

**PA13-131**

HB5767

Aging	60-66, 281-285	12
House	1352-1355	4
Senate	4198-4199, 4250-4252	5
		<b>21</b>

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**AGING  
PART 1  
1 – 285**

**2013  
INDEX**

And it not only is good for the individuals and their health outcomes, but it also has proven to be very sound fiscal policy. So I think it's analogous to that, again, sort of this notion that if we give that proposal, you know, our support, that it's going to, you know, cost us, but instead it does not, and it will reduce costs.

And I think that any of the fiscal attention that's been given this with concerns about the fact that it's going to increase cost is false, because, again, that working assumption that the funds would otherwise be spent on long-term care is faulty and not required by Medicaid law, not federally and not in the states.

SENATOR KELLY: Thank you very much.

REP. SERRA: Any other questions? Thank you.

SANDRA SHERLOCK WHITE: Thank you for the opportunity. Thank you.

REP. SERRA: Next is Marghie Giuliano. Good morning.

MARGHIE GIULIANO: Good morning, Representative Serra and Members of the Committee on Aging. My name is Marghie Giuliano, and I'm Executive Vice President of the Connecticut Pharmacists Association. And I'm here today to testify in strong support of House Bill 5767, AN ACT CONCERNING SYNCHRONIZING PRESCRIPTION REFILLS.

This legislation would prevent insurers from denying coverage of a prescription refill if it's part of a Medication Synchronization Program developed by a prescriber and a pharmacist for a patient. Medication adherence is one of the largest identified concerns with health care that we've seen in the pharmacy

world. Patients who are on multiple medications, we need to ensure that they're taking their medications timely.

And we want to try and reduce any challenges or barriers that they may have to obtaining their medication. And pharmacists are in the unique position to design and implement programs as part of their workflow process that can improve adherence and coordinate patient care. Let me just explain a little bit about what I'm talking about.

Medication synchronization. So picture your elderly mother or perhaps even yourself having multiple medications to manage your chronic condition. And you have to get to the pharmacy several times a month to pick up your prescriptions, because they come due at different times.

What a program like this does is it allows a physician or a pharmacist to identify a patient who could benefit from this type of program. And so all of the patient's prescriptions would come due at the same time every month.

So the pharmacist would meet with the patient and say, okay, what's a good time, what's a good day for you every month? What time? If you can't get here, we can deliver it for you. So it really coordinates all of that for the patient.

And about a week before the patient is due to come in, the pharmacy will call the patient and say, okay, next Tuesday is your day to pick up your meds. We've got everything ready. Have there been any changes in your health care? Are you on any new medications? Has the doctor told you anything about discontinuing meds? And are you on any new over-the-counter meds?

So the pharmacist coordinates all that, and they have like a week before the patient comes in to check back with the prescriber, if there's anything new that they've learned, and to get everything ready, medication and staff, et cetera, so when the patient comes in, they're ready. They've got everything together.

It's really critical for a new medication, so I know this bill talks about refills, and I have a suggestion that we would amend the language in line six and in line 15 that no insurer would deny coverage would deny coverage for the filling or refilling. So it's really critical with the new meds.

And when a patient comes in with something new, the pharmacist may have to either cut back the quantity so it falls due again at the same time or, you know, make adjustments in that. And so in an audit, from an audit perspective, a pharmacist changing quantities might get dinged by an insurer. So I just want to make sure that that's encompassed in it as well.

And my other recommendation that I would make is that we amend the language to require health plans to pay a pharmacy some type of care coordination fee similar to what pharmacists are doing now. When they're administering vaccines, they are getting an administration fee.

And really the pharmacist is stepping into their role as a health care provider. The state of Connecticut does recognize them as health care providers. And they're stepping into the role as a health care provider to help coordinate the care of this patient around their medications. And I firmly believe that

they should reimburse, be reimbursed accordingly.

So we're very supportive of this legislation. We really think it will have a great impact on adherence for our patients. And that, in turn, yields many, many savings in health care costs by keeping patients out of the hospital. Thank you.

REP. SERRA: Any questions? Representative Cook.

REP. COOK: Thank you for coming in and testifying. I put this legislation in a couple of years ago, and it was kind of one of those things, it's like people are like, why don't we do this already? It just is one of those no-brainer things that would help a whole lot of people. You had, so I want to thank you for coming out and testifying and bringing the, you know, bringing the information to us.

And I'm intrigued about your suggestions, and thank you for those too. And I appreciate the last one that you had suggested about requiring people or pharmacies to be paid like a care-coordinated fee. Are there other states that do that, and if there are, do we know what the fee is that they charge, and how does that work?

MARGHIE GIULIANO: There are not any states that I am aware of that do this, Representative Cook, because in many states, unlike Connecticut, pharmacists are not considered health care professionals, health care providers. So we have an opportunity in the state to, you know, really take advantage of that.

And actually, even on a national level, pharmacists have yet to be recognized by the Social Security Act as health care providers.

So it makes it, that payment model makes it a little difficult to obtain. But, again, from this, from our perspective, I mean, this is really, this, we're talking about new types of health care models and reimbursement models.

We're talking about ACOs and many other things, and this is an opportunity to work into that type of payment, either a, you know, a global payment or some type of payment to integrate this care coordination fee. And we can't, obviously, rely on dispensing fees anymore, and this is really outside of the dispensing role.

And, you know, you'll see that people say, well, you know, you're, maybe you'll get an additional dispensing fee. Well, many times, insurers aren't even paying pharmacies a dispensing fee on longer prescriptions. So we have to move away from that and look at this as a real service provided. It's care coordination, so it's outside of that realm, and the pharmacist should really be reimbursed for it.

REP. COOK: So along those lines, do we have a suggestive rate, or how would we come, if we're going to amend some language and make some changes and some significant changes, and I think you hit on something else, especially our small, independent pharmacies have been hit pretty hard over the last few years, and, you know, we've been advocating, I'm been advocating to make sure that we don't continue to hit them in the pocket.

And this was part of the reason why I had put this legislation forward, because it's our small, independent pharmacies that do deliver. And instead of making 10 or 12 trips to the same, you know, patient every month, make one trip, you know.

And we know that gas prices are continuously rising and going back and forth and insurance costs, and so this just makes a whole lot of sense. How do we come up with a fee that we could suggest so we're going to put into language? What would that fee be? How do we decide what that is moving forward? Where do you go with that?

MARGHIE GIULIANO: I mean, I would love to have some further discussion. I don't know if it's appropriate for a legislation to set the fee, so, and I don't know the legalities of that. But certainly I would suggest that we look at some other models that are using paying health care providers, physicians, et cetera, some type of care coordination fee and see what they're doing to work that in.

And this is really something, it's really for all pharmacies and all pharmacists. So if we make this something that can really work, and it's, the pharmacists are given enough of an incentive, I mean, this should be something that can be handled in all pharmacies. You know, it's great for our patients.

It's great for anybody who's on complex medication regimens. And it gives the patient that extra touch with the pharmacist, you know, once a month to say, yes, I've had a change or, you know, help, to help them with something, just removing these challenges and these barriers to be able to obtain their medications appropriately.

So I don't know if it's our place to set a fee, but certainly I think we should look at what is happening with other health care professionals and seeing how that care coordination fee is working into their payment methodology. And

58 February 5, 2013  
cip/gbr SELECT COMMITTEE ON AGING 10:00 A.M.

I'd be more than happy to look into it and work with this Committee on it.

REP. COOK: I would appreciate it if you could do some investigating as to potential fee conversations and how we would go about that. I'd rather not leave it in the insurer's hands. I don't know if we can necessarily legislate that.

But at the same time, I think it's something that we should take a charge on if that's the direction that we're going to go, because I don't know if it will get done another way. So thank you very much, and thank you, again, for supporting this.

MARGHIE GIULIANO: Thank you. I appreciate it.

REP. SERRA: Any other questions from the Committee? Thank you.

MARGHIE GIULIANO: Thank you.

REP. SERRA: Next up is Peter Boorman, Connecticut Bar Association.

PETER BOORMAN: Good morning. My name is Peter Boorman. I'm an attorney who practices out of Newington. I'm here representing the CBA today and more specifically the other law section of the CBA in which I serve as vice chair. I want to briefly talk to you today about the CBA support for Senate Bill 523. Testimony, written testimony, has already been provided. That was provided by Whitney Lewendon of our section, so I hope that you do have that.

And I want to, really kind of by way of my emphasis today, is to recommend this legislation to you that really provides an incentive to families to return gifts that may



**Testimony of Edward R. Schreiner Jr., R.Ph.**

**Raised Bill 5767, An Act Concerning Synchronizing Prescription Refills**

**February 5, 2013**

Distinguished Members of the Joint Committee on Aging;

My name is Edward Schreiner Jr. As a registered pharmacist, I have owned and operated Stoll's Pharmacy in Waterbury, CT since 1988. I am also the Chairman of the Board of Directors for Northeast Pharmacy Service Corporation, a company that provides business development services to approximately 250 community pharmacies throughout New England.

I am submitting testimony in support of **Raised Bill 5767, An Act Concerning Synchronizing Prescription Refills**. "Refill Synchronization" is a concept in which all of a patient's prescriptions are coordinated to be refilled on the same day each month.

Why is this important? When you learn that you have a long-term health problem, one of the most important ways you can manage your condition is by taking your medicine as directed by your doctor, pharmacist, or other health care professional. This is also known as medication adherence. There are numerous reasons why people don't take their medications correctly. Many people never fill their prescriptions, or they may never pick up their filled prescriptions from the pharmacy. Other people bring their medication home, but don't follow their doctor's instructions – they skip doses or stop taking the medicine, or they take more than instructed or at the wrong time of day.

On October 11, 2009, the nonprofit health policy organization The New England Healthcare Institute (NEHI), released research showing that patients who do not take their medications as prescribed by their doctors cost the U.S. health care system an estimated \$290 BILLION in avoidable medical spending every year. NEHI's research found that one third to one half of all patients do not take their medications properly.

Pharmacists have long been aware that the most cost effective medication is the one that is taken properly. The concept of refill synchronization, developed in 1996 by a pharmacist in Long Beach, CA, seeks to improve medication adherence by reducing gaps in drug therapy and promoting monthly medication counseling. Greater medication adherence improves patient's



well-being and ultimately helps to drive down the costs of health care. In the ensuing years various programs such as Medicine-On-Time™ and Simplify My Meds™ have been developed to give pharmacists the ability to provide patient specific pharmacy service based upon refill synchronization.

Refill synchronization is an ongoing process. Initially quantities on existing prescriptions may need to be altered to allow all future refills to be due on the same day. Once the initial medication list is synchronized, all future prescriptions must be written for the same days' supply so that they are all refillable at the same time. Problems also arise when new medications are added or doses are changed mid-cycle and the new prescription is not written for the EXACT quantity needed to get the patient synchronized to the next fill cycle date.

Raised bill No 5767 protects patient's drug coverage by mandating that insurance companies cover prescriptions filled in a manner necessary to allow synchronizing of multiple prescriptions under a medication plan agreed upon by the patient, the doctor and the pharmacist. It supports pharmacists' ability to help control spiraling healthcare costs by assisting patients to manage their medication usage. Most importantly, this bill provides patient's more control of their pharmacy-related health care needs, specific to their personal situation, without the fear that their prescription drug insurance can deny coverage for an otherwise covered drug.

In conclusion, I strongly urge you to support passage of Raised Bill No 6322. Thank you for the opportunity to express my opinion.

Edward R. Schreiner Jr., R.Ph.  
36 Pineridge Drive  
Oakville, CT 06779



T6

Statement Before  
The Committee on Aging  
Tuesday, February 5, 2013

Re: **HB 5767: An Act Concerning Synchronizing Prescription Refills**

Good Afternoon Senator Ayala, Representative Serra and members of the Committee on Aging. My name is Marghie Giuliano. I am a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1,000 pharmacists in the state of Connecticut. I am here today to testify in **strong support of HB 5767: AAC Synchronizing Prescription Refills.**

This proposed legislation prevents insurers from denying coverage of a prescription refill if it is part of a medication synchronization program developed by a prescriber and pharmacist for a patient to synchronize the filling/refilling of their prescription medications. This type of program can contribute to increased adherence/persistence by the patient.

Medication adherence/persistence is just one of several concerns surrounding patients on complex medication regimens. Prescribers and pharmacists know that if a patient isn't taking their medications for chronic conditions properly, or discontinues taking their medication, it can lead to serious and costly health care complications such as adverse drug events and hospital re-admissions. Pharmacists are in a unique position to help avert the impact to the health care system and to patients. They can design and implement programs as part of their prescription workflow that can improve adherence/persistence and *coordinate* patient care.

The Medication Synchronization Program or Appointment Based Model (ABM) program was designed by a pharmacist in Long Beach, California in 1995. The Alliance for Patient Medication Safety (APMS), a supporting organization of the National Alliance of State Pharmacy Associations (NASPA) then further developed this model into a system that can easily and quickly be integrated into most pharmacies' workflow.

Two recent studies (NASPA ABM Pilot<sup>1</sup> and L&S Pharmacy<sup>11</sup>) provide evidence on the value of the Appointment Based Model. Some key findings from the two studies were:

- 57% of the non-persistent patients became persistent after 12 months in the ABM
- The percentage of persistent refills in the non-persistent patients increased from 59% prior to the ABM to 76% after implementation
- Of the patients in the persistent group, 90% continued to remain persistent throughout the entire twelve months of the study

There was a 30% increase in the number of prescriptions dispensed in the post-intervention subgroup (L&S)

Some of the advantages of this program include:

- Increased convenience for the patient or caregiver – a single monthly trip to the pharmacy;
- Increased awareness for the caregiver/children of all of the medications their elderly parents are taking;
- Increased personal contact with the pharmacist to ask questions and discuss medications;
- Increased understanding of the medication, its purpose, potential side effects and cost.

Patients in the ABM program select a day and time of the month that is convenient for them to pick up or have their medications delivered. The pharmacy contacts the patient a week before the patient is due to come in to remind the patient that their medication will be ready and to see if there have been any changes in medications or if there has been any event (i.e. hospitalization) that might impact medication use. The pharmacy then has a week to coordinate care processes to make sure all medications will be in stock, to coordinate any changes with the prescriber and to update the patient's records.

When a patient comes in with a new medication for a chronic disease it becomes critical that this new medication be synchronized with the patient's current date to pick up medications. This might encompass having to change the quantity of the new prescription so that it will "come due" when all the other prescriptions come due.

***Therefore, this proposed language should be amended in line 6 and in line 15 to state that no insurer shall deny coverage for the filling or refilling or for changing quantities on new prescriptions for a patient that is part of a medication synchronization program.***

***CPA would also recommend that the proposed language be amended to require that health plans pay pharmacies a care coordination fee for patients that are enrolled in a medication synchronization program. Similar to how pharmacists are paid an administration fee when providing vaccines, pharmacists need to be paid to coordinate medication synchronization for patients with complex medication regimens.***

The CPA is very supportive of this proposed legislation. This is an example of care coordination that pharmacists can provide in the healthcare system, and health insurers, other payers and patients would benefit by working with pharmacists to develop other strategies and incentives to achieve healthier patient outcomes.

---

<sup>1</sup> Holdford, D. A., & Inocencio, T. (2011, April). *Patient Centric Model: Pilot Data Analysis Report*. Retrieved from National Alliance of State Pharmacy Associations: <http://www.naspa.us/documents/grants/abm/NASPA%20Report%204-08-2011%20Final%20Reports.pdf>

<sup>2</sup> Logan, T., & Armstrong, T. A. (2010, December). *Impact of Mind Your Medicine Program on Persistence and Adherence: A Descriptive Report*. Retrieved from National Alliance of State Pharmacy Associations: <http://www.naspa.us/documents/grants/abm/L%20%20S%20Adherence%20Write-up%20UPDATE%2012-22-10.pdf>



February 5, 2013

**Statement  
Of  
Anthem Blue Cross and Blue Shield  
On  
HB 5767(RAISED) An Act Concerning Synchronizing Prescription Refills**

Good afternoon Senator Ayala, Representative Serra and members of the Aging Committee, my name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am on testifying on HB 5767(Raised) An Act Concerning Synchronizing Prescription Refills.

While the legislation is intended to be consumer friendly and help consumers to assist with multiple prescriptions but this legislation, while well-intended, will have some unintended consequences that I want to point out for the committee members. There are too many unknowns that cannot be addressed in the legislation for instance, what if the patient uses multiple pharmacies? What if the number of refills is not the same for all drugs? What if a member can't afford to pay for all of their meds at one time? And how would synchronization of prescriptions occur if they are started at different times or the dosage changes? These are some of the questions that are real-life situations every day that we experience as a health plan that provides prescription drug coverage.

We hope that the Committee takes into consideration these unintended consequences on not only the insurers but more importantly the members and their providers as you deliberate this legislation. Thank you for your time and attention.

Anthem Blue Cross and Blue Shield is the trade name for Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

10645LNEEN (7/09)

**H - 1153**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2013**

**VOL.56  
PART 4  
1026 - 1360**

mhr/gbr  
HOUSE OF REPRESENTATIVES

139  
April 10, 2013

A VOICE:

No. No; it's Page 8.

THE CLERK:

Calendar Page 8.

A VOICE:

No. No; hold on. Hold on. You're going to go  
House Calendar Number 74.

THE CLERK:

House Calendar Number 74, Substitute for House  
Bill Number 5767, AN ACT CONCERNING SYNCHRONIZING  
PRESCRIPTION REFILLS, Favorable Reports from the  
Committee on Aging, and Insurance.

DEPUTY SPEAKER BERGER:

The dais will recognize Representative Cook.

REP. COOK (65th):

Good afternoon, Mr. Speaker; nice to see you  
there.

DEPUTY SPEAKER BERGER:

Good afternoon, Representative.

REP. COOK (65th):

Mr. Speaker, I move for a joint acceptance  
committee and Favorable Report and passage of the  
bill.

DEPUTY SPEAKER BERGER:

Question before the Chamber is acceptance of the joint committee's Favorable Report and passage of the bill.

Will you comment further, Representative Cook?

REP. COOK (65th):

Mr. Speaker, House Bill 5767 is simply to allow pharmacies, especially our small, independent pharmacies to combine all of their prescription drug refills at one time so they can liver -- deliver to our elderly people at one time. This, in a time that we've been kind of slapping our independent pharmacies around, this helps them with delivery costs and insurance costs, and so -- and it also helps with our elderly population who do pay for delivery costs. I urge passage.

DEPUTY SPEAKER BERGER:

Will you comment further on the bill before us?

Will you comment further?

Representative Adinolfi, of the 103rd.

REP. ADINOLFI (103rd):

Thank you, Mr. Speaker.

This bill originally came out of Aging and then it went to Insurance. It's a good bill and I think there'll be some side effects that we didn't really

consider at the time, but it could happen, is I think we're going to find that through this, it could stop some drug abuse where somebody goes to two different doctors and gets the prescription for the same item. This, in some cases, might control that and stop this abuse. So I urge acceptance of the bill.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Will you comment further on the bill before us?  
Will you comment further on the bill before us? Will you remark further on the bill before us?

If not, will staff and guests please come to the Well of the House. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.  
Members please report to the Chamber. The House of Representatives is voting by roll. Members return to the Chamber, please.

DEPUTY SPEAKER BERGER:

Yes. Could the Clerk please reopen and recall.

THE CLERK:

It's all set.

DEPUTY SPEAKER BERGER:

It's all set? Thank you, Clerk.

THE CLERK:

The House of Representatives is voting by roll. Members return to the Chamber. The House of Representatives is voting by roll. Members return to the Chamber, please.

DEPUTY SPEAKER BERGER:

Have all members voted? Have all members voted? Will the members please check the board to determine if their vote is properly cast?

If all members have voted, the machine will be locked. And the Clerk will take a tally.

Will the Clerk please announce the tally.

THE CLERK:

MR. Speaker, House Bill Number 5767.

Total Number Voting	144
Necessary for Passage	73
Those voting Yea	144
Those voting Nay	0
Absent and not voting	7

DEPUTY SPEAKER BERGER:

The bill passes.

Will the Clerk please announce House Calendar Number 82.

THE CLERK:

**S - 665**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2013**

**VOL. 56  
PART 14  
4130 - 4472**

Madam President, I would like to pass temporarily Calendar page 26, Calendar 638, House Bill 6373, and also to pass temporarily Calendar page 41, Calendar 649, House Bill 5113. I would ask the Clerk to call, as I had said previously, Calendar page 6, Calendar 348, House Bill 5767.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 6, Calendar 348, substitute for House Bill Number 5767, AN ACT CONCERNING SYNCHRONIZING PRESCRIPTION REFILLS, Favorable Report of the Committee on Aging.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

Good evening, Madam President.

THE CHAIR:

Good evening, sir.

SENATOR AYALA:

Madam President, I move acceptance of the Joint Committee's Joint Favorable Report and urge passage of the bill.

THE CHAIR:

The motion is on acceptance and passage. Will you remark, sir?

SENATOR AYALA:

Yes. Madam President, this bill prohibits certain health insurers that provide prescription drug coverage from denying coverage for refilling any drug

prescribed to treat a chronic illness. If the refill is made in accordance with a plan to synchronize the refilling of multiple prescriptions, the plan must involve the insured, a practitioner, and a pharmacist.

THE CHAIR:

Thank you. Will you remark? Will you remark?

Senator Kelly. Good evening, sir.

SENATOR KELLY:

Good evening, Madam President, and thank you.

I rise in support of this bill. In essence, this bill is not only good for the insured who has the opportunity to get their prescriptions filled in a uniform time period, however, it's also good for our local pharmacies, because now in a time when they're experiencing tight cash flow situations, this is one way for them to be able to control their budgets by sending one person out to deliver prescriptions one time rather than doing it multiple times, because the prescriptions would be synchronized. It's something that makes sense. It's reasonable. It's rational. And for those reasons, I stand in support and believe the bill should be approved.

THE CHAIR:

Thank you, Senator Kelly. Will you remark further? Will you remark further?

Senator Ayala.

SENATOR AYALA:

Madam President, if there is no objection, I move this item to the Consent Calendar.

THE CHAIR:

Is there any objection?

Seeing no objection, so ordered.

Madam President, if the other items marked go would now be marked passed retaining their place on the Calendar, and if the Clerk would read the items on the second Consent Calendar so that we might proceed to a vote on that second Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On the second Consent Calendar for the day, page 6, Calendar 348, House Bill 5767; Calendar 352, House Bill Number 6452; also on page 6, Calendar 354, House Bill 6388; on page 7, Calendar 368, Senate Bill 900; page 18, Calendar 573, House Bill 6524; page 20, Calendar 591, House Bill 5727; Calendar 592, House Bill 5979; Calendar 593, House Bill 6523; Calendar 594, House Bill 6596; page 21, Calendar 605, House Bill 6567; page 23, Calendar 615, House Bill 6638; on page 24, Calendar 618, House Bill 6433; and Calendar 619, House Bill 6482; on page 33, Calendar 125, Senate Bill 906; and page 39, Calendar 422, House Bill 5718.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote. Oops, hold on a moment.

Senator Looney.

SENATOR LOONEY:

Yes, Madam President.

Just I wanted to indicate did we get the item on Calendar page 33 --

THE CHAIR:

Yes, sir.

SENATOR LOONEY:

-- Calendar 125, Senate Bill 906?

THE CHAIR:

Yes, sir.

SENATOR LOONEY:

Good. Thank you very much, Madam President.

THE CHAIR:

Yeah.

SENATOR LOONEY:

I appreciate it and move that we vote the Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Immediate roll call has been ordered in the Senate.  
Senators please return to the Chamber. Immediate roll call on Consent Calendar 2 has been ordered in the Senate.

THE CHAIR:

The machine is open.

THE CHAIR:

Senator Boucher.

No problem.

Senator Maynard.

Thank you.

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

Mr. Clerk, will you call the tally.

THE CLERK:

On the second Consent Calendar for today,

Total Number Voting	34
Necessary for Adoption	18
Those voting Yea	34
Those voting Nay	0
Those absent and not voting	2

THE CHAIR:

Thank you. The Consent Calendar, second Consent Calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President, first of all for a, a journal notation.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, Senator Coleman was absent today due to illness. We hope that he will be back with us next week, missed votes today. And also for a point of personal privilege, Madam President.

THE CHAIR:

Please proceed.

SENATOR LOONEY:

Thank you.

Madam President, two of our wonderful caucus colleagues on the, the Democratic staff in great