

PA12-085

HB5285

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
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Room 1B, will be the establishment -- a press conference for the establishment of a new caucus for the General Assembly, that caucus being the Manufactured Advance Manufacturer's Caucus. So I would encourage all members with manufacturing background or interest in manufacturing and advanced manufacturing to attend the press conference. I think you'll find it interesting and informative, and we look forward to the formation of that caucus.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

We'll return to the call of the calendar.

Will the Clerk please call Calendar Number 250.

THE CLERK:

On page 12, Calendar 250, Substitute for House Bill Number 5285, AN ACT ADJUSTING COMMUNITY HEALTH CENTER RATES FOR CAPITAL INVESTMENTS, favorable report by the Committee on Human Services.

DEPUTY SPEAKER GODFREY:

The distinguished chair of the Human Services Committee, Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Mr. Speaker.

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

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage, will you explain the bill please sir?

REP. TERCYAK (26th):

Thank you, sir.

This bill has technical language to conform our laws to our existing practice. It allows the Department of Social Services to add a capital cost rate adjustment for Medicaid payments to community health centers. And it will -- it has a high threshold so that we won't be bothered with every little project. It's for new constructions or replacement over \$2 million. And again, it's to conform to our existing practices.

Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

The distinguished ranking member of the public -- of the Human Services Committee, Representative Gibbons.

REP. GIBBONS (138th):

Thank you, sir.

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I guess it's working.

This bill is exactly as the Chairman of the Human Services said that it really just puts into statute what is already current practice, so there should be no net effect or increase on the State's budget.

The federally qualified health care centers are going to be in more and more need over the next coming years as healthcare is changing. More people are going to need these low income health centers, and they're going to have to expand their physical plans throughout the state. This just allows for the centers to go and get an adequate reimbursement rate that will be covered on their daily Medicaid rate by putting their capital cost into the daily rate. And it is something that is happened before but now it's going to be happening prospectively as the centers expand and as they need more space to do what they do best, which is to treat with primary care some of our most vulnerable citizens. This is a good bill, and I urge all members of the chamber to accept -- to pass it.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam. Representative Williams.

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REP. WILLIAMS (68th):

Thank you, Mr. Speaker. I rise to ask a few questions about the bill.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. WILLIAMS (68th):

I'm not as familiar with how this works and maybe just a few questions to Representative Tercyak. My old seat at made, Representative Thompson, has a particular interest in federally qualified health centers, and I'm sure will be elaborating on his position on this, but I wanted to know with respect to the \$2 million threshold that seems to have been set, sort of, how we arrived at the \$2 million number? Through you.

DEPUTY SPEAKER GODFREY:

Representative Tercyak, do you care to respond?

REP. WILLIAMS (68th):

Would you like me to elaborate?

REP. TERCYAK (26th):

No, thank you.

No, thank you, through you, Mr. Speaker.

We arrived at the \$2 million number through consensus discussion of what's a big number so we're

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not bothered with piddling little things. Through
you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And -- well, how many of these projects happening
on an annual basis? I certainly don't expect the
proponent to know the exact number but is this a
common practice, or are they consistently renovating
buildings? What's the type of capital project that we
are referring to here? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you, Mr. Speaker, through you. Many FQACs
or even if they're not FQACs, community health
centers, should there be that aren't FQACs, are busy
expanding in order to meet the growing health care
needs, as our ranking member mentioned. I know that
in my community, we have in addition put onto our
community health center. In the past, we've opened
new operatorium for dental business, and we -- they
took over a lot. Cleared it, cleaned it, put up a

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parking lot. It depends on where the center is and how much work they need. This is only going to be approved for growing for future needs.

DEPUTY SPEAKER GODFREY:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker, and I thank the gentleman for his answers.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Will you remark further on the bill? Will you remark further on the bill?

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

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The house is taking a roll call vote. Members to the chamber please.

DEPUTY SPEAKER GODFREY:

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

If so, the machine will be locked. The Clerk will take a tally.

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And the Clerk will announce the tally.

THE CLERK:

House Bill 5285.

Total number voting	143
Necessary for passage	72
Those voting Yea	143
Those voting Nay	0
Those absent and not voting	8

DEPUTY SPEAKER GODFREY:

The bill is passed.

Would the Clerk please call Calendar 384.

THE CLERK:

On page 24, Calendar 384, Substitute for House Bill Number 5425, AN ACT CONCERNING THE APPLICABILITY OF THE SALES AND USE TAX TO VESSEL STORAGE, MAINTENANCE, OR REPAIR, favorable report by the Committee on Finance.

DEPUTY SPEAKER GODFREY:

The distinguished chair of the Finance and Bonding Committee, Representative Widlitz.

REP. WIDLITZ (98th):

Thank you, Mr. Speaker, good evening to you.

DEPUTY SPEAKER GODFREY:

Good evening.

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codifies that goal and provides some standardization.

It also supports Connecticut's rebalancing plan by providing consistent information about the broad range of community, long term care options available. And this system enhances the state's nursing home diversion efforts. Community care in lieu of nursing home care is preferable and less costly.

And finally, a single point of entry integrated system is consistent with federal priorities and provides Connecticut with the opportunity to apply for the balancing incentive payment program, which requires a statewide single point of entry system, a universal assessment or level of care screening tool, which is in the Governor's budget, and conflict free case management, which also exists here in the State of Connecticut through access agencies.

I want to thank you for this opportunity to provide testimony and urge your support on this bill. Thank you.

SENATOR MUSTO: Thank you. Are there any mem -- questions from members of the committee?

SHERRY OSTROUT: Thank you so much.

SENATOR MUSTO: Well, thank you very much.

Commissioner Bremby, welcome.

COMMISSIONER ROD BREMBY: Good afternoon, Senator Musto and Representative Tercyak, distinguished members of the committee. I am Rod Bremby, Commissioner of DSS. I'm here to offer testimony on a number of bills this afternoon.

I, too, am a person. And I have brought a significant number of my leadership team so it

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To demonstrate the scope of what this bill might require, the department currently has 7,358 enrolled billing providers. Therefore the legislation would require us to perform 1,100 audits, to be completed -- completed quarterly. So that's 4,400 audits per year. As stated above, we've got 125 audits per year with 20 auditors. If we extrapolated that, we would need an additional 700 auditors to address this request.

Lastly, the statute only refers to vendors and providers and should not be expanded to cover audits of beneficiaries. The DEDES -- DSS Office of Quality Assurance does perform investigations of beneficiary claims. These investigations are not audits and beneficiaries committing fraud against our programs are subject to criminal prosecution.

If this language was enacted we would be required to perform audits of 15 percent of our 700-plus thousand beneficiaries each quarter which equates to another 105,000 audits per quarter. For the last year -- for the year ending December 31st, federal fiscal year 20 -- this may be 2011, Quality Assurance Audit Division completed 124 audits. These audits identified 16.6 million dollars in overpayment and produced 5.8 million in cost avoidance. Most audit targets are chosen based on claims payment history and general knowledge of the provider community.

Given the reasons above, we oppose this bill.

House Bill 5285, AN ACT ADJUDICATING OR ADJUSTING COMMUNITY HEALTH CENTER RATES FOR CAPITAL INVESTMENTS. In the last couple of days we've been privileged to learn more about this bill. We believe that while we don't oppose this bill we may support limits for the type of expansions through the rules and regs.

For example, maybe a two million dollar limit for these.

So I think I'll stop there and provide an opportunity for questions. And again, we have a significant number of our leadership team here to add -- address the grandularity (sic) of your questions. So with that, I'll pause.

SENATOR MUSTO: Thank you, Commissioner.

Are there questions from the members of the committee for the Commissioner?

Okay.

Oh, I'm sorry, Joe. I didn't see you there. Senator Markley.

SENATOR MARKLEY: Thank you, Senator Musto. And thank you, Commissioner.

On the -- what may be the -- the major topic out of this legislation, the administration of medication by the home care assistants. Secretary Barnes mentioned cases where people were having four or more visits a day and the expense merely on the visit side of it was \$75,000 -- \$75 - a hundred thousand dollars or or even more per year.

SB3D

And as much as I think we all want to see as many people in a home situation as possible, it raises in my mind the possibility that there's people that are -- we're -- we're maybe trying too hard to keep in a home situation when a nursing facility would be more appropriate or possibly people who are going back and forth frequently between the two facilities and demanding a high level of care while at home. And I guess I won't pose that as a question to you, Commissioner, but ask you to comment on

rehabilitation programs. This is part due to the integration of education services in the program.

In this economic environment it is simply unrealistic to expect that someone without the bare minimum educational credentials will ever get a job. Participants in the jobs first program should be afforded the same tools that my former clients had, so they can be set up powerfully for the best chance at securing employment. Possessing a GED or high school diploma is the first step on the path of self sufficiency. DOL understands that gaining a high school diploma credential is among DOL's own recommendations to improve the outcomes of the Jobs First Employment Service Program.

NASW supports Senate Bill 209 that requires DSS and DOL to implement the jobs first program that includes the pilot program that includes the pursuance of a high school diploma as an allowable activity for participant's employability plans. Thank you.

REP. TERCYAK: Thank you very much. Any questions? Thanks for coming and advocating for the people you serve. We appreciate it. It's important.

CHRISTINE LIMONE: Thank you.

REP. TERCYAK: Marcia Stein followed by Keith Reinald followed by Ellen Small Billard.

DAVID BOOMER: Ms. Stein was detained in Boston with the bad weather. Would it be okay if I could summarize her statement for the record? David Boomer with the Kowalski Group speaking on behalf of the Community Health Centers. Thank you very much for you indulgence and I will be extremely brief, Senator Musto, Representative Tercyak and members of the Committee.

HB5285

I'd be offering comments and they've been submitted to you in writing on House Bill 5285, AN ACT ADJUSTING COMMUNITY HEALTH CENTER RATES FOR CAPITAL INVESTMENTS. Members of the Committee, we view this as a very important, very innovative bill. Right now in the long term care industry as you've heard earlier today, a facility can get a reimbursement, a payment from the state for what's called fair rent. That's added on to their rate.

And, fair rent reimburses them for the cost of making capital improvements, improving their buildings and so forth. Without the improvements, they probably would not be able to take in patients or patients wouldn't want to be there. So, the state is indirectly, through fair rent, allowing them to upgrade their facilities and has put in their rate. House Bill 5285 would take that concept and extend it to community health center so that community health centers in -- for instance, Community Health Center, Inc., started in 1971 in one storefront in Middletown. They've grown now that they have 200 locations throughout the state; 13 centers where they provide primary care; they have 130,000 patients.

They're an outstanding group of professionals and their mission is going to expand in the coming years as more people come into the health care system with insurance and the Medicaid enhancements under the federal law. So, in order to adapt to that and have the facilities they need and the new equipment, this bill would allow them to basically have a fair rent component on their rate from the Department of Social Services. And, why is that important?

Number one, it saves you 50 percent over the current structure which generally has been using state bond funds. All state money. This

would allow them to get the 50 percent federal match. And, this will allow them to be poised to serve even more people in the coming years. And, in closing, Mr. Chairman, we appreciate the Commissioner's testimony earlier today where he stated they do not oppose the bill. They have some questions and details they'd like to work out and we'd be delighted to do that with him and the Department and with yourself. So, with that, I appreciate you letting me submit Ms. Stein's comments for the record.

SENATOR MUSTO: Thank you very much. Are there any questions from members of the Committee? Seeing none, thank you. Next is Keith Reinold. Good afternoon.

KEITH REINOLD: Good afternoon, Senator Musto, Representative Tercyak and members of the Committee. My name is Keith Reinold from Health Management Systems, HMS. HMS submits the following comments in support of House Bill 5284.

HMS is the nation's leader in cost containment solutions for government-funded entities. Our clients include Medicaid programs in more than 40 states. HMS helps government health care payers to ensure claims are paid correctly and by the responsible party. Since 1991, HMS has performed cost savings and recovery activities on behalf of the Connecticut Department of Social Services. During the last state fiscal year, HMS recovered nearly \$40 million and saved DSS an additional \$151 million through cost avoided payments.

HMS's work with DSS includes Third Party Liability to TPL services. Determining when an individual has both Medicaid and private health insurance coverage. By Federal and state law, Medicaid must remain the payer of last resort.

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Testimony before the Human Services Committee

Commissioner Roderick L. Bremby

March 1, 2012

Good morning, Senator Musto, Representative Tercyak and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am Commissioner of the Department of Social Services (DSS). I am here today to testify on a number of bills that impact the department, including seven bills the department submitted for the committee's consideration and the Governor's budget implementation bill for human services programs. I would like to thank the Committee for raising the bills on our behalf and urge your support. I will begin my comments with the Governor's budget implementation bill, Senate Bill 30.

S.B. No. 30 AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES.

The Department of Social Services provides a wide array of services and supports to over 750,000 Connecticut residents annually through over 90 programs. While the vast majority of DSS services support the medical needs of our residents through programs such as Medicaid, Children's Health Insurance Program and the Connecticut Home Care Program for Elders, our programs help to meet a broad range of needs by residents of all ages. These programs include income support services, such as Temporary Family Assistance, child support and child care; food and nutrition such as the Supplemental Nutrition Assistance Program (food stamps) and elderly nutrition; and support and safety services such as winter heating assistance, social work services, and teen pregnancy prevention.

The Governor's recommended mid-term budget for SFY 2013 represents a net reduction of \$119.2 million, or 2%, from the original SFY 2013 biennial appropriation. This represents an increase of \$20.5 million, or 0.4%, above current SFY 2012 estimated expenditures. Health Services comprise 90% of the total \$5.8 billion recommended budget, and Medicaid alone represents 91% of the health services area. Medicaid enrollment is currently over 580,000 and has been steadily increasing.

Some of the more significant changes in the Governor's recommended budget are in DSS medical programs, including changes to the Medicaid for Low-Income Adults (MLIA) program, Money Follows the Person, and medication administration to clients living in

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language was enacted, we would be required to perform audits of 15% of our 700,000 beneficiaries each quarter. This equates to 105,000 audits per quarter.

For the year ended December 31, 2012, Quality Assurance's Audit Division completed 124 audits. These audits identified \$16.6 million in overpayments and produced \$5.8 million in cost avoidance. Most audit targets are chosen based upon claims payment history and general knowledge of the provider community.

Given the reasons cited above, we are opposed to the bill.

H.B. No. 5285 (RAISED) AN ACT ADJUSTING COMMUNITY HEALTH CENTER RATES FOR CAPITAL INVESTMENTS.

This bill proposes to add a capital cost rate adjustment to a community health center's existing payment rate and establish a separate capital cost rate adjustment for each Medicaid service provided by a center. No adjustment would be given for any depreciation or interest expenses associated with capital costs that were disapproved by the federal Department of Health and Human Services, the Office of Health Care Access within the Department of Public Health, or another federal or state government agency with capital expenditure authority related to health care services. The Commissioner of Social Services may allow actual debt service in lieu of allowable depreciation and interest expenses associated with capital items funded with a debt obligation, provided debt service amounts are deemed reasonable in consideration of the interest rate and other loan terms.

Federally Qualified Health Centers (FQHCs) are reimbursed via medical, and/or dental and/or mental health federally approved prospective rates. Included in the rates is reimbursement for the center's historical interest and depreciation average costs reported in the base 1999 and 2000 Medicaid cost reports. The base rates established using this methodology effective January 1, 2001, are inflated annually by the Medicare Economic Index every October 1. Under this federally prescribed and approved prospective rate system, an FQHC may apply to DSS for a "scope of service" review and possible associated rate adjustments.

Since the implementation of the prospective payment system in January 2001, there have been numerous scope-of-service rate increases given for capital and operational improvements and expansions. While we do not oppose the bill, we would be seeking to limit the administrative impact through regulations.

Thank you for the opportunity to testify. I would be happy to answer questions you have.

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speaker was David Boomer

Testimony Submitted by Marcia Stein, MS in support of HB-5285: AN ACT ADJUSTING COMMUNITY HEALTH CENTER RATES FOR CAPITAL INVESTMENTS.

Senator Musto, Representative Tercyak, members of the Human Services Committee: On behalf of the Community Health Center, Inc., I am submitting my strong support for HB-5285, a bill which would help health centers fund the capital requirements—new buildings, renovations, and additions—essential for health centers to meet the current and growing needs for primary care in Connecticut.

CHC, Inc. is a statewide Federally Qualified Health Center (FQHC), with primary care centers in 13 cities and care delivered in over 200 locations. Our forty years of growth have taken us from a single storefront to our current ability to care for over 130,000 patients, the vast majority of whom are uninsured or covered under the Medicaid or Medicare programs, in facilities that reflect our model of care and our respect for our patients.

Services provided by community health centers are cost-effective because of the focus on prevention and disease management. The proposed change to Medicaid rate setting is critical to maintaining the community health center service infrastructure in Connecticut.

Over the past five years, the Stimulus Bill and the Affordable Care Act have supplemented state bond funds and internal financing and enabled important renovations and expansions across Connecticut. As the special Federal funding mechanisms come to an end, Connecticut needs to create a rationale, sustainable mechanism for funding capital investments in health centers and fortunately, such a model is at hand; the "Fair Rent Value System" which allows nursing homes to be compensated for their capital costs through their Medicaid rate structure. This system is also being adopted in other states as a funding option for community health centers, including the neighboring state of New York.

Raised Bill No. 5285 allows the Department of Social Services (DSS) to adjust community health center payment rates to account for additional capital costs that are incurred to develop new sites or replace existing locations and equipment. It would replicate the Fair Rent Value System, adopted for community health centers. This would facilitate community health centers in planning strategically for expansion and facility upgrades. As part of the Medicaid prospective rate paid to the FQHCs, a minimum of 50% of the cost can be captured through the federal match for Medicaid, thus reducing the cost to the State of Connecticut.

As the residents of our state age, as chronic diseases become more common, and as more individuals join the ranks of the insured through the health insurance exchange and expanded Medicaid, it is critical that we have a strong primary care infrastructure to meet the demands for care.

HB-5285 provides a new vehicle to fund community health centers as part of a larger effort to make our health care delivery system more efficient.

Thank you for your consideration of this legislation and I would be happy to answer any questions you may have.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE HUMAN SERVICES COMMITTEE

March 1, 2012

Kimberly R. Martone, Office of Health Care Access (860) 418-7029

House Bill 5285 – An Act Adjusting Community Health Center Rates for Capital Investments

The Department of Public Health has the following concerns regarding House Bill 5285.

The Department would like to bring the testimony from the Department of Social Services to your attention concerning current practices for reimbursing Federally Qualified Health Centers via Medical, and/or Dental and/or Mental Health Federally approved prospective rates. The proposed bill for a capital cost rate adjustment would be an unnecessary duplication of the scope of service process that is already in place. Several changes to state statutes, regulations and the state plan would be required if this bill were to move forward.

Furthermore, lines 26 through 27 of this bill includes the Department's Office of Health Care Access and pursuant to Public Act 10-179, Senate Bill No. 494 the Office no longer regulates capital expenditures related to Certificate of Need projects. Additionally, under the same Public Act the definition of a Health Care Facility, as it relates to Certificate of Need, does not include Community Health Centers and therefore, they are not required to seek Certificate of Need authorization.

Thank you for your consideration of the Department's views on this bill.

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SENATE**

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THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

A second item on calendar page 16 is Calendar 446, House Bill 5395. Move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Also calendar page 16, Calendar 448, House Bill 5414. Move to place this item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 17, Calendar 451, House Bill 5548. Move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 18, Calendar 456, House Bill 5285. Move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

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On page 13, Calendar 426, House Bill 5443; on page 14, Calendar 438, House Bill 5347; Page 14, Calendar 439, House Bill 5388; page 15, Calendar 441, House Bill 5501.

Also on page 15, Calendar 442, House Bill 5536; page 16, Calendar 445, House Bill 5145; page 16, Calendar 446, House Bill 5395; on page 16, Calendar 448, House Bill 5414; page 17, Calendar 451, House Bill 5548; page 18, Calendar 456, House Bill 5285.

Also on page 18, Calendar 458, House Bill 5031; on page 20, Calendar 468, House Bill 5217; page 21, Calendar 471, House Bill 5164; page 22, Calendar 476, House Bill 5263.

On page 23, Calendar 485, House Bill 5237. On page 25, Calendar 497, House Bill 5512; page 26, Calendar 502, House Bill 5497; page 26, Calendar 503, House Bill 5409.

On page 28, Calendar 512, House Bill 5424. And on page 30, Calendar 522, House Bill 5289.

THE CHAIR:

That seems correct.

Mr. Clerk, would you please call for a roll call vote on the consent calendar. (Inaudible.)

THE CLERK:

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

THE CHAIR:

Senator Gomes, would you like to vote, please. Thank you.

If all members have voted, if all members have voted, the machine will be closed.

Mr. Clerk, would you please call a tally.

THE CLERK:

On today's consent calendar,

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Total Number Voting	35	
Necessary for passage	18	
Those Voting Yea	35	
Those Voting Nay	0	
Those Absent and Not Voting		1

THE CHAIR:

The consent calendar passes.

Are there any points of personal privilege or announcements? Are there any points of personal privilege or announcements?

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Yes, Madam President, if there are no announcements or points of personal privilege, we will, of course, be in session tomorrow -- or actually it's later today but -- but not on Thursday. But --

THE CHAIR:

Okay. Promise?

SENATOR LOONEY:

-- we will -- we will convene later this morning. We will have a -- announce the Democratic caucus at eleven followed by session at noon today.

Thank you, Madam President.

With that, would move the Senate stand adjourned, subject to the call of the chair.

THE CHAIR:

So ordered, sir. Everybody drive safely.

On motion of Senator Looney of the 11th, the Senate, at 12:32 a.m. adjourned subject to the call of the chair.