; on page 27, Calendar 292, Senate Bill 156; and on page 28, Calendar 333, Senate Bill Number 426.

THE CHAIR:

Okay. Mr. Clerk, would you please call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

If all members have voted -- all members voted. The machine will be closed. And Mr. Clerk, will you call this great tally?

THE CLERK:

On today's consent calendar.

Total Number voting	36	
Necessary for adoption	19	
Those voting Yea		36
Those voting Nay		0
Those absent and not voting	0	

THE CHAIR:

The consent calendar passed.