

**MINUTES
of the
SIXTH MEETING
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**December 3-5, 2008
Room 307, State Capitol
Santa Fe**

The sixth meeting of the Legislative Health and Human Services Committee (LHHS) was called to order at 9:30 a.m. by the chair.

Present

Sen. Dede Feldman, Chair
Rep. Danice Picraux, Vice Chair
Sen. Rod Adair
Rep. Keith J. Gardner
Sen. Mary Kay Papen
Rep. Gloria C. Vaughn

Absent

Rep. Joni Marie Gutierrez
Sen. Steve Komadina

Advisory Members

Sen. Sue Wilson Beffort
Rep. Ray Begaye
Rep. Nathan P. Cote
Rep. Nora Espinoza (12/4, 12/5)
Rep. Miguel P. Garcia
Rep. John A. Heaton (12/5)
Rep. Antonio Lujan
Rep. James Roger Madalena
Rep. Rick Miera (12/3)
Sen. Gerald Ortiz y Pino (12/3, 12/4)
Rep. Edward C. Sandoval
Rep. Mimi Stewart

Rep. Jose A. Campos
Rep. Daniel R. Foley
Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. Rodolpho "Rudy" S. Martinez
Sen. Nancy Rodriguez
Rep. Jeff Steinborn
Sen. David Ulibarri

(Attendance dates are noted for those members not present for the entire meeting.)

Staff

Michael Hely
Karen Wells
Tim Crawford

Guests

The guest list is in the meeting file.

Handouts

Handouts are in the meeting file.

Wednesday, December 3

Welcome and Introductions

The chair invited members of the committee and staff to introduce themselves.

Prescription Drugs in New Mexico: A Legislative History

Karen Wells, researcher at the Legislative Council Service (LCS), presented a matrix showing all the legislation related to prescription drugs that has been enacted since 1996. The legislature has been very active in this area, passing 30 measures. A copy of the matrix is attached to these minutes.

Committee members asked questions and made remarks regarding the following:

- why state nursing homes and hospitals are not reusing prescription drugs, as authorized by regulation;
- whether pricing information collected from drug manufacturers and wholesalers is being utilized to achieve cost savings;
- clarification about the federal 340B drug pricing program, and whether it is being fully utilized in the state; and
- how the Retiree Health Care Authority intends to utilize balances in the Prescription Drug Fund.

The Prescription Project

Harry L. Chen, M.D., representative, Vermont House of Representatives, reviewed the importance of the federal Food and Drug Administration (FDA) approval process for patents for prescription drugs, noting that these patents result in a virtual monopoly in drug sales for manufacturers. The Pharmaceutical Research and Manufacturers Association (PhRMA) is a very powerful lobbying organization. Dr. Chen identified reasons why continued attention to this subject is so important. Marketing, influencing physicians and the public, resulted in \$8.2 billion in expenditures in 2008. The number and cost of prescription drugs grew significantly from 1991 to 2004. He identified tools, gifts and methods manufacturers use to influence prescribers. These marketing approaches are proven to work to increase market share for specific drugs; however, they account for 30 percent of the cost of drugs. Only 10 to 15 percent of drug cost is due to research and development. Part of the increased cost to the system is due to physicians and patients switching from generic or low-cost alternative drugs to more expensive, brand-name drugs. Due to pervasive and frequent marketing, approaches are being followed by several states to counter marketing effects, including gift bans, gift disclosure, prescriber education and prescriber privacy. Bans prohibit or limit gifts from the industry to prescribers, and disclosure laws require reporting by the industry on how much is spent on gifts to providers. Mr. Chen suggested examining the Medicaid budget to determine how much is spent on prescription drugs by specialty. The use of drug samples, a key marketing tool, has been shown to increase the out-of-pocket costs for patients who receive them over time. Academic detailing is the practice of sending independent, trained clinicians to prescribers' practices to counter the information they receive from manufacturers. It provides evidence-based education to providers on prescription drugs. Model states for funding of academic detailing are Maine and Vermont. Dr. Chen also described the practice of data mining, whereby pharmaceutical manufacturers have access to provider-specific data regarding prescribing practices, and use that data to target their marketing. He reviewed laws enacted in several states to prohibit data mining. These laws have been

challenged in court as an infringement on the free speech rights of the manufacturers. Finally, he described the potential of enhanced use of generic drugs and therapeutic alternatives as a means to reduce pharmaceutical costs. In New Mexico, he estimates a possible savings of nearly \$72 million with greater use of generic drugs.

Committee members asked questions and made comments regarding the following:

- the use of vouchers distributed from physician offices in Vermont to promote the use of generic drugs. The state pays for the vouchers when they are redeemed using general fund dollars. The state finances the program using fees on manufacturers;
- who benefits financially from selling prescriber information to manufacturers;
- whether data mining occurs in the Veterans Health Administration system;
- whether the voucher program limits a person's access to brand-name drugs;
- clarification of the percent of marketing and the percent of research and development expenditures by manufacturers;
- whether any states have successfully limited the use of drug samples;
- how generic drugs may differ from brand-name drugs;
- how legislation to limit manufacturers' profits may impair incentives for new drug development;
- how states are paying for academic detailing, and the possibility of obtaining a Medicaid match for this; Medicaid does match this in Vermont;
- the experience of Massachusetts and other states in banning pharmaceutical gifts, and the policy of the University of New Mexico Medical School in this area; and
- the total dollar value of gifts to providers, and whether these gifts are taxable.

State Pharmacy Disease Management and Prevention Programs

Dale Tinker, president of the New Mexico Pharmaceutical Association (NMPhA), discussed programs in New Mexico in which pharmacies help manage disease and promote health. He pointed out that New Mexico has the second-lowest prescription drug cost of all the states. New Mexico's use of generic drugs in the Medicaid program is the highest in the nation. Mr. Tinker provided statistics about the impact of diabetes on health care costs and the shortages of primary care physicians to treat chronic disease. He reviewed legislation that has supported the use of pharmacists as clinicians and described programs in which pharmacists are providing care, including immunization and vaccinations, tobacco cessation, emergency contraception, diabetes management in public schools and brown bag medication reviews. The diabetes management program is a pilot being implemented in collaboration with the Public School Insurance Authority. Mr. Tinker provided statistics depicting the effectiveness of these programs in New Mexico and highlighted the NMPhA legislative priorities.

Questions from committee members focused on:

- the availability of pharmacists to vaccinate children and provide flu shots;
- the protocol for sharing immunization information with physicians and entering the information into the statewide immunization database;
- whether the reimbursement for vaccinations is adequate;
- whether pharmacists carry liability insurance; the answer was that they do;
- whether a list of certified pharmacy clinicians exists;
- problems in coordination of care, especially coordination of prescribed medication;

- whether the policy requiring amphetamines to be dispensed from behind the counter has had a positive impact on the problem of methamphetamine use;
- opportunities for Native Americans to become pharmacists; and
- a suggestion that the Department of Health (DOH) work with the NMPHA to increase utilization of the diabetes management program.

The committee members expressed a desire to endorse the NMPHA legislative request for pharmacist authority to initiate prior authorization.

There being a quorum present, the chair entertained a motion for acceptance of the minutes. Motion was made, seconded and unanimously adopted.

Service Seniors: Prescription Drug Programs for the Aging and Disabled

Buffie Ann Saavedra, program manager for the benefits counseling program of the Aging and Long-Term Services Department (ALTSD) covered details regarding drug coverage under Medicare Part D and other programs. She provided statistics regarding the extent of prescription drug coverage, by county, in New Mexico. A separate handout described outreach and education efforts in which ALTSD is involved. Ms. Saavedra described the availability of prescription drug plans under Medicare Part D in the state and subsidies that are available. She identified qualifications to receive extra help with prescription drugs.

Juanita Thorne-Connerty, program manager of MEDBANK, described the prescription drug assistance program at ALTSD. Outreach activities include working with local pharmacists to do brown bag assessments and to screen people for possible subsidies. The MEDBANK program is a computerized program that provides access to free or low co-pay prescriptions to consumers from drug manufacturers. Since 2003, prescriptions totaling more than \$13 million have been provided to New Mexicans. ALTSD also has a voucher program that provides one-time assistance of \$300 per person toward the purchase of prescription drugs while being approved for participation in MEDBANK. This program is accessed through 116 sites across the state and has enrolled more than 6,000 participants since its inception in 2003. All these programs are accessible by calling the ALTSD Aging and Disability Resource Center at 1-800-432-2080.

Questions of clarification were asked regarding:

- qualifications to enroll in MEDBANK and other prescription drug assistance programs at ALTSD;
- the point at which someone enters the Medicare Part D "donut hole";
- how outreach events accommodate Native American cultural and other language barriers;
- how people are served in nursing homes;
- reasons for gaps in coverage with people eligible but not enrolled in Medicare Part D;
- increases in Medicare Part D premiums this year, and how they impact members; and
- how MEDBANK is funded.

Prescription Drug Donation and Any Willing Provider

Barbara McAneny, M.D., representing the New Mexico Medical Society (NMMS), presented two issues for the committee's consideration, both of which were endorsed by the NMMS. She noted first that 37 states have enacted legislation to permit one patient to donate unused medications to another patient. She offered an alternative to other states' approaches by having these donations occur in physicians' offices and be handled similarly to the way sample drugs are dispensed.

Committee members had questions and comments regarding:

- the importance of liability waivers; and
- whether pharmacies or pharmaceutical companies will object to such a measure.

The chair asked if there was any objection to committee endorsement of the prescription drug donation bill. There being none, the bill will receive the committee's endorsement. Dr. McAneny then described the need for legislation to require managed care companies and insurance companies to contract with any provider willing to meet contractual requirements. This measure, she contends, will address the shortage of physicians and difficulty in recruiting physicians to New Mexico. Numerous other states have any willing provider laws, most of which are targeted to pharmacies. However, the issues are the same for physicians as for pharmacies. Additionally, enactment of this measure would help to ensure that patients would not need to choose another physician when their insurance coverage changes. Provisions should be addressed in the bill to assure quality measures and credentialing of qualified physicians.

Committee members asked questions and made comments regarding:

- whether parameters on reimbursement should be included in the bill;
- other measures that could be included, such as utilization and quality;
- whether the bill would include a provision for rejection of a particular physician; and
- the role of the New Mexico Medical Review Board in assuring the quality of physicians in the state.

Cancer Clinical Trials

Robert Hromas, M.D.; Terri Stewart, New Mexico Cancer Alliance; and Linda Siegle, lobbyist, presented a request to remove the sunset provisions from existing statutes to cover routine patient care for patients undergoing cancer clinical trials and to expand the provisions to include preventive trials.

Tax Credits for Qualified Workplace Wellness Programs

Jim Campbell presented a request on behalf of New Mexico First regarding a proposed public/private partnership to improve health, decrease health care costs, increase business activity and support economic development. The New Mexico First Town Hall meeting on health care reform endorsed the concept that employers who offer qualified workplace wellness programs and who invest up to \$300 per employee be eligible for a tax credit of up to 50 percent of their investment.

Several people testified about the benefit of their workplace wellness programs, including John Frankinini of New Mexico Mutual, Ann Reilly of Sandia National Laboratories, Deska Platz of Epicon Industries, Susan Coty of Johnson and Johnson and Doug Nakashima of YMCA of Central New Mexico. Marla Shoats, representing Blue Cross, Blue Shield (BC/BS), spoke about the internal wellness program in place at BC/BS and its experience that emphasizing prevention helps hold down insurance premiums. Obesity was recognized as a major problem and precursor to diabetes. William Johnson, former secretary of the Human Services Department (HSD) and former CEO of the University of New Mexico Hospital, talked about the cost of diabetes both to health and to physical well-being, and the latest thinking about disease management and prevention to combat this disease. The economic impact of untreated chronic disease on New Mexico is estimated at \$24 billion. Workplace wellness programs could save an estimated \$4.5 billion to the state, with a \$3.00 return for every dollar invested.

Federal Updates and Health Reform in the 111th Congress

Frederick Isasi, Senator Jeff Bingaman's legislative counsel for health care, gave an update on recent activity in Washington, D.C. Energy is high to pursue meaningful health care reform, though nothing definitive has been introduced. The obligation to reauthorize the State Children's Health Insurance program (SCHIP) is a top priority. Senator Binagaman is working hard to preserve the ability to continue to cover adults in this program, to use funding for children below 185 percent of the federal poverty level and to tie the growth of the program to an annual inflation factor. Together, the provisions should increase the flow of federal dollars to New Mexico. The bill currently has bipartisan support and the support of President-elect Obama. Passage of this bill will allow the state to continue the State Coverage Insurance (SCI) program. He noted the importance of keeping the level of funding for SCI because the state's allotment of new federal dollars will be based on current spending.

Committee members had questions and comments regarding:

- the anticipated time line for passage of this measure;
- the extent of ongoing communication with the Medical Assistance Division of the HSD; and
- the likelihood of the 111th Congress and the administration agreeing.

Secondly, Mr. Isasi discussed the potential for a temporary eight percent increase in the federal Medicaid match (FMAP). It is possible that clear information about this measure will be available during the New Mexico legislative session. This proposal is not tied to the economic indicators that the current FMAP calculation relies upon.

Committee members expressed concern and asked questions regarding:

- the difficulty of the legislature having to agree on a budget for Medicaid with FMAP information not certainly known;
- the desire of Congress to extend stimulus financial support to the states and FMAP as a vehicle for that;
- whether the SCHIP match will go up as well;
- the sustainability of the measure and recognition that if there are new enrollees during that time, the state will have an ongoing obligation to fund increased program costs;
- clarification about how the temporary funding will be used; and
- clarification that the increase in FMAP is not intended to increase the Medicaid program but is intended to decrease the state general fund obligation.

Finally, Mr. Isasi mentioned that President-elect Obama intends to focus on improving health information technology infrastructure as another way to provide state economic relief. Additionally, Senator Bingaman is trying to increase disproportionate share hospital (DSH) payments concurrent with FMAP increases. Mr. Isasi addressed health reform by stating that the direction is not currently clear, but the political will to move forward on comprehensive reform is strong. There is a possibility of comprehensive reform before the August recess. Reform will focus on getting more people covered, perhaps through employer mandates, creating a national exchange to facilitate enrollment in health care coverage, measures aimed at cost-containment and quality control, effectiveness of treatment modalities and a greater focus on the best way to provide care to the most expensive patients. Such reform could carry a price tag of up to \$200 billion annually.

Questions were asked regarding:

- how reform in the federal government with deficit spending permitted squares with states that have constitutional requirements for a balanced budget.

Social Worker Student Loan Forgiveness Program

Lisa Nance, social work student and representative of the National Association for Social Workers (NASW), presented information about the cost of social work education, and how the high cost of that education is a disincentive for pursuing a career in social work. Ms. Nance is requesting a memorial to study the feasibility of extending state loan repayment programs to social work students. Pat Terrell of the NASW noted the importance of assuring an adequate supply of health professionals, including social workers, for health reform efforts to be effective. He would like the memorial to include professionals other than social workers.

Committee members asked questions and made comments regarding:

- statutory provisions regarding professional loan repayments; and
- other professions, such as teachers, that would benefit from loan repayment.

Workers' Compensation for Farm and Ranch Workers

Kim Posich, Center for Law and Poverty; Tiffany Mercado, New Mexico Legal Aid; and Maria Martinez, Center for Law and Poverty, brought a workers' compensation issue to the committee. Mr. Posich stated that there are close to 23,000 farm and ranch workers, 63 percent of whom are field workers who are employed during growing season only. Their jobs are dangerous, their life expectancy is 49 years, they have a high injury rate and they are the only workers specifically excluded from the Workers' Compensation Act. He covered current provisions of this act and described an amendment they are seeking to remove this exclusion and to include protections for small and family farms. The proposed amendments would cover most agricultural workers but would also protect small family farms with fewer than three employees. Eleven percent of the farms and ranches cover 86 percent of the workers. Mr. Posich contends that agriculture in New Mexico can afford this coverage and provided data to back up his contention. Almost all of the states that provide more commodities than New Mexico already provide this coverage. Currently, 33 states require mandatory workers' compensation for farm workers. He identified a long list of organizations that endorse this measure.

Committee members asked questions and made comments regarding:

- whether there is an agreed-upon definition of what constitutes an agricultural worker;
- whether seasonal and contractual workers, and part-time workers, are included in the proposal;
- the difficulty of covering this population, including the problem of determining liability and citizenship and other very complex issues;
- how liability is determined when workers regularly move from job to job;
- how the endorsements from the Workers' Compensation Coalition and others who have endorsed this measure were achieved;
- the source of the estimates on the projected costs of providing coverage to agricultural workers;
- the proposal as one of fairness for the poorest of the poor;
- who exactly would be covered;
- why current equal protection laws do not already cover this issue; and
- whether inclusion of these workers will positively affect the rates of other workers by enlarging the size of the pool.

Public Comment

The chair asked those making public comments to limit their remarks to two minutes or less.

Reza Ghadimi, physician's assistant and New Mexico Medical Board member, requested consideration of a measure to allow certain physician assistants to work without direct supervision of a physician, as nurse practitioners already can. It would create a new category of physician assistant to be called "physician associate". The measure will address work force shortages.

Becky Beckett, president of the National Alliance for the Mentally Ill (NAMI) New Mexico, announced a meeting of the behavioral health caucus to be held tomorrow morning.

Charlie Marquez, representing the New Mexico Chili Association, noted that close to 60 percent of the chili growers already do provide workers' compensation. Chili growers have concerns about including migrant workers in this coverage, and they feel it opens the door to more litigation.

Halo Golden and Carin Dhaouadi asked for committee consideration for a bill to record stillbirths of infants weighing more than 500 grams in the vital records of the state. A similar measure to this one has passed in 25 other states.

The meeting recessed for the day at 5:20 p.m.

Thursday, December 4

The meeting was called to order at 9:30 a.m. The chair invited Representative-elect Eleanor Chavez to join the committee as a participant today.

Hospital Acquired Infection (HAI) Task Force Report

Alfredo Vigil, M.D., DOH cabinet secretary, introduced Karen Armitage, M.D., the medical director of the DOH. Dr. Vigil provided a brief overview of the importance and seriousness of HAI. He noted that a large number of health professionals all over the state work on identifying ways to prevent HAI every day.

Dr. Armitage provided background information and national statistics about HAI. An HAI Task Force to address the issue has now grown into an HAI Advisory Committee. This advisory committee is organized into four teams: a national health safety network users group; a technical support group; a quality assurance group; and a public information and risk communication group. New Mexico has been conducting a voluntary pilot project with six hospitals with the goal of gathering and reporting on central-line associated blood stream infections and influenza vaccination rates for hospital workers. The next steps involve inviting all New Mexico hospitals to enroll in a pilot year and to begin to address remaining challenges, including the cost and necessary support for the process of gathering and reporting data, validating the data, assuring the use of best practices in addressing infections and managing events.

Committee members asked questions and made comments regarding:

- the difference between the way infections are dealt with in Europe as opposed to this country;
- whether a simple approach, such as a checklist, could improve America's experience;

- ideal ways to promote best practices;
- whether mandatory reporting will result in more transparency to the public;
- the importance of achieving balance between the need for transparency and the burden placed on hospitals with any mandate;
- the importance of a collaborative process in developing reporting requirements;
- whether the DOH receives any information that has been mined from billing codes;
- the potential for reports to unfairly represent a hospital that has more infections due to population density;
- whether the indigent population has a greater incidence of HAI;
- the correlation between unsafe practices and malpractice;
- how soon any reports of the pilot project with data will be available;
- whether there is a correlation between adequate staffing levels and HAI;
- clarification regarding the details of a proposed bill, and a reminder that a bill was introduced in 2008 that could serve as a model; and
- a recommendation that language to include the legislature be in a proposed bill.

Health Authority and Health Reform Options

Michael Hely, staff attorney at the LCS, reviewed the various approaches to a health authority that have been previously considered in a legislative session. He noted the complexity of this issue and the many ways in which an authority could be construed. Key variations include the composition of the board; whether the executive or legislature appoints the director of the authority; the duties and responsibilities of an authority; whether the authority is a planning and policy recommending body or a body with rule-making authority; whether a legislative health committee should be created to oversee the authority; and the extent to which existing health-related entities should be consolidated into an authority. The governor introduced a bill during the special session to create a health care administration with responsibility for identifying a specific plan for moving toward consolidation of many public bodies with health care responsibilities under one roof. Mr. Hely noted that another reform proposal that has been proposed is the creation of a health insurance exchange to centralize activities and facilitate enrollment into health insurance plans. The proposed Health Security Act creates a health care commission and establishes a cooperative model of governance and administration.

Committee members asked questions and made comments regarding:

- clarification regarding the models of an authority as reflected in previous bills;
- the lack of non-partisan agreement on an approach to a health authority or comprehensive health reform;
- recognition that health reform on the federal level is likely with the new administration;
- whether and how the goal of providing access to health care for the uninsured is addressed;
- whether reform efforts should be comprehensive or incremental;
- the challenge of considering comprehensive reform in an environment of very limited resources;
- a reminder that the committee has heard a lot of testimony over the interim about reforming the health care delivery system to improve quality and lower the costs of health care;

- the need for health care expertise to assist the legislature in the job of reforming the health care system;
- an observation that an authority should not resemble the New Mexico Behavioral Health Collaborative; and
- agreement that legislative authority should be preserved.

Ruby Ann Esquibel of the HSD was asked whether the governor intends to propose any health reform legislation in the upcoming session. Ms. Esquibel reported that there will probably be some reform legislation, but they have not determined yet what it will be. They are not focusing on an authority but remain interested in insurance reform, getting more people covered and possibly employer mandates.

The chair requested staff to present a bill previously drafted for her, but not introduced in the special session, as a measure on the matrix of legislative options to be considered by the committee.

Public Comment

Terry Reilly thanked the committee for its thoughtful consideration of health reform. He spoke in favor of the proposed Health Security Act. He noted that a Health Action New Mexico forum this week attracted a huge crowd, all interested in health reform, most of whom favor the Health Security Act. He implored the committee to keep the act "on the table" for consideration.

Mary Feldblum, Health Security for New Mexicans Campaign, also spoke in support of the Health Security Act. She contends that there are only two paths to reform: keep the private insurance model or move toward a government-controlled model. She also contends that the Health Security Act is the most cost-effective model of reform being considered.

Denise Burd and her daughter, Luanne, spoke in favor of transparency in medical recordkeeping. She and her daughter did medical transcription out of her home for years and later were fired. She is advocating for more accessible venues for the public to raise concerns and a requirement that nonprofits that accept public funds have open board meetings.

Anna Otero Hatanaka, director of the Association for Developmental Disability Community Providers, testified that the association has prioritized its appropriation requests. Modified handouts are available for interested committee members.

Brandi Prince of San Juan County Independent Practice Associates spoke in opposition to the Health Security Act. She contends that there are an inadequate number of providers to serve every person in New Mexico.

Nandini Keune, an independent health policy consultant, spoke in favor of a health care authority. She identified several features of an authority she considers to be important. She noted that inaction is expensive, and without reform, costs will continue to escalate.

Debbie Maestas Trainer spoke on behalf of New Mexico Health Underwriters in opposition to a single payer system.

Presentation of Potential Legislative Agenda and Discussion

Karen Wells and Michael Hely distributed two matrices reflecting legislative requests with and without appropriations that were presented to the LHHS for consideration at some point during the interim. The committee was reminded to consider the economic stress facing the state when prioritizing appropriation requests and to remember that many safety net programs, including Medicaid, are struggling to stay even. Many of these requests were accompanied by bill drafts. Senator Feldman described a process by which she desires these measures to be prioritized by all committee members. Committee members were asked to indicate their top 10 requests from each list and mark their matrices accordingly. Mr. Hely and Ms. Wells will tally the priorities and present the results to the voting members for a final decision on which bills should obtain a committee endorsement. The chair went through the requests one by one and invited discussion, questions and clarifications from the members.

The committee recessed for the day at 4:30 p.m.

Friday, December 5

The meeting was called to order by the chair at 10:30 a.m. The tally of committee member priorities was presented in two new matrices. The voting members of the committee agreed to consider for endorsement those requests that four or more committee members had supported as a priority. Requests identified as a priority by three or fewer committee members would not receive the committee endorsement, except that three requests for memorials, identified as a priority by three committee members, would receive the committee endorsement. These additional memorials request a study of methods to replicate a health commons model of health care delivery that focuses on women, infants and children, request an end to the *Jackson* lawsuit and advocates joining the Indian Affairs Committee in an endorsement of a request to Congress regarding uranium workers. One request, dealing with a woman's right to choose reproductive health options, was identified as a priority by six members; however, it was rejected by the voting members and will not receive the endorsement of the LHHS. Each of the remaining items were discussed by the voting members, were voted upon separately and will receive the LHHS endorsement. A record of the votes was maintained. Mr. Hely and Ms. Wells were reminded that some measures had been endorsed in action at previous meetings, and those should be reflected in the final tally. Potential sponsors were identified for all of the endorsed measures and most of the non-endorsed measures. Ms. Wells agreed to create a final matrix reflecting the endorsements of the committee.

Several committee members asked for clarification regarding the process for pre-filing bills, as well as the process for obtaining co-sponsors. Committee members were encouraged to seek co-sponsorship for LHHS-endorsed bills from all members, voting and advisory, of the committee. Staff was requested to prepare a memorandum to remind committee members of the details of these processes.

The committee was adjourned for the year at 2:30 p.m.