

WEST VIRGINIA LEGISLATURE

SENATE JOURNAL

EIGHTY-FIFTH LEGISLATURE
REGULAR SESSION, 2021
THIRTY-FIRST DAY

Charleston, West Virginia, Friday, March 12, 2021

The Senate met at 11:02 a.m.

(Senator Blair, Mr. President, in the Chair.)

Prayer was offered by the Honorable Patricia Puertas Rucker, a senator from the sixteenth district.

The Senate was then led in recitation of the Pledge of Allegiance by the Honorable Michael J. Romano, a senator from the twelfth district.

Pending the reading of the Journal of Thursday, March 11, 2021,

At the request of Senator Maroney, unanimous consent being granted, the Journal was approved and the further reading thereof dispensed with.

The Senate proceeded to the second order of business and the introduction of guests.

The Senate then proceeded to the third order of business.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the passage, to take effect from passage, of

Eng. Com. Sub. for Senate Bill 126, Authorizing Department of Administration to promulgate legislative rules.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the Senate amendments to, and the passage as amended with its Senate amended title, of

Eng. Com. Sub. for House Bill 2001, Relating generally to creating the West Virginia Jumpstart Savings Program.

A message from the Clerk of the House of Delegates announced the passage by that body and requested the concurrence of the Senate in the passage of

Eng. House Bill 2598—A Bill to amend and reenact §22-30-3 of the Code of West Virginia, 1931, as amended, relating to modifying an exception to the definition of aboveground storage tank by removing a location requirement for small devices having a capacity of 210 barrels or less.

Referred to the Committee on the Judiciary.

A message from the Clerk of the House of Delegates announced the passage by that body and requested the concurrence of the Senate in the passage of

Eng. Com. Sub. for House Bill 2671—A Bill to amend and reenact §55-7J-1, §55-7J-4, §55-7J-5, and §55-7J-6 of the Code of West Virginia, 1931, as amended; and to amend and reenact §61-2-29b of said code, all relating to financial exploitation of elderly persons, protected persons or incapacitated adults; updating terms; clarifying actions; including criminal penalties for violation or contempt of protective orders for victims of financial exploitation; and requiring notice of penalties in all injunctive or protective orders.

Referred to the Committee on the Judiciary.

A message from the Clerk of the House of Delegates announced the passage by that body and requested the concurrence of the Senate in the passage of

Eng. Com. Sub. for House Bill 2722—A Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §29-3-5g, relating to prohibiting the use of class B fire-fighting foam for testing purposes if the foam contains a certain class of fluorinated organic chemicals; providing definitions; and providing exceptions.

Referred to the Committee on Government Organization.

A message from the Clerk of the House of Delegates announced the passage by that body and requested the concurrence of the Senate in the passage of

Eng. House Bill 2852—A Bill to amend and reenact §18-9A-15 of the Code of West Virginia, 1931, as amended, relating to distribution of the allowance for increased enrollment; removing mandated distribution of 60 percent of allowance based on projected increased enrollment prior to September 1; authorizing advance at district request prior to availability of actual increased enrollment of partial distribution of up to 60 percent of school districts estimated share; and providing for return of refund of excess distribution.

Referred to the Committee on Education.

Executive Communications

The Clerk presented the following communication from His Excellency, the Governor, regarding bills approved by him:



Jim Justice
Governor of West Virginia

March 11, 2021

The Honorable Stephen J. Harrison, Clerk
West Virginia House of Delegates
State Capitol
Charleston, West Virginia 25305

Dear Mr. Clerk:

Enclosed for filing in your office, pursuant to the provisions of law, is the following bill:

Committee Substitute for House Bill No. Two Thousand Twelve (2012), which was presented to me on March 5, 2021.

You will note that I have approved this bill on March 11, 2021.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Justice".

Jim Justice
Governor

JJ/mh

cc: The Honorable Lee Cassis

The Senate proceeded to the fourth order of business.

Senator Maynard, from the Joint Committee on Enrolled Bills, submitted the following report, which was received:

Your Joint Committee on Enrolled Bills has examined, found truly enrolled, and on the 12th day of March, 2021, presented to His Excellency, the Governor, for his action, the following bills, signed by the President of the Senate and the Speaker of the House of Delegates:

(Com. Sub. for S. B. 270), Providing for collection of tax by hotel marketplace facilitators.

And,

(Com. Sub. for S. B. 280), Relating to e-commerce modernization.

Respectfully submitted,

Mark R. Maynard,
Chair, Senate Committee.
Dean Jeffries,
Chair, House Committee.

Senator Rucker, from the Committee on Education, submitted the following report, which was received:

Your Committee on Education has had under consideration

Senate Bill 28, Creating Tim Tebow Act.

And reports back a committee substitute for same with the following title:

Com. Sub. for Senate Bill 28 (originating in the Committee on Education)—A Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §18-2-25d, relating to creating the Open and Equal Opportunities in Student Activities Act; setting forth purpose; defining terms; permitting homeschooled students, Hope Scholarship students, or students enrolled in a nonpublic school, who do not attend a school that is a member of the West Virginia Secondary School Activities Commission or attends a school that does not sponsor, or engage, in an extracurricular activity a student seeks to participate in, to participate in extracurricular activities sponsored by, or engaged in by, certain schools that are members of the West Virginia Secondary School Activities Commission; making students who are participating in extracurricular activities pursuant to this Act and who leave a member school during the school year subject to the same transfer protocols that apply to any other member-to-member transfer; setting forth conditions for participation; allowing participation in curricular activities if a requirement of the extracurricular activity; setting forth provisions pertaining to fair treatment for students participating in activities pursuant to this Act; requiring that any insurance provided by a district school board for participants in extracurricular activities cover a student participating in extracurricular activities pursuant to this Act; and clarifying that Act does not guarantee that a student trying out for an interscholastic sport or other extracurricular activity that is under the authority of the West Virginia Secondary School Activities Commission will make the team or become part of another extracurricular activity.

With the recommendation that the committee substitute do pass.

Respectfully submitted,

Patricia Puertas Rucker,
Chair.

Senator Tarr, from the Committee on Finance, submitted the following report, which was received:

Your Committee on Finance has had under consideration

Senate Bill 297, Relating generally to modernizing Board of Treasury Investments.

And reports back a committee substitute for same with the following title:

Com. Sub. for Senate Bill 297 (originating in the Committee on Finance)—A Bill to amend and reenact §12-6C-4 and §12-6C-9 of the Code of West Virginia, 1931, as amended, all relating generally to the Board of Treasury Investments; authorizing the board to provide compensation to appointed directors for each meeting attended and establishing the rate thereof; authorizing the board to invest in commercial paper with a certain nationally recognized rating and weighted maturity; providing a minimum weighted average maturity duration for corporate debt rated investment grade in which the board is authorized to invest; authorizing the board to invest in state and local government securities with certain nationally recognized ratings; removing the limitation on the percentage of the Consolidated Fund that the board may invest in certain corporate securities; and eliminating the requirement that the board invest a certain percentage of the Consolidated Fund in obligations guaranteed by the United States.

And,

Senate Bill 502, Providing lifetime hunting, fishing, and trapping license to residents and adopted children under 15.

And reports back a committee substitute for same with the following title:

Com. Sub. for Senate Bill 502 (originating in the Committee on Finance)—A Bill to amend and reenact §20-2B-7 of the Code of West Virginia, 1931, as amended, relating to lifetime hunting, fishing, and trapping licenses for residents who have not reached their 15th birthday; providing that residents who have not reached their 15th birthday may be eligible to receive their lifetime hunting, fishing, and trapping license; providing that adopted children who have not reached their 15th birthday may be eligible to receive their lifetime hunting, fishing, and trapping license; providing that lifetime hunting, fishing, and trapping license fees for adopted children are calculated from the date of adoption decree or order; providing that foster children who have not reached their 15th birthday may be eligible to receive their lifetime hunting, fishing, and trapping license; providing that lifetime hunting, fishing, and trapping license fees for foster children are calculated from the date of entry of the order placing the child in foster care; and providing the Director of the Division of Natural Resources emergency legislative rule making authority.

With the recommendation that the two committee substitutes do pass.

Respectfully submitted,

Eric J. Tarr,
Chair.

Senator Rucker, from the Committee on Education, submitted the following report, which was received:

Your Committee on Education has had under consideration

Senate Bill 335, Making PROMISE scholarships available for students at accredited community and technical college.

And reports back a committee substitute for same with the following title:

Com. Sub. for Senate Bill 335 (originating in the Committee on Education)—A Bill to amend and reenact §18C-7-6 of the Code of West Virginia, 1931, as amended, relating to PROMISE scholarships; allowing a certain amount of the scholarship to be carried forward for students enrolled in certain community and technical colleges if the cost of tuition is less than \$4,750; allowing the amount carried forward to be applied to the cost of tuition at a baccalaureate program beyond the eight semesters total for which the student would otherwise be eligible to receive the award until the total amount carried forward is depleted; prescribing certain qualifications applicable for PROMISE scholarships for students pursuing certificates or degrees through an accredited community and technical college education program; and adding drug testing as a qualification for the scholarship.

With the recommendation that the committee substitute do pass; but under the original double committee reference first be referred to the Committee on Finance.

Respectfully submitted,

Patricia Puertas Rucker,
Chair.

The bill (Com. Sub. for S. B. 335), under the original double committee reference, was then referred to the Committee on Finance.

Senator Maroney, from the Committee on Health and Human Resources, submitted the following report, which was received:

Your Committee on Health and Human Resources has had under consideration

Senate Bill 388, Creating Office of Quality Assurance and Evaluation within DHHR.

And reports the same back with the recommendation that it do pass; but under the original double committee reference first be referred to the Committee on Finance.

Respectfully submitted,

Michael J. Maroney,
Chair.

The bill, under the original double committee reference, was then referred to the Committee on Finance.

Senator Maroney, from the Committee on Health and Human Resources, submitted the following report, which was received:

Your Committee on Health and Human Resources has had under consideration

Senate Bill 391, Relating to study of child protective services and foster care workforce.

And reports the same back with the recommendation that it do pass.

Respectfully submitted,

Michael J. Maroney,
Chair.

Senator Rucker, from the Committee on Education, submitted the following report, which was received:

Your Committee on Education has had under consideration

Senate Bill 431, Relating to school attendance notification requirements to DMV.

And reports back a committee substitute for same with the following title:

Com. Sub. for Senate Bill 431 (originating in the Committee on Education)—A Bill to amend and reenact §18-8-11 of the Code of West Virginia, 1931, relating to authorizing a county board of education to provide electronic notice of school attendance and satisfactory progress to the Division of Motor Vehicles in lieu of requiring each student to provide a paper notice.

With the recommendation that the committee substitute do pass.

Respectfully submitted,

Patricia Puertas Rucker,
Chair.

Senator Maynard, from the Committee on Government Organization, submitted the following report, which was received:

Your Committee on Government Organization has had under consideration

Eng. Com. Sub. for House Bill 2008, Amending requirements for licensure relating to elevator mechanics, crane operators, HVAC, electricians, and plumbers.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended.

Respectfully submitted,

Mark R. Maynard,
Chair.

Senator Tarr, from the Committee on Finance, submitted the following report, which was received:

Your Committee on Finance has had under consideration

Eng. Com. Sub. for House Bill 2013, Relating to the Hope Scholarship Program.

And reports the same back with the recommendation that it do pass.

Respectfully submitted,

Eric J. Tarr,
Chair.

Senator Maroney, from the Committee on Health and Human Resources, submitted the following report, which was received:

Your Committee on Health and Human Resources has had under consideration

Eng. Com. Sub. for House Bill 2616, Amend the reporting to the Governor and the Legislature to have information continuously available on the Office of Health Facility Licensure and Certification's website.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended.

Respectfully submitted,

Michael J. Maroney,
Chair.

The Senate proceeded to the sixth order of business.

At the request of Senator Takubo, unanimous consent being granted, the following bills were considered introduced, read by their titles, and referred to the appropriate committees:

By Senator Azinger:

Senate Bill 633—A Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §3-8-12a, relating to the Social Media Integrity and Anti-Corruption in Elections Act; providing requirements for social media companies to prevent corruption and provide transparency of election-related content made available on social media websites; providing equal opportunities for all candidates and political parties to speak without policy or partisan-based censorship; setting forth definitions; providing for the protection of the integrity of elections by ensuring election-related content hosted, posted, and made available on

social media websites is not monetized or otherwise used or manipulated for nefarious purposes; and providing civil penalties.

Referred to the Committee on the Judiciary.

By Senator Caputo:

Senate Bill 634—A Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §30-29-5a, relating to criminal justice training regarding individuals with autism spectrum disorders; providing for training in appropriate interactions with individuals with autism spectrum disorder; and requiring the Law-Enforcement Professional Standards subcommittee to develop guidelines for law-enforcement and correction officer response to individuals on the autism spectrum who are victims or witnesses to a crime, or suspected or convicted of a crime.

Referred to the Committee on the Judiciary.

By Senator Hamilton:

Senate Bill 635—A Bill to amend and reenact §15A-11-5 of the Code of West Virginia, 1931, as amended, relating to requiring the State Fire Commission to propose rules relating specifically to sprinkler protection for basements exceeding 2,500 square feet in new buildings and new buildings housing emergency fire, rescue, or ambulance services; and exempting emergency services buildings that only house equipment and do not have sleeping areas or quarters within them.

Referred to the Committee on Government Organization.

By Senator Rucker:

Senate Bill 636—A Bill to amend and reenact §18-2-9 of the Code of West Virginia, 1931, as amended; and to amend and reenact §18-2E-5 of said code, all relating to required courses to be included in all public, private, parochial, and denominational schools for instruction on the institutions and structure of American government, such as the separation of powers, the Electoral College, and federalism; including instruction that provides students an understanding of American political philosophy and history, utilizing writings from prominent figures in Western civilization, and offering an objective and critical analysis of ideologies throughout history, including but not limited to capitalism, republicanism, democracy, socialism, communism, and fascism; and requiring the State Board to provide through the statewide assessment program, testing or assessment instruments for the history and civics courses of instruction.

Referred to the Committee on Education.

By Senator Nelson:

Senate Bill 637—A Bill to amend and reenact §11-13A-2 of the Code of West Virginia, 1931, as amended, relating to modifying the definition of minerals as to eliminate salt produced for human consumption from being subject to severance taxation.

Referred to the Committee on Finance.

By Senators Maynard and Smith:

Senate Bill 638—A Bill to amend and reenact §3-4A-9 of the Code of West Virginia, 1931, as amended, relating to electronic voting; and allowing “one button” straight party ticket voting.

Referred to the Committee on the Judiciary.

By Senators Maynard and Smith:

Senate Bill 639—A Bill to amend and reenact §3-1-16 of the Code of West Virginia, 1931, as amended; to amend and reenact §3-4A-11a of said code; to amend and reenact §3-5-6a, §3-5-6d, §3-5-7, §3-5-13, and §3-5-13a of said code; to amend and reenact §3-12-3, §3-12-6, §3-12-10, §3-12-11, and §3-12-12 of said code; to amend and reenact §50-1-1 of said code; to amend and reenact 51-1-1 of said code; and to amend and reenact §51-2A-5 of said code, all relating to elections; removing the prohibition of party affiliation in elections for justices of the Supreme Court of Appeals, circuit court judges, family court judges, and magistrates; and removing the prohibition of party affiliation in elections for board of education candidates.

Referred to the Committee on the Judiciary.

By Senator Takubo:

Senate Bill 640—A Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §16-9G-3, relating to the Tobacco Cessation Initiative Program; and creating the Tobacco Cessation Initiative Program Special Revenue Account within the State Treasury to be administered by the Director of the Bureau for Public Health.

Referred to the Committee on Health and Human Resources; and then to the Committee on Finance.

Senators Baldwin and Woodrum offered the following resolution:

Senate Concurrent Resolution 25—Requesting the Division of Highways name bridge number 13-017/02-000.34 (13A250), locally known as Culverson Creek Bridge, carrying CR 17/2 over Culverson Creek in Greenbrier County, the “McClintic Family Bridge”.

Whereas, Alexander McClintock was born in Ireland in 1717 and came to America in 1725. He settled in the Bath County, Virginia, area and revised the spelling of “McClintock” to “McClintic”, most likely because he could not read or write. Alexander McClintic served in the army of General Andrew Lewis and took part in the Battle of Point Pleasant. His name is on the monument commemorating that battle; and

Whereas, Robert McClintic, Alexander McClintic’s youngest son, married Jane Mann, moved to Greenbrier County and settled on the land that borders Culverson Creek in Williamsburg, West Virginia, in 1802. The historic home that is still standing today was built in 1829 for Robert McClintic’s youngest son, Robert Mann McClintic II, who was a Methodist minister, and his wife, Mary Griffin (Leonard) McClintic; and

Whereas, Michael Leonard McClintic was the 10th child of Robert and Mary McClintic. He and his wife, Laura Jane Lynch, later took over the house after the passing of Michael McClintic’s parents. They raised nine children in the home and the eldest was Clifton Forest McClintic; and

Whereas, Dr. Clifton Forest McClintic was born on August 9, 1884, in the home at Williamsburg along Culverson Creek. Dr. McClintic graduated from Randolph-Macon College, and received his medical degree from Cincinnati. He served as the West Virginia Director of Conservation Commission, in the West Virginia House of Delegates, as warden of Moundsville Penitentiary, and was appointed State Health Commissioner. The Dr. Clinton F. McClintic Wildlife Station State Park and Management Area in Mason County, West Virginia, bears his name; and

Whereas, Dr. Clifton Forest McClintic never married or had children, and, after his father passed away, he returned home and took over the farm on Culverson Creek. He expanded the farm and remodeled the house. He added cabins along the creek, which he later donated to the Boy Scout Association, and it served for many years as the state camp for boy scouts in West Virginia during the 1940's and 1950's; and

Whereas, Dr. Clifton Forest McClintic died in 1952 and deeded the farm to his nephew, Bunyan Leonard McClintic. "Bun" and his wife, Aena Alice Neely, had nine children: Levi, Patrick, James "Alan", Doris "Gay", Alice "Joan", Wayne, Bedford, Robert, and Jerry. Many of their children were born at the home and all of the children grew up working the farm, hunting in the fields, playing in Culverson Creek near the bridge, and attended the Frankford School; and

Whereas, Five of the McClintic boys served in the United States Army overseas from 1957-1979. All seven boys attended college in West Virginia and earned their college degrees. Five returned to the Williamsburg area and continued to contribute to the local Frankford/Williamsburg community, with four serving as educators in the public school system; and

Whereas, Levi McDonald McClintic was born in 1934 and attended Potomac State and West Virginia University, earning a bachelor of science degree in agriculture. He joined the United States Army in 1957 and was stationed in Fort Benning, Georgia and Bamberg, Germany. He returned to Greenbrier County and was employed as a meat inspector from 1966-1992. He and his wife, Ramona Hanna, have five children, eight grandchildren, and six great-grandchildren. His grandson, Christopher Wiseman, served 12 years in the United States Navy. Levi and Ramona McClintic operate the McClintic farm today; and

Whereas, Patrick Wallace McClintic was born in 1935 and attended Potomac State and West Virginia University, earning a degree in agriculture. He joined the United States Army in 1958 and retired in 1985. "Pat" rose to the rank of Colonel and completed assignments in Fort Dix, New Jersey, Korea, Germany, Fort Leavenworth, Kansas, Virginia, Florida, Pennsylvania, and the Pentagon in Washington, D.C. Colonel McClintic also served two tours in Vietnam. He later served as a professor of Military Science at West Virginia University. Colonel McClintic, who died in 1995, was a recipient of the Bronze Star, and is buried at the Arlington National Cemetery in Washington, D.C. He and his wife, Bobbie Ann Cole, have two children and three grandchildren; and

Whereas, James Alan McClintic was born in 1937 and joined the United States Army in 1961 after graduating from Potomac State and West Virginia University, earning a degree in physical education. He was stationed in Fort Benning, Georgia, and Fort Sill, Oklahoma, for two years. He returned to Greenbrier County and taught until his retirement from Renick Junior High School/Greenbrier County public schools in 1989. "Alan" and Frances Spencer divorced, but have four children and eleven grandchildren. Son, Kevin McClintic, retired from the United States Army, and grandson Trevor Weikle has 12 years' service in the United States Army and continues today to serve in the United States Army Reserves. Alan and his wife, Dora Whitt, have two children and four grandchildren, and continue to live on and operate part of the McClintic farm; and

Whereas, Wayne Leonard McClintic was born in 1943 and was a ROTC Army cadet at West Virginia University. Upon completing a master's degree in agricultural engineering in 1967, Wayne joined the United States Army and was stationed at Fort Belvoir, Virginia, Saudi Arabia, and Fort Leonard Wood, Missouri, as Second Lieutenant of the Corps of Engineers. Wayne and his wife, Thomasine Michael, have four children and eight grandchildren; and

Whereas, Bedford Rader McClintic was born in 1946 and was a ROTC Army cadet at West Virginia University. He graduated with degrees in physical education in 1968, and from the University of Kentucky in 1969. He entered the United States Army and served assignments in Indiana, Georgia, and overseas in Germany and Vietnam. He continued to serve in the United States Army Reserves until 1979. He served as principal of Frankford School, his alma mater, from 1978-2017, when he retired from the Greenbrier County public school system. He and his wife, Patricia Dodson, have two children and three grandchildren. His daughter, Debbie, and her husband, Jason, were married on the bridge in 2009. Bedford and Patricia have a “camp” along the creek that borders the old boy scout camp, part of the original McClintic homestead; and

Whereas, Robert Ray McClintic was born in 1950 and earned degrees from Concord College and West Virginia University. “Bob” returned to Greenbrier County where he served as a coach and taught in the public school system from 1972-2006, when he retired after 33 years of service. Bob and his wife, Elizabeth “Jane” Renick, have four children and six grandchildren. Bob and Jane continue to live on the family homestead; and

Whereas, Jerry Moore McClintic was born in 1954 and graduated from Concord College and West Virginia University with degrees in physical education, library science, and communications. He coached and taught in the public school systems of Monroe and Greenbrier counties, until he retired from Frankford School in 2009. Jerry and his wife, Sara Hill, have three children and four grandchildren. Jerry and Sara continue to live on the family farm; and

Whereas, “Bun” McClintic died in 1978 and his wife, Aena, continued to live in the McClintic home until her passing in 2000. Four of the McClintic sons and their families continue to live on the homestead today. The historic Dr. Clifton McClintic home is a gathering place for the extended McClintic family, and the bridge and Culverson Creek remain a respite for the grandchildren and for future generations to come; and

Whereas, It is fitting that an enduring memorial be established to commemorate the McClintic family’s decades of public service to our state and country; therefore, be it

Resolved by the Legislature of West Virginia:

That the Division of Highways is hereby requested to name bridge number 13-017/02-000.34 (13A250), locally known as Culverson Creek Bridge, carrying CR 17/2 over Culverson Creek in Greenbrier County, the “McClintic Family Bridge”; and, be it

Further Resolved, That the Division of Highways is hereby requested to have made and be placed signs identifying the bridge as the “McClintic Family Bridge”; and, be it

Further Resolved, That the Clerk of the Senate is hereby directed to forward a copy of this resolution to the Commissioner of the Division of Highways.

Which, under the rules, lies over one day.

The Senate proceeded to the seventh order of business.

Senate Concurrent Resolution 23, USMC CPL Guy Maywood Edwards Memorial Bridge.

On unfinished business, coming up in regular order, was reported by the Clerk and referred to the Committee on Transportation and Infrastructure.

Senate Concurrent Resolution 24, US Navy S1 Paul McCue Bridge.

On unfinished business, coming up in regular order, was reported by the Clerk and referred to the Committee on Transportation and Infrastructure.

Senate Resolution 19, Reaffirming sister-state partnership between WV and Taiwan.

On unfinished business, coming up in regular order, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the resolution was taken up for immediate consideration and reference to a committee dispensed with.

The question being on the adoption of the resolution, and on this question, Senator Plymale demanded the yeas and nays.

The roll being taken, the yeas were: Azinger, Baldwin, Beach, Boley, Caputo, Clements, Grady, Hamilton, Ihlenfeld, Jeffries, Lindsay, Maroney, Martin, Maynard, Nelson, Phillips, Plymale, Roberts, Romano, Rucker, Smith, Stollings, Stover, Swope, Sypolt, Takubo, Tarr, Trump, Unger, Weld, Woelfel, Woodrum, and Blair (Mr. President)—33.

The nays were: None.

Absent: Karnes—1.

So, a majority of those present and voting having voted in the affirmative, the President declared the resolution (S. R. 19) adopted.

The Senate proceeded to the eighth order of business.

Eng. Senate Bill 437, Extending contingent increase of tax rate on certain eligible acute care hospitals.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Baldwin, Beach, Boley, Caputo, Clements, Grady, Hamilton, Ihlenfeld, Jeffries, Lindsay, Maroney, Martin, Maynard, Nelson, Phillips, Plymale, Roberts, Romano, Rucker, Smith, Stollings, Stover, Swope, Sypolt, Takubo, Tarr, Trump, Unger, Weld, Woelfel, Woodrum, and Blair (Mr. President)—33.

The nays were: None.

Absent: Karnes—1.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. S. B. 437) passed with its title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Azinger, Baldwin, Beach, Boley, Caputo, Clements, Grady, Hamilton, Ihlenfeld, Jeffries, Lindsay, Maroney, Martin, Maynard, Nelson, Phillips, Plymale, Roberts, Romano, Rucker, Smith, Stollings, Stover, Swope, Sypolt, Takubo, Tarr, Trump, Unger, Weld, Woelfel, Woodrum, and Blair (Mr. President)—33.

The nays were: None.

Absent: Karnes—1.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. S. B. 437) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

Eng. Com. Sub. for Senate Bill 493, Issuing license suspensions to insurance producers and adjusters who fail to meet CE requirements.

On third reading, coming up in regular order, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the bill was referred to the Committee on Rules.

Eng. Senate Bill 494, Authorizing transfer of moneys from Insurance Commission Fund to Workers' Compensation Old Fund.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Baldwin, Beach, Boley, Caputo, Clements, Grady, Hamilton, Ihlenfeld, Jeffries, Lindsay, Maroney, Martin, Maynard, Nelson, Phillips, Plymale, Roberts, Romano, Rucker, Smith, Stollings, Stover, Swope, Sypolt, Takubo, Tarr, Trump, Unger, Weld, Woelfel, Woodrum, and Blair (Mr. President)—33.

The nays were: None.

Absent: Karnes—1.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. S. B. 494) passed.

On motion of Senator Tarr, the following amendment to the title of the bill was reported by the Clerk and adopted:

Eng. Senate Bill 494—A Bill to amend and reenact §23-2C-16 of the Code of West Virginia, 1931, as amended, relating to authorizing the Insurance Commissioner to transfer moneys during specified fiscal years from the Insurance Commission Fund, also known as the commissioner's operating fund, into the Workers' Compensation Old Fund to reduce any deficit balance of the Old Fund.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

Eng. Senate Bill 496, Relating to punishment for second or third degree felony.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Baldwin, Beach, Boley, Caputo, Clements, Grady, Hamilton, Ihlenfeld, Jeffries, Lindsay, Maroney, Martin, Maynard, Nelson, Phillips, Plymale, Roberts, Romano, Rucker, Smith, Stollings, Stover, Swope, Sypolt, Takubo, Tarr, Trump, Unger, Weld, Woelfel, Woodrum, and Blair (Mr. President)—33.

The nays were: None.

Absent: Karnes—1.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. S. B. 496) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

Eng. Com. Sub. for Senate Bill 514, Providing criteria for Natural Resource Commission appointment and compensation.

On third reading, coming up in regular order, was read a third time and put upon its passage.

Pending discussion,

The question being “Shall Engrossed Committee Substitute for Senate Bill 514 pass?”

On the passage of the bill, the yeas were: Azinger, Baldwin, Beach, Boley, Caputo, Clements, Grady, Hamilton, Ihlenfeld, Jeffries, Lindsay, Maroney, Martin, Maynard, Nelson, Plymale, Roberts, Romano, Rucker, Smith, Stover, Swope, Takubo, Tarr, Trump, Unger, Weld, Woelfel, Woodrum, and Blair (Mr. President)—30.

The nays were: Phillips, Stollings, and Sypolt—3.

Absent: Karnes—1.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 514) passed with its title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Azinger, Baldwin, Beach, Boley, Caputo, Clements, Grady, Hamilton, Ihlenfeld, Jeffries, Lindsay, Maroney, Martin, Maynard, Nelson, Plymale, Roberts, Romano, Rucker, Smith, Stover, Swope, Takubo, Tarr, Trump, Unger, Weld, Woelfel, Woodrum, and Blair (Mr. President)—30.

The nays were: Phillips, Stollings, and Sypolt—3.

Absent: Karnes—1.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 514) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

The Senate proceeded to the ninth order of business.

Com. Sub. for Senate Bill 303, Creating Local Government Labor and Consumer Marketing Regulatory Limitation Act.

On second reading, coming up in regular order, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the bill was laid over one day, retaining its place on the calendar.

Com. Sub. for Senate Bill 346, Authorizing DMV use electronic means when providing notice for licensees and vehicle owners.

On second reading, coming up in regular order, was read a second time and ordered to engrossment and third reading.

Com. Sub. for Senate Bill 472, Updating criteria for regulating certain occupations and professions.

On second reading, coming up in regular order, was read a second time and ordered to engrossment and third reading.

Senate Bill 523, Correcting improper code references.

On second reading, coming up in regular order, was read a second time and ordered to engrossment and third reading.

Senate Bill 529, Correcting improper citation relating to DMV registration.

On second reading, coming up in regular order, was read a second time and ordered to engrossment and third reading.

Senate Bill 621, Relating to non-compete covenants between certain health care practitioners.

On second reading, coming up in regular order, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the bill was referred to the Committee on Rules.

Eng. Com. Sub. for House Bill 2006, Relating to the West Virginia Contractor Licensing Act.

On second reading, coming up in regular order, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the bill was laid over one day, retaining its place on the calendar.

Eng. Com. Sub. for House Bill 2011, Eliminating any time requirements for part time personnel to work during a working year.

On second reading, coming up in regular order, was read a second time.

The following amendment to the bill, from the Committee on Government Organization, was reported by the Clerk and adopted:

By striking out everything after the enacting clause and inserting in lieu thereof the following:

ARTICLE 6. CIVIL SERVICE SYSTEM.

§29-6-4. Classified-exempt service; additions to classified service; exemptions.

(a) The classified-exempt service includes all positions included in the classified-exempt service on the effective date of this article.

(b) Except for the period commencing on July 1, 1992, and ending on the first Monday after the second Wednesday of the following January and except for the same periods commencing in the year 1996, and in each fourth year thereafter, the Governor may, by executive order, with the written consent of the State Personnel Board and the appointing authority concerned, add to the list of positions in the classified service, but the additions may not include any positions specifically exempted from coverage as provided in this section.

(c) The following offices and positions are exempt from coverage under the classified service:

(1) All judges, officers, and employees of the judiciary;

(2) All members, officers, and employees of the Legislature;

(3) All officers elected by popular vote and employees of the officer;

(4) All secretaries of departments and employees within the office of a secretary;

(5) Members of boards and commissions and heads of departments appointed by the Governor or heads of departments selected by commissions or boards when expressly exempt by law or board order;

(6) Excluding the policy-making positions in an agency, one principal assistant or deputy and one private secretary for each board or commission or head of a department elected or appointed by the Governor or Legislature;

(7) All policy-making positions;

(8) Patients or inmates employed in state institutions;

(9) Persons employed in a professional or scientific capacity to make or conduct a temporary and special inquiry, investigation, or examination on behalf of the Legislature or a committee thereof, an executive department, or by authority of the Governor;

(10) All employees of the office of the Governor, including all employees assigned to the executive mansion;

(11) Part-time professional personnel engaged in professional services without administrative duties; and ~~personnel employed for 1,000 hours or less during a working year~~

(12) Temporary employees;

~~(12)(13)~~ Members and employees of the board of trustees and board of directors or their successor agencies;

~~(13)(14)~~ Uniformed personnel of the State Police; and

~~(14)(15)~~ Seasonal Temporary employees in the state forests, parks, and recreational areas working less than 1,733 hours per calendar year. Notwithstanding any provision of law to the contrary, seasonal employees are not considered full-time employees.

(d) The Legislature finds that the holding of political beliefs and party commitments consistent or compatible with those of the Governor contributes in an essential way to the effective performance of and is an appropriate requirement for occupying certain offices or positions in state government, such as the secretaries of departments and the employees within their offices, the heads of agencies appointed by the Governor and, for each such head of agency, a private secretary and one principal assistant or deputy, all employees of the office of the Governor including all employees assigned to the executive mansion, as well as any persons appointed by the Governor to fill policy-making positions, in that those offices or positions are confidential in character and require their holders to act as advisors to the Governor or the Governor's appointees, to formulate and implement the policies and goals of the Governor or the Governor's appointees, or to help the Governor or the Governor's appointees communicate with and explain their policies and views to the public, the Legislature, and the press.

(e) All county road supervisor positions are covered under the classified service effective July 1, 1999. A person employed as a county road supervisor on the effective date of this section is not required to take or pass a qualifying or competitive examination upon, or as a condition of, becoming a classified service employee. All county road supervisors who become classified service employees pursuant to this subsection who are severed, removed, or terminated in his or her employment must be severed, removed, or terminated as if the person was a classified service employee.

The bill (Eng. Com. Sub. for H. B. 2011), as amended, was then ordered to third reading.

Eng. Com. Sub. for House Bill 2263, Update the regulation of pharmacy benefit managers.

On second reading, coming up in regular order, was read a second time.

The following amendment to the bill, from the Committee on Health and Human Resources, was reported by the Clerk:

By striking out everything after the enacting clause and inserting in lieu thereof the following:

CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE GOVERNOR, SECRETARY OF STATE, AND ATTORNEY GENERAL; BOARD OF PUBLIC WORKS; MISCELLANEOUS AGENCIES, COMMISSIONS, OFFICES, PROGRAMS, ETC.

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.

§5-16-9. Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance, and other accidental death insurance; mandated benefits;

limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts.

(a) The director is hereby given exclusive authorization to execute such contract or contracts as are necessary to carry out the provisions of this article and to provide the plan or plans of group hospital and surgical insurance coverage, group major medical insurance coverage, group prescription drug insurance coverage, and group life and accidental death insurance coverage selected in accordance with the provisions of this article, such contract or contracts to be executed with one or more agencies, corporations, insurance companies, or service organizations licensed to sell group hospital and surgical insurance, group major medical insurance, group prescription drug insurance and group life and accidental death insurance in this state.

(b) The group hospital or surgical insurance coverage and group major medical insurance coverage herein provided shall include coverages and benefits for x-ray and laboratory services in connection with mammogram and pap smears when performed for cancer screening or diagnostic services and annual checkups for prostate cancer in men age 50 and over. Such benefits shall include, but not be limited to, the following:

(1) Mammograms when medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force;

(2) A pap smear, either conventional or liquid-based cytology, whichever is medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force or The American College of Obstetricians and Gynecologists, for women age 18 and over;

(3) A test for the human papilloma virus (HPV) for women age 18 or over, when medically appropriate and consistent with the current guidelines from either the United States Preventive Services Task Force or the American College of Obstetricians and Gynecologists for women age 18 and over;

(4) A checkup for prostate cancer annually for men age 50 or over; and

(5) Annual screening for kidney disease as determined to be medically necessary by a physician using any combination of blood pressure testing, urine albumin or urine protein testing, and serum creatinine testing as recommended by the National Kidney Foundation.

(6) Coverage for general anesthesia for dental procedures and associated outpatient hospital or ambulatory facility charges provided by appropriately licensed healthcare individuals in conjunction with dental care if the covered person is:

(A) Seven years of age or younger or is developmentally disabled and is either an individual for whom a successful result cannot be expected from dental care provided under local anesthesia because of a physical, intellectual, or other medically compromising condition of the individual and for whom a superior result can be expected from dental care provided under general anesthesia; or

(B) A child who is 12 years of age or younger with documented phobias, or with documented mental illness, and with dental needs of such magnitude that treatment should not be delayed or deferred and for whom lack of treatment can be expected to result in infection, loss of teeth or other increased oral or dental morbidity and for whom a successful result cannot be expected

from dental care provided under local anesthesia because of such condition and for whom a superior result can be expected from dental care provided under general anesthesia.

(7) (A) A policy, plan, or contract that is issued or renewed on or after January 1, 2019, and that is subject to this section, shall provide coverage, through the age of 20, for amino acid-based formula for the treatment of severe protein-allergic conditions or impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract. This includes the following conditions, if diagnosed as related to the disorder by a physician licensed to practice in this state pursuant to either §30-3-1 *et seq.* or §30-14-1 *et seq.* of this code:

(i) Immunoglobulin E and Nonimmunoglobulin E-medicated allergies to multiple food proteins;

(ii) Severe food protein-induced enterocolitis syndrome;

(iii) Eosinophilic disorders as evidenced by the results of a biopsy; and

(iv) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract (short bowel).

(B) The coverage required by §5-16-9(b)(7)(A) of this code shall include medical foods for home use for which a physician has issued a prescription and has declared them to be medically necessary, regardless of methodology of delivery.

(C) For purposes of this subdivision, “medically necessary foods” or “medical foods” shall mean prescription amino acid-based elemental formulas obtained through a pharmacy: *Provided*, That these foods are specifically designated and manufactured for the treatment of severe allergic conditions or short bowel.

(D) The provisions of this subdivision shall not apply to persons with an intolerance for lactose or soy.

(c) The group life and accidental death insurance herein provided shall be in the amount of \$10,000 for every employee. The amount of the group life and accidental death insurance to which an employee would otherwise be entitled shall be reduced to \$5,000 upon such employee attaining age 65.

(d) All of the insurance coverage to be provided for under this article may be included in one or more similar contracts issued by the same or different carriers.

(e) The provisions of §5A-3-1 *et seq.* of this code, relating to the Division of Purchasing of the Department of Finance and Administration, shall not apply to any contracts for any insurance coverage or professional services authorized to be executed under the provisions of this article. Before entering into any contract for any insurance coverage, as authorized in this article, the director shall invite competent bids from all qualified and licensed insurance companies or carriers, who may wish to offer plans for the insurance coverage desired: *Provided*, That the director shall negotiate and contract directly with healthcare providers and other entities, organizations and vendors in order to secure competitive premiums, prices, and other financial advantages. The director shall deal directly with insurers or healthcare providers and other entities, organizations, and vendors in presenting specifications and receiving quotations for bid purposes. No commission or finder’s fee, or any combination thereof, shall be paid to any

individual or agent; but this shall not preclude an underwriting insurance company or companies, at their own expense, from appointing a licensed resident agent, within this state, to service the companies' contracts awarded under the provisions of this article. Commissions reasonably related to actual service rendered for the agent or agents may be paid by the underwriting company or companies: *Provided, however,* That in no event shall payment be made to any agent or agents when no actual services are rendered or performed. The director shall award the contract or contracts on a competitive basis. In awarding the contract or contracts the director shall take into account the experience of the offering agency, corporation, insurance company, or service organization in the group hospital and surgical insurance field, group major medical insurance field, group prescription drug field, and group life and accidental death insurance field, and its facilities for the handling of claims. In evaluating these factors, the director may employ the services of impartial, professional insurance analysts or actuaries or both. Any contract executed by the director with a selected carrier shall be a contract to govern all eligible employees subject to the provisions of this article. Nothing contained in this article shall prohibit any insurance carrier from soliciting employees covered hereunder to purchase additional hospital and surgical, major medical or life and accidental death insurance coverage.

(f) The director may authorize the carrier with whom a primary contract is executed to reinsure portions of the contract with other carriers which elect to be a reinsurer and who are legally qualified to enter into a reinsurance agreement under the laws of this state.

(g) Each employee who is covered under any contract or contracts shall receive a statement of benefits to which the employee, his or her spouse and his or her dependents are entitled under the contract, setting forth the information as to whom the benefits are payable, to whom claims shall be submitted and a summary of the provisions of the contract or contracts as they affect the employee, his or her spouse and his or her dependents.

(h) The director may at the end of any contract period discontinue any contract or contracts it has executed with any carrier and replace the same with a contract or contracts with any other carrier or carriers meeting the requirements of this article.

(i) The director shall provide by contract or contracts entered into under the provisions of this article the cost for coverage of children's immunization services from birth through age 16 years to provide immunization against the following illnesses: Diphtheria, polio, mumps, measles, rubella, tetanus, hepatitis-b, hemophilia influenzae-b, and whooping cough. Additional immunizations may be required by the Commissioner of the Bureau for Public Health for public health purposes. Any contract entered into to cover these services shall require that all costs associated with immunization, including the cost of the vaccine, if incurred by the healthcare provider, and all costs of vaccine administration be exempt from any deductible, per visit charge and/or copayment provisions which may be in force in these policies or contracts. This section does not require that other healthcare services provided at the time of immunization be exempt from any deductible and/or copayment provisions.

(j) The director shall include language in all contracts for pharmacy benefits management, as defined by §33-51-3 of this code, requiring the pharmacy benefit manager to report quarterly to the agency ~~for all pharmacy claims the amount paid to the pharmacy provider per claim, including, but not limited to~~ the following:

(1) The overall total amount charged to the agency for all claims processed by the pharmacy benefit manager during the quarter;

(2) The overall total amount of reimbursements paid to pharmacy providers during the quarter;

(3) The overall total number of claims in which the pharmacy benefits manager reimbursed a pharmacy provider for less than the amount charged to the agency for all claims processed by the pharmacy benefit manager during the quarter; and

(4) For all pharmacy claims, the total amount paid to the pharmacy provider per claim, including, but not limited to, the following:

~~(1)~~ (A) The cost of drug reimbursement;

~~(2)~~ (B) Dispensing fees;

~~(3)~~ (C) Copayments; and

~~(4)~~ (D) The amount charged to the agency for each claim by the pharmacy benefit manager.

In the event there is a difference between ~~these amounts for any claim~~ the amount for any pharmacy claim paid to the pharmacy provider and the amount reimbursed to the agency, the pharmacy benefit manager shall report an itemization of all administrative fees, rebates, or processing charges associated with the claim. All data and information provided by the pharmacy benefit manager shall be kept secure, and notwithstanding any other provision of this code to the contrary, the agency shall maintain the confidentiality of the proprietary information and not share or disclose the proprietary information contained in the report or data collected with persons outside the agency. All data and information provided by the pharmacy benefit manager shall be considered proprietary and confidential and exempt from disclosure under the West Virginia Freedom of Information Act pursuant to §29B-1-4(a)(1) of this code. Only those agency employees involved in collecting, securing, and analyzing the data for the purpose of preparing the report provided for herein shall have access to the proprietary data. The director shall ~~using aggregated, non-proprietary data only, report at least quarterly to the Joint Committee on Government and Finance on the implementation of this subsection and its impact on program expenditures~~ provide a quarterly report to the Joint Committee on Government and Finance and the Joint Committee on Health detailing the information required by this section, including any difference or spread between the overall amount paid by pharmacy benefit managers to the pharmacy providers and the overall amount charged to the agency for each claim by the pharmacy benefit manager. To the extent necessary, the director shall use aggregated, nonproprietary data only: Provided, That the director must provide a clear and concise summary of the total amounts charged to the agency and reimbursed to pharmacy providers on a quarterly basis.

(k) If the information required herein is not provided, the agency may terminate the contract with the pharmacy benefit manager and the Office of the Insurance Commissioner shall discipline the pharmacy benefit manager as provided in §33-51-8(e) of this code.

CHAPTER 33. INSURANCE

ARTICLE 51. PHARMACY AUDIT INTEGRITY ACT. REGULATION OF PHARMACY AUDITING ENTITIES AND PHARMACY BENEFIT MANAGERS.

§33-51-2. Scope.

This article covers any audit of the records of a pharmacy conducted by a managed care company, third-party payer, pharmacy benefits manager or an entity that represents a covered

entity, or health benefit plan, the registration of auditing entities, and the licensure and regulation of pharmacy benefits managers.

§33-51-3. Definitions.

For purposes of this article:

“340B entity” means an entity participating in the federal 340B drug discount program, as described in 42 U.S.C. § 256b, including its pharmacy or pharmacies, or any pharmacy or pharmacies, contracted with the participating entity to dispense drugs purchased through such program.

~~“Affiliate” means a pharmacy, pharmacist, or pharmacy technician that directly or indirectly, through one or more intermediaries, owns or controls, is owned or controlled by, or is under common ownership or control with a pharmacy benefit manager~~

“Affiliate” means a pharmacy, pharmacist, or pharmacy technician which, either directly or indirectly through one or more intermediaries: (A) Has an investment or ownership interest in a pharmacy benefits manager licensed under this chapter; (B) shares common ownership with a pharmacy benefits manager licensed under this chapter; or (C) has an investor or ownership interest holder which is a pharmacy benefits manager licensed under this article.

“Auditing entity” means a person or company that performs a pharmacy audit, including a covered entity, pharmacy benefits manager, managed care organization, or third-party administrator.

“Business day” means any day of the week excluding Saturday, Sunday, and any legal holiday as set forth in §2-2-1 of this code.

“Claim level information” means data submitted by a pharmacy or required by a payer or claims processor to adjudicate a claim.

“Covered entity” means a contract holder or policy holder providing pharmacy benefits to a covered individual under a health insurance policy pursuant to a contract administered by a pharmacy benefits manager and may include a health benefit plan.

“Covered individual” means a member, participant, enrollee, or beneficiary of a covered entity who is provided health coverage by a covered entity, including a dependent or other person provided health coverage through the policy or contract of a covered individual.

“Extrapolation” means the practice of inferring a frequency of dollar amount of overpayments, underpayments, nonvalid claims, or other errors on any portion of claims submitted, based on the frequency of dollar amount of overpayments, underpayments, nonvalid claims, or other errors actually measured in a sample of claims.

“Defined cost sharing” means a deductible payment or coinsurance amount imposed on an enrollee for a covered prescription drug under the enrollee’s health plan.

“Health benefit plan” or “health plan” means a policy, contract, certificate, or agreement entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.

“Health care provider” has the same meaning as defined in §33-41-2 of this code.

“Health insurance policy” means a policy, subscriber contract, certificate, or plan that provides prescription drug coverage. The term includes both comprehensive and limited benefit health insurance policies.

“Insurance commissioner” or “commissioner” has the same meaning as defined in §33-1-5 of this code.

“Network” means a pharmacy or group of pharmacies that agree to provide prescription services to covered individuals on behalf of a covered entity or group of covered entities in exchange for payment for its services by a pharmacy benefits manager or pharmacy services administration organization. The term includes a pharmacy that generally dispenses outpatient prescriptions to covered individuals or dispenses particular types of prescriptions, provides pharmacy services to particular types of covered individuals or dispenses prescriptions in particular health care settings, including networks of specialty, institutional or long-term care facilities.

“Maximum allowable cost” means the per unit amount that a pharmacy benefits manager reimburses a pharmacist for a prescription drug, excluding dispensing fees and copayments, coinsurance, or other cost-sharing charges, if any.

“National average drug acquisition cost” means the monthly survey of retail pharmacies conducted by the federal Centers for Medicare and Medicaid Services to determine average acquisition cost for Medicaid covered outpatient drugs.

“Nonproprietary drug” means a drug containing any quantity of any controlled substance or any drug which is required by any applicable federal or state law to be dispensed only by prescription.

“Pharmacist” means an individual licensed by the West Virginia Board of Pharmacy to engage in the practice of pharmacy.

“Pharmacy” means any place within this state where drugs are dispensed and pharmacist care is provided.

“Pharmacy audit” means an audit, conducted on-site by or on behalf of an auditing entity of any records of a pharmacy for prescription or nonproprietary drugs dispensed by a pharmacy to a covered individual.

“Pharmacy benefits management” means the performance of any of the following:

(1) The procurement of prescription drugs at a negotiated contracted rate for dispensation within the state of West Virginia to covered individuals;

(2) The administration or management of prescription drug benefits provided by a covered entity for the benefit of covered individuals;

(3) The administration of pharmacy benefits, including:

(A) Operating a mail-service pharmacy;

(B) Claims processing;

(C) Managing a retail pharmacy network;

(D) Paying claims to a pharmacy for prescription drugs dispensed to covered individuals via retail or mail-order pharmacy;

(E) Developing and managing a clinical formulary including utilization management and quality assurance programs;

(F) Rebate contracting administration; and

(G) Managing a patient compliance, therapeutic intervention, and generic substitution program.

“Pharmacy benefits manager” means a person, business, or other entity that performs pharmacy benefits management for covered entities;

“Pharmacy record” means any record stored electronically or as a hard copy by a pharmacy that relates to the provision of prescription or nonproprietary drugs or pharmacy services or other component of pharmacist care that is included in the practice of pharmacy.

“Pharmacy services administration organization” means any entity that contracts with a pharmacy to assist with third-party payer interactions and that may provide a variety of other administrative services, including contracting with pharmacy benefits managers on behalf of pharmacies and managing pharmacies’ claims payments from third-party payers.

“Point-of-sale fee” means all or a portion of a drug reimbursement to a pharmacy or other dispenser withheld at the time of adjudication of a claim for any reason.

“Rebate” means any and all payments that accrue to a pharmacy benefits manager or its health plan client, directly or indirectly, from a pharmaceutical manufacturer, including, but not limited to, discounts, administration fees, credits, incentives, or penalties associated directly or indirectly in any way with claims administered on behalf of a health plan client.

“Retroactive fee” means all or a portion of a drug reimbursement to a pharmacy or other dispenser recouped or reduced following adjudication of a claim for any reason, except as otherwise permissible as described in this article.

“Third party” means any insurer, health benefit plan for employees which provides a pharmacy benefits plan, a participating public agency which provides a system of health insurance for public employees, their dependents and retirees, or any other insurer or organization that provides health coverage, benefits, or coverage of prescription drugs as part of workers’ compensation insurance in accordance with state or federal law. The term does not include an insurer that provides coverage under a policy of casualty or property insurance.

§33-51-8. Licensure of pharmacy benefit managers.

(a) A person or organization may not establish or operate as a pharmacy benefits manager in the state of West Virginia without first obtaining a license from the Insurance Commissioner pursuant to this section: *Provided*, That a pharmacy benefit manager registered pursuant to §33-

5-7 of this code may continue to do business in the state until the Insurance Commissioner has completed the legislative rule as set forth in §33-55-10 of this code: *Provided, however,* That additionally the pharmacy benefit manager shall submit an application within six months of completion of the final rule. The Insurance Commissioner shall make an application form available on its publicly accessible internet website that includes a request for the following information:

(1) The identity, address, and telephone number of the applicant;

(2) The name, business address, and telephone number of the contact person for the applicant;

(3) When applicable, the federal employer identification number for the applicant; and

(4) Any other information the Insurance Commissioner considers necessary and appropriate to establish the qualifications to receive a license as a pharmacy benefit manager to complete the licensure process, as set forth by legislative rule promulgated by the Insurance Commissioner pursuant to §33-51-10 of this code.

(b) Term and fee. —

(1) The term of licensure shall be two years from the date of issuance.

(2) The Insurance Commissioner shall determine the amount of the initial application fee and the renewal application fee for the registration. The fee shall be submitted by the applicant with an application for registration. An initial application fee is nonrefundable. A renewal application fee shall be returned if the renewal of the registration is not granted.

(3) The amount of the initial application fees and renewal application fees must be sufficient to fund the Insurance Commissioner's duties in relation to his/her responsibilities under this section, but a single fee may not exceed \$10,000.

(4) Each application for a license, and subsequent renewal for a license, shall be accompanied by evidence of financial responsibility in an amount of \$1 million.

(c) Licensure. —

(1) The Insurance Commissioner shall propose legislative rules, in accordance with §33-51-10 of this code, establishing the licensing, fees, application, financial standards, and reporting requirements of pharmacy benefit managers.

(2) Upon receipt of a completed application, evidence of financial responsibility, and fee, the Insurance Commissioner shall make a review of each applicant and shall issue a license if the applicant is qualified in accordance with the provisions of this section and the rules promulgated by the Insurance Commissioner pursuant to this section. The commissioner may require additional information or submissions from an applicant and may obtain any documents or information reasonably necessary to verify the information contained in the application.

(3) The license may be in paper or electronic form, is nontransferable, and shall prominently list the expiration date of the license.

(d) Network adequacy. —

(1) A pharmacy benefit manager's network shall be reasonably adequate, shall provide for convenient patient access to pharmacies within a reasonable distance from a patient's residence and shall not be comprised only of mail-order benefits but must have a mix of mail-order benefits and physical stores in this state.

(2) A pharmacy benefit manager shall provide a pharmacy benefit manager's network report describing the pharmacy benefit manager's network and the mix of mail-order to physical stores in this state in a time and manner required by rule issued by the Insurance Commissioner pursuant to this section.

(3) Failure to provide a timely report may result in the suspension or revocation of a pharmacy benefit manager's license by the Insurance Commissioner.

(e) Enforcement. —

(1) The Insurance Commissioner shall enforce this section and may examine or audit the books and records of a pharmacy benefit manager providing pharmacy benefits management to determine if the pharmacy benefit manager is in compliance with this section: *Provided*, That any information or data acquired during the examination or audit is considered proprietary and confidential and exempt from disclosure under the West Virginia Freedom of Information Act pursuant to §29B-1-4(a)(1) of this code.

(2) The Insurance Commissioner may propose rules for legislative approval in accordance with §29A-3-1 *et seq.* of this code regulating pharmacy benefit managers in a manner consistent with this chapter. Rules adopted pursuant to this section shall set forth penalties or fines, including, without limitation, monetary fines, suspension of licensure, and revocation of licensure for violations of this chapter and the rules adopted pursuant to this section.

(f) Applicability. —

~~(4) This section is applicable to any contract or health benefit plan issued, renewed, recredentialed, amended, or extended on or after July 1, 2019.~~

~~(2) The requirements of this section, and any rules promulgated by the Insurance Commissioner pursuant to §33-51-9(f) of this code, do not apply to the coverage of prescription drugs under a plan that is subject to the Employee Retirement Income Security Act of 1974 or any information relating to such coverage~~

§33-51-9. Regulation of pharmacy benefit managers.

(a) A pharmacy, a pharmacist, and a pharmacy technician shall have the right to provide a covered individual with information related to lower cost alternatives and cost share for the covered individual to assist health care consumers in making informed decisions. Neither a pharmacy, a pharmacist, nor a pharmacy technician may be penalized by a pharmacy benefit manager for discussing information in this section or for selling a lower cost alternative to a covered individual, if one is available, without using a health insurance policy.

(b) A pharmacy benefit manager may not collect from a pharmacy, a pharmacist, or a pharmacy technician a cost share charged to a covered individual that exceeds the total submitted charges by the pharmacy or pharmacist to the pharmacy benefit manager.

(c) A pharmacy benefit manager may only directly or indirectly charge or hold a pharmacy, a pharmacist, or a pharmacy technician responsible for a fee related to the adjudication of a claim if:

(1) The total amount of the fee is identified, reported, and specifically explained for each line item on the remittance advice of the adjudicated claim; or

(2) The total amount of the fee is apparent at the point of sale and not adjusted between the point of sale and the issuance of the remittance advice.

(d) A pharmacy benefit manager, or any other third party, that reimburses a 340B entity for drugs that are subject to an agreement under 42 U.S.C. § 256b shall not reimburse the 340B entity for pharmacy-dispensed drugs at a rate lower than that paid for the same drug to pharmacies similar in prescription volume that are not 340B entities, and shall not assess any fee, charge-back, or other adjustment upon the 340B entity on the basis that the 340B entity participates in the program set forth in 42 U.S.C. §256b.

(e) With respect to a patient eligible to receive drugs subject to an agreement under 42 U.S.C. § 256b, a pharmacy benefit manager, or any other third party that makes payment for such drugs, shall not discriminate against a 340B entity in a manner that prevents or interferes with the patient's choice to receive such drugs from the 340B entity: *Provided*, That for purposes of this section, "third party" does not include the state Medicaid program when Medicaid is providing reimbursement for covered outpatient drugs, as that term is defined in 42 U.S.C. §1396r-8(k), on a fee-for-service basis: *Provided, however*, That "third party" does include a Medicaid-managed care organization as described in 42 U.S.C. § 1396b(m).

~~(f) This section does not apply with respect to claims under an employee benefit plan under the Employee Retirement Income Security Act of 1974 or, except for paragraph (d), to Medicare Part D.~~

(f) A pharmacy benefit manager may not reimburse a pharmacy or pharmacist for a prescription drug or pharmacy service in an amount less than the national average drug acquisition cost for the prescription drug or pharmacy service at the time the drug is administered or dispensed, plus a professional dispensing fee of \$10.49: *Provided*, That if the national average drug acquisition cost is not available at the time a drug is administered or dispensed, a pharmacy benefit manager may not reimburse in an amount that is less than the wholesale acquisition cost of the drug, as defined in 42 U.S.C. § 1395w-3a(c)(6)(B), plus a provisional dispensing fee of \$10.49.

(g) A pharmacy benefit manager may not reimburse a pharmacy or pharmacist for a prescription drug or pharmacy service in an amount less than the amount the pharmacy benefit manager reimburses itself or an affiliate for the same prescription drug or pharmacy service.

(h) The commissioner may order reimbursement to an insured, pharmacy, or dispenser who has incurred a monetary loss as a result of a violation of this article or legislative rules implemented pursuant to this article.

(i) (1) Any methodologies utilized by a pharmacy benefits manager in connection with reimbursement shall be filed with the commissioner at the time of initial licensure and at any time thereafter that the methodology is changed by the pharmacy benefit manager for use in determining maximum allowable cost appeals. The methodologies are not subject to disclosure

and shall be treated as confidential and exempt from disclosure under the West Virginia Freedom of Information Act §29B-1-4(a)(1) of this code.

(2) A pharmacy benefits manager shall utilize the national average drug acquisition cost as a point of reference for the ingredient drug product component of a pharmacy's reimbursement for drugs appearing on the national average drug acquisition cost list; and,

(i) A pharmacy benefits manager may not:

(1) Discriminate in reimbursement, assess any fees or adjustments, or exclude a pharmacy from the pharmacy benefit manager's network on the basis that the pharmacy dispenses drugs subject to an agreement under 42 U.S.C. § 256b; or

(2) Engage in any practice that:

(A) In any way bases pharmacy reimbursement for a drug on patient outcomes, scores, or metrics. This does not prohibit pharmacy reimbursement for pharmacy care, including dispensing fees from being based on patient outcomes, scores, or metrics so long as the patient outcomes, scores, or metrics are disclosed to and agreed to by the pharmacy in advance;

(B) Includes imposing a point-of-sale fee or retroactive fee; or

(C) Derives any revenue from a pharmacy or insured in connection with performing pharmacy benefits management services: *Provided*, That this may not be construed to prohibit pharmacy benefits managers from receiving deductibles or copayments.

(k) A pharmacy benefits manager shall offer a health plan the option of charging such health plan the same price for a prescription drug as it pays a pharmacy for the prescription drug: *Provided*, That a pharmacy benefits manager shall charge a health benefit plan administered by or on behalf of the state or a political subdivision of the state, the same price for a prescription drug as it pays a pharmacy for the prescription drug.

(l) A pharmacy benefits manager and drug manufacturer shall pay 100% of all credits, rebates, discounts, or other such payments to the health benefit plan or covered entity. The health benefit plan or covered entity shall apply 100% of the credits, rebates, discounts, or other such payments to reduce insurance premiums or rates on a yearly basis: *Provided*, That this subsection does not apply to a 340B entity.

(m) This section is effective for policy, contract, plans, or agreements beginning on or after January 1, 2022. This section applies to all policies, contracts, plans, or agreements subject to this section that are delivered, executed, amended, adjusted, or renewed on or after the effective date of this section.

§33-51-11. Freedom of consumer choice for pharmacy.

(a) A pharmacy benefits manager or health benefit plan may not:

(1) Prohibit or limit any covered individual from selecting a pharmacy or pharmacist of his or her choice who has agreed to participate in the plan according to the terms offered by the insurer;

(2) Deny a pharmacy or pharmacist the right to participate as a contract provider under the policy or plan if the pharmacy or pharmacist agrees to provide pharmacy services, including, but not limited to, prescription drugs, that meet the terms and requirements set forth by the insurer under the policy or plan and agrees to the terms of reimbursement set forth by the insurer;

(3) Impose upon a beneficiary of pharmacy services under a health benefit plan any copayment, fee, or condition that is not equally imposed upon all beneficiaries in the same benefit category, class, or copayment level under the health benefit plan when receiving services from a contract provider;

(4) Impose a monetary advantage or penalty under a health benefit plan that would affect a beneficiary's choice among those pharmacies or pharmacists who have agreed to participate in the plan according to the terms offered by the insurer. Monetary advantage or penalty includes higher copayment, a reduction in reimbursement for services, or promotion of one participating pharmacy over another by these methods;

(5) Reduce allowable reimbursement for pharmacy services to a beneficiary under a health benefit plan because the beneficiary selects a pharmacy of his or her choice, so long as that pharmacy has enrolled with the health benefit plan under the terms offered to all pharmacies in the plan coverage area;

(6) Require a beneficiary, as a condition of payment or reimbursement, to purchase pharmacy services, including prescription drugs, exclusively through a mail-order pharmacy; or

(7) Impose upon a beneficiary any copayment, amount of reimbursement, number of days of a drug supply for which reimbursement will be allowed, or any other payment or condition relating to purchasing pharmacy services from any pharmacy, including prescription drugs, that is more costly or more restrictive than that which would be imposed upon the beneficiary if such services were purchased from a mail-order pharmacy or any other pharmacy that is willing to provide the same services or products for the same cost and copayment as any mail order service.

(b) If a health benefit plan providing reimbursement to West Virginia residents for prescription drugs restricts pharmacy participation, the entity providing the health benefit plan shall notify, in writing, all pharmacies within the geographical coverage area of the health benefit plan, and offer to the pharmacies the opportunity to participate in the health benefit plan at least 60 days prior to the effective date of the plan. All pharmacies in the geographical coverage area of the plan shall be eligible to participate under identical reimbursement terms for providing pharmacy services, including prescription drugs. The entity providing the health benefit plan shall, through reasonable means, on a timely basis and on regular intervals, inform the beneficiaries of the plan of the names and locations of pharmacies that are participating in the plan as providers of pharmacy services and prescription drugs. Additionally, participating pharmacies shall be entitled to announce their participation to their customers through a means acceptable to the pharmacy and the entity providing the health benefit plans. The pharmacy notification provisions of this section shall not apply when an individual or group is enrolled, but when the plan enters a particular county of the state.

(c) The Insurance Commissioner shall not approve any pharmacy benefits manager or health benefit plan providing pharmaceutical services which do not conform to this section.

(d) Any covered individual or pharmacy injured by a violation of this section may maintain a cause of action to enjoin the continuance of any such violation.

(e) This section shall apply to all pharmacy benefits managers and health benefit plans providing pharmaceutical services benefits, including prescription drugs, to any resident of West Virginia. For purposes of this section, "health benefit plan" means any entity or program that provides reimbursement for pharmaceutical services. This section shall also apply to insurance companies and health maintenance organizations that provide or administer coverages and benefits for prescription drugs. This section shall not apply to any entity that has its own facility, employs or contracts with physicians, pharmacists, nurses and other health care personnel, and that dispenses prescription drugs from its own pharmacy to its employees and dependents enrolled in its health benefit plan; but this section shall apply to an entity otherwise excluded that contracts with an outside pharmacy or group of pharmacies to provide prescription drugs and services.

§33-51-12. Reporting requirements.

(a) A pharmacy benefits manager shall report to the commissioner on an annual basis, or more often as the commissioner deems necessary, for each health plan or covered entity the following information:

(1) The aggregate amount of rebates received by the pharmacy benefits manager;

(2) The aggregate amount of rebates distributed to each health plan or covered entity contracted with the pharmacy benefits manager;

(3) The aggregate amount of rebates passed on to the enrollees of each health plan or covered entity at the point of sale that reduced the enrollees applicable deductible, copayment, coinsurance, or other cost-sharing amount;

(4) The individual and aggregate amount paid by the health plan or covered entity to the pharmacy benefits manager for pharmacist services itemized by pharmacy, by product, and by goods and services; and

(5) The individual and aggregate amount a pharmacy benefits manager paid for pharmacist services itemized by pharmacy, by product, and by goods and services.

(b) A pharmacy benefits manager shall annually report in the aggregate to the commissioner and to a health plan or covered entity the difference between the amount the pharmacy benefits manager reimbursed a pharmacy and the amount the pharmacy benefits manager charged a health plan.

(c) A health benefit plan or covered entity shall annually report to the commissioner the aggregate amount of credits, rebates, discounts, or other such payments received by the health benefit plan or covered entity from a pharmacy benefits manager or drug manufacturer and disclose whether or not those credits, rebates, discounts or other such payments were passed on to reduce insurance premiums or rates. The commissioner shall consider the information in this report in reviewing any premium rates charged for any individual or group accident and health insurance policy as set forth in §33-6-9(e), §33-24-6(c), and §33-25A-8 of this code.

(d) A pharmacy benefits manager shall produce a quarterly report to the commissioner of all drugs appearing on the national average drug acquisition cost list reimbursed 10 percent and below the national average drug acquisition cost, as well as all drugs reimbursed 10 percent and above the national average drug acquisition cost. For each drug in the report, a pharmacy benefits

manager shall include the month the drug was dispensed, the quantity of the drug dispensed, the amount the pharmacy was reimbursed, whether the dispensing pharmacy was an affiliate of the pharmacy benefits manager, whether the drug was dispensed pursuant to a government health plan, and the average national drug acquisition cost for the month the drug was dispensed. The report shall exclude drugs dispensed pursuant to 42 U.S.C. § 256b. A copy of this report shall also be published on the pharmacy benefits manager's publicly available website for a period of at least 24 months. This report is exempt from the confidentiality provisions of subsection (f).

(e) The reports shall be filed electronically on a form and manner as prescribed by the commissioner pursuant to a legitimate rule promulgated by the commissioner.

(f) With the exception of the quarterly report noted in subsection (d) of this section all data and information provided by the pharmacy benefits manager, health plan, or covered entity pursuant to these established reporting requirements shall be considered proprietary and confidential and exempt from disclosure under the West Virginia Freedom of Information Act §29B-1-4(a)(1) of this code.

On motion of Senator Maroney, the following amendments to the Health and Human Resources committee amendment to the bill (Eng. Com. Sub. for H. B. 2263) were reported by the Clerk, considered simultaneously, and adopted:

On page sixteen, section nine, line forty, by striking out the word "provisional" and inserting in lieu thereof the word "professional";

On page eighteen, section nine, line seventy-five, by striking out the words "and drug manufacturer";

And,

On page eighteen, section nine, line seventy-six, after the word "payments" by inserting the words "negotiated with drug manufacturers".

The question now being on the adoption of the Health and Human Resources committee amendment to the bill, as amended, the same was put and prevailed.

The bill (Eng. Com. Sub. for H. B. 2263), as amended, was then ordered to third reading.

The Senate proceeded to the tenth order of business.

At the request of Senator Takubo, unanimous consent being granted, the following bills on first reading were considered read a first time and ordered to second reading:

Com. Sub. for Com. Sub. for Senate Bill 318, Relating generally to public notice of unclaimed property held by State Treasurer.

Com. Sub. for Senate Bill 500, Prohibiting intimidation and retaliation against public officers and employees, jurors, and witnesses.

Com. Sub. for Senate Bill 518, Relating to grounds for administrative dissolution of certain companies, corporations, and partnerships.

And,

Eng. Com. Sub. for House Bill 2009, Relating to limitations on the use of wages and agency shop fees by employers and labor organizations for political activities.

The Senate proceeded to the thirteenth order of business.

At the request of Senator Takubo, unanimous consent being granted, a leave of absence for the day was granted Senator Karnes.

Under the provisions of Rule 15 of the Rules of the Senate, the following senator was removed as a co-sponsor of the following bill on March 11, 2021:

Senate Bill 88: Senator Grady.

Under the provisions of Rule 15 of the Rules of the Senate, the following senators were added as co-sponsors to the following bills and resolution on March 11, 2021:

Senate Bill 77: Senator Grady;

Senate Bill 235: Senator Grady;

Senate Bill 297: Senator Hamilton;

Senate Bill 335: Senator Romano;

Senate Bill 388: Senator Romano;

Senate Bill 391: Senator Romano;

Senate Bill 502: Senators Jeffries and Grady;

Senate Bill 504: Senator Grady;

Senate Bill 572: Senator Hamilton;

Senate Bill 622: Senators Hamilton, Stollings, Woelfel, and Lindsay;

Senate Bill 623: Senators Phillips and Rucker;

Senate Bill 625: Senator Phillips;

Senate Bill 626: Senators Woelfel and Phillips;

Senate Bill 627: Senators Ihlenfeld, Stollings, and Lindsay;

Senate Bill 629: Senator Lindsay;

Senate Bill 631: Senators Lindsay and Ihlenfeld;

And

Senate Resolution 19: Senators Hamilton, Stollings, Baldwin, Roberts, Lindsay, and Rucker.

On motion of Senator Takubo, at 11:48 a.m., the Senate adjourned until Monday, March 15, 2021, at 11 a.m.

SENATE CALENDAR

**Monday, March 15, 2021
11:00 AM**

UNFINISHED BUSINESS

S. C. R. 25 - McClintic Family Bridge

THIRD READING

Eng. Com. Sub. for S. B. 346 - Authorizing DMV use electronic means when providing notice for licensees and vehicle owners

Eng. Com. Sub. for S. B. 472 - Updating criteria for regulating certain occupations and professions (original similar to HB2909)

Eng. S. B. 523 - Correcting improper code references

Eng. S. B. 529 - Correcting improper citation relating to DMV registration

Eng. Com. Sub. for H. B. 2011 - Eliminating any time requirements for part time personnel to work during a working year - (Com. title amend. pending)

Eng. Com. Sub. for H. B. 2263 - Update the regulation of pharmacy benefit managers

SECOND READING

Com. Sub. for S. B. 303 - Creating Local Government Labor and Consumer Marketing Regulatory Limitation Act (original similar to HB2907)

Com. Sub. for Com. Sub. for S. B. 318 - Relating generally to public notice of unclaimed property held by State Treasurer

Com. Sub. for S. B. 500 - Prohibiting intimidation and retaliation against public officers and employees, jurors, and witnesses

Com. Sub. for S. B. 518 - Relating to grounds for administrative dissolution of certain companies, corporations, and partnerships

Eng. Com. Sub. for H. B. 2006 - Relating to the West Virginia Contractor Licensing Act - (Com. amend. and title amend. pending)

Eng. Com. Sub. for H. B. 2009 - Relating to limitations on the use of wages and agency shop fees by employers and labor organizations for political activities - (Com. amend. pending)

FIRST READING

Com. Sub. for S. B. 28 - Creating Open and Equal Opportunities in Student Activities Act

Com. Sub. for S. B. 297 - Relating generally to modernizing Board of Treasury Investments

S. B. 391 - Relating to study of child protective services and foster care workforce

Com. Sub. for S. B. 431 - Relating to school attendance notification requirements to DMV

Com. Sub. for S. B. 502 - Providing lifetime hunting, fishing, and trapping license to residents, adopted, and foster children under 15

Eng. Com. Sub. for H. B. 2008 - Amending requirements for licensure relating to elevator mechanics, crane operators, HVAC, electricians, and plumbers - (Com. amend. and title amend. pending)

Eng. Com. Sub. for H. B. 2013 - Relating to the Hope Scholarship Program

Eng. Com. Sub. for H. B. 2616 - Amend the reporting to the Governor and the Legislature to have information continuously available on the Office of Health Facility Licensure and Certification's website - (Com. amend. pending)

NO COMMITTEE MEETING ANNOUNCEMENTS