

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1273

2007 HOUSE HUMAN SERVICES

HB 1273

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1273

House Human Services Committee

Check here for Conference Committee

Hearing Date: January 22, 2007

Recorder Job Number: 1500

Committee Clerk Signature

Judy Schock

Minutes:

Chairman Price: opens the hearing on HB 1273

Representative Todd Porter, District 34 Mandan, ND: the purpose for this piece of legislation is over the years as the Health care community has struggled with the low reimbursement rates from Medicare program, which is a Federally run entitlement in the Medicaid program . It is becoming increasingly more difficult for those medical providers to have the necessary funds to do capital equipment purchases. It is becoming more difficult for professionals to do the angiograms with out the 5-6 million dollars ct scanners. There are a whole gamete of things out there the health care providers are having problems securing the funds and having them available, because of the reimbursement rates. The rural and urban areas don't have a way to advance themselves in the area of technology. This is truly for the rural and urban situations all across health care. The program is designed to be a mirrored image of a pace program with Bank of ND.

Arnold Thomas, with NDHA: Mr. Thomas was very difficult to hear. I am in support of HB 1273. If we built a building or purchased a piece of equipment, that was a separate recognized cost of doing business. ND makes up costs by commercial carriers such as Blue Cross. Diagnostic equipment is a major challenge we are facing the majority of the institution. This is

particularly acute in the rural locations. This measure before you will assist in those decisions at the local level. As you know computers are our future. We are 3 years older on average in physical structure in ND, than pure institutions across the country. Three years may not seem like much, but it is significant in terms of fire and safety codes, and also significant in terms of quality standard that are continually involved in institutions.

Representative Kaldor: In relating to the various things that would qualify, do some of those elements qualify for some reimbursement?

Mr. Arnold: It would depend on how the institution has the capital program put into place. What the committee needs to understand in terms of meeting challenges, or day to day maintenance. The first thing that would happen and it is not just hospitals, it is almost any organization with capital investment, where you are close to not breaking even.

Chairman Price: Even though the dollar amounts over, for example in our electronic records, projects it would probably be just for the actual equipment, not for all of the 18 months of training and everything that went into it.

Mr. Arnold: An example, Stanley Hospitals relationship with Trinity Hospital. One of the issues that is being sorted currently is how, and the hospital in Stanley connect electronically using key 1 line and benefit from the radiology services that are available at Trinity. The cost of that project excluding the on going operational expenses on the key 1 line is about 250-300,000 dollars. You need something at the Stanley facility, and you need something at the Trinity facility. This program would also keep the focus on what is the cost and enable us to do it at a lower price of dollars.

Representative Potter: Would there be a local lenders interested that we might be knocking out? If there aren't local lenders that would be interested is it because it is a poor risk?

Bob Humann, senior Vice President of lending through the Bank of ND: The bank supports HB 1273. I would tell you, I think this is a great concept. We have financed medical equipment in the past under a program that we have at the bank called West Pace. In the current biennium we opened up for a new concept called Flex Pace. It is geared more for central community services where there are no jobs creating requirement that goes with that program. That is the program we have financed some equipment this biennium so far under Pace. We just wanted the committee to know this is an option. We are very short of Pace dollars, and depending how the session ends up at this point we may not be able to have Flex Pace available again. Local lenders would possibly be interested, but by using a Pace loan with the cash flow on that loan would be a lot more attractive.

Chairman Price: Would a dentist out of school be able to buy equipment?

Mr. Humann: By looking at the legislation, page 2, line 6. I guess I don't know what this committee considers what a medical provider is?

Representative Hofstad: On page 2 and line 13. When you talk about economic conditions in the city, I expect that to would be part of the process in making these rules, but I am curious as to what do you envision being the criteria for those conditions?

Mr. Humann: That is language that is being taken from the existing statute. That means if we are looking at a Pace loan in a larger community. It means the State of ND could provide 65% of the interest buy down, and the local community can provide 35% of the interest buy downs.

Chairman Price: Any one else in favor of HB 1273, any opposition? If not we will close the hearing on HB 1273.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1273

House Human Services Committee

Check here for Conference Committee

Hearing Date: January 22, 2007

Recorder Job Number: 1502

Committee Clerk Signature

Judy DeRock

Minutes:

Chairman Price: take out HB 1273.

Representative Conrad makes a motion for a do pass RR/Appropriations, seconded by

Representative Kaldor.

Discussion by the committee about Representative Price asked a question in regards to other practices such as dentistry, and others in the committee would even look at optometry, and medical provider being just that. Not limited to hospitals and clinics, but the community needs to make a pitch and presentation so the funds could be used to enhance other areas in the community. It is the committee's intent to improve rural access. We might use tela medical and tap into other medical facilities. The program the way it is currently does not compete against the local market for revenue. Is there a definition in the state law what a medical provider is? Do we need to put in an amendment in? **Dr. Thomas** says the word licensed is the key word.

The vote was taken with 12 yeas, 0 nays, and 0 absent. **Representative Weisz** will carry the bill to the floor.

Date: 1/22
 Roll Call Vote #:

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1273 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken As Pass RR/Rep

Motion Made By Rep Conrad Seconded By Rep Kaldor

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Kari L Conrad	✓	
Vonnie Pietsch - Vice Chairman	✓		Lee Kaldor	✓	
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep Weisz

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
January 22, 2007 4:21 p.m.

Module No: HR-14-0989
Carrier: Weisz
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1273: Human Services Committee (Rep. Price, Chairman) recommends DO PASS
(12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1273 was rereferred to the
Appropriations Committee.

2007 HOUSE APPROPRIATIONS

HB 1273

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1273

House Appropriations Committee

Check here for Conference Committee

Hearing Date: January 29, 2007

Recorder Job Number: 2203

Committee Clerk Signature

Minutes:

Chm. Svedjen called the meeting to order to take up HB 1273, a bill related to the creation of medical provider partnerships for community fund loan program by calling on **Rep. Todd Porter**, District 34.

Rep. Porter: explained the bill on behalf of **Rep. Clara Sue Price**. This is a way to assist the medical community in purchasing this equipment. This would establish its own medical pace program.

Chm. Svedjen: Has there ever been a time when Flex Pace has been used by medical providers?

Rep. Porter: There have been instances in which dollars have spilled over into Flex Pace. There is not a lot of money in that program.

Rep. Kempenich: You have a maximum of \$400,000. What would you do with that?

Rep. Porter: Cancer care centers that would be somewhere between \$10m-15m. There many things. Numerous examples were given.

Rep. Aarsvold: Is there any concern that we would be duplicating equipment? Especially when there are two facilities in a community.

Rep. Porter: Each facility has to stand on its own merits. Even with an interest buy down they still have to pay back the principle.

Rep. Kerzman: (Ref: 5:59) Are there any concerns for the medically underserved? How will applicants be screened?

Rep. Porter: It is up to the different facilities. They have to come with a plan and have a way to pay back the principle.

Chm. Svedjen: What was the real impetus for you to introduce this bill? Were you getting a lot of input from providers? What is the level of support among the medical associations?

Rep. Porter: Concerns are over the fact that in Medicaid and Medicare and the uncompensated care that they provide they are running out of funds to keep up with technology. The Flex Pace program is not funded as well as needed.

(Recorder Failure)

Rep. Skarphol: "Other Flex Pace programs" – p.2, line 3?

Rep. Porter: It's identical language.

Rep. Wald: What's the definition of "medical provider?"

Rep. Porter: The bank would establish that language.

Rep. Wald: Do you envision nursing homes using this to add a wing on to a facility?

Rep. Porter: No. This is truly for capital purchases.

Rep. Glasheim: How much in is the regular PACE fund?

Allen Knudson, Legislative Council: \$4.5 million.

Rep. Glasheim: For all loans?

Mr. Knudson: Right.

Rep. Price: There is currently a moratorium on beds for nursing homes.

Rep. Hawken: Did you prioritize how this bill stacks up against dental reimbursement?

Rep. Porter: No.

Rep. Kempenich: Was any sum other than \$5 million discussed?

Rep. Porter: No.

Rep. Carlisle motioned for a Do Pass. **Rep. Aarsvold** seconded the motion. The motion failed by a roll call vote of 11 ayes, 11 nays and 2 absent and not voting.

Rep. Wald motioned for a Do Not Pass. **Rep. Carlson** seconded the motion. The motion carried by a roll call vote of 13 ayes, 9 nays and 2 absent and not voting. **Rep. Wald** was designated to carry the bill.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1273

House Appropriations Committee
Government Operations Division

Check here for Conference Committee

Hearing Date: 2/7/07

Recorder Job Number: 2995

Committee Clerk Signature *Amaya Vozzella*

Minutes:

Chairman Carlson opened the hearing on House Bill 1273.

The bill was voted DO NOT PASS in the Full Committee. The Government Operations subcommittee has decided to bring it up for reconsideration.

Representative Porter spoke in support of the bill.

One of the changes that the amendments would make is to add that the communities would have a population of less than 20,000.

Representative Thoreson: What about the communities of 20,000 or less that have medical providers that are tied to the "big boys" for example MeritCare, MedCenter, St Alexius, or Innovis, would they still qualify for these programs?

Representative Porter: Yes they would. For example, there is a system called PAX. The PAX system has the central brainwork at the big hospitals. All of their regional hook ups would eventually have the capabilities to digitalize the medical records and as far down as x-rays or CAT scans. The person, hypothetically saying, a person has a stroke in Dickinson. Dickinson doesn't have a neurologist or a neurosurgeon and they never will. The current technology is

that if you get the clot busting drugs to that patient within six hours of the onset of symptoms you can reverse that stroke to where it was nothing. In that situation then you also take out all of the added expense of rehab, potential nursing home and on the states dollar, Medicaid. If we can treat those patients it would save us in the future for that kind of expense. In order to read that CAT scan, they have to digitalize it and they have to send it someplace. The facilities in Bismarck, after hours, are even using a company in Australia to read their x-rays. The radiologists in Bismarck work 8-5. After five it goes to Australia and they read them. To answer your question is yes, they still could use it to buy infrastructure to connect into these kinds of systems. Most of the facilities, all of them that I know of in rural North Dakota, they may have specialists that come out to see patients in those communities from the bigger hospitals. As far as the ownership of the facility and equipment, that is still a local community type situation.

Representative Skarphol: So how many of these rural communities have that CAT scanning ability that you are referring to?

Representative Porter: That was just one example. A lot of the rural facilities have the portable CAT scan truck that pulls in for a day.

Representative Skarphol: What would we look forward to as far as utilization of this program?

Representative Porter: I see it as kind of a 50/50 mix. I see that half would be used for IT infrastructure type interconnectivity between healthcare facilities and the other half I see as upgrading to the next generation of technology and equipment inside of their facility.

Vice Chairman Carlisle: On page four, would you object if we took it down to \$250,000?

Representative Porter: The actual verbiage in the bill starting on page one is the exact mirror image of the BioPACE program that was put into place last session.

Chairman Carlson: The hard part of this is getting over the fact that with the prices people pay for medical care and salaries that people make in the facilities they are in, you don't really build a hardship case for these hospitals and doctors. I do feel it for the rural ones.

Representative Porter: The thing that I would have you keep in mind is that, when you look at a facility and you are going to look at a huge facilities like Bismarck or Fargo, they have multiple tiered systems with for profit and non-profit sides. Now you go out to a facility in Turtle Lake, and at the community hospital where their patient mix is about 70% or higher Medicare, they don't even get to the break even point some times because of the poor reimbursements.

Chairman Carlson: How do we get the money to the right people? I am all for this, I just want to make sure that the right people get it.

Representative Porter: Representative Skarphol and I decided that the limiting language under definitions of the community is the way to go. Then we are going to make sure that you are into those communities. Another thing you could do, and I am mixed on this, is the medical provider definition. If a community decides that they want a dentist or even a primary care physician, if they want to go out as a community and try to get that individual out there and that person needs to come in without any additional loans and overhead and they want to use this kind of a fund to buy down the interest on a loan to equip that office and have that person in there, I think that should be allowed. If you want to try to narrow it down to where it is just the medical facilities in that community that can access this fund then I think you are leaving out a whole other component of access that we are truly trying to focus on this session.

Representative Skarphol: How do we define that?

Representative Porter: We could add a number three under the definitions. It could read medical provider partnership, leave that, and down on line twelve where it says loans to medical providers as provided under this chapter you could specify that as loans to rural

hospitals under this chapter. Then number three you could go and put primary care practices that are dealing specifically with primary care. Then name them such as, family practice physicians, dentists and you could get that narrowed that way.

Chairman Carlson: Eric, do you have the ability to write guidelines?

Representative Glassheim: page two line 22

Chairman Carlson: But you could do rules beyond that correct?

Eric Hardmeyer: That is correct.

Chairman Carlson: If we can clarify what we want done here I don't think it needs to be in the budget.

Representative Porter: I do think you want to get down to the level of primary care and access. You don't want a chiropractor or the big facility coming in and setting up a satellite clinic and fully equipping it with this money. The issues we want to go after are technology in the rural communities, and primary care access in the rural communities. The areas we identified in Human Services are family practice, internal medicine and dentistry.

Chairman Carlson: Who is going to write subsection three?

Representative Skarphol: Representative Porter, are you comfortable sitting down with Legislative Council and coming up with the language.

Representative Porter: Yes.

Representative Glassheim: Is there something that says how much the community has to put in?

Eric Hardmeyer: The intent is the same as PACE, using the same formula. It depends on the size of the community but is usually 20-30%.

Chairman Carlson: Where does it say that?

Representative Skarphol: On the top of page two, about half way in on the third line. There has to be evidence of that community's commitment. Then the bank has to make that judgment as to their ability.

Eric Hardmeyer: Under number four, lines 15-19, it talks about the community fund participation. That is the language of the PACE program. We would implement the same rules that we have for PACE.

Chairman Carlson: Do we need to say that in here if this bill stands alone?

Eric Hardmeyer: It may be helpful.

Representative Skarphol: I think we would have a much easier time in getting this passed through Appropriations if we can take out section three and just make this part of the PACE program.

Eric Hardmeyer: Section three is exactly what we do in PACE.

Representative Skarphol: I don't know if we need a specific appropriation for this project if we put enough money in to cover what we think is an appropriate amount of the cost. The number that has been floating in my head is to put \$2million in this session and see what the utilization is like.

Eric Hardmeyer: I think that is a good idea as starting some kind of a pilot program.

Representative Porter: The only thing, I don't have a problem with that, the only thing I would caution you on is that if it is lumped in to PACE, that flex PACE is kind of a secondary thing after all the big PACE things are looked at so it is possible that all of the money could go into PACE and none could hit flex PACE or med PACE. If we are going to earmark \$2million for this project, I don't have a problem with that as long as inside of the PACE budget that it is earmarked for this so that it does not go anywhere else.

Eric Hardmeyer: I think that could be handled simply with legislative intent.

Chairman Carlson: What is the benefit for lumping it together or keeping it separate?

Representative Porter: It would be easier to track if would be utilized if it is separate.

Representative Skarphol: If it is not all used, do we want them to be able to transfer for the need of PACE?

Allen Knudson: We could expand the BioPACE language to include MedPACE.

Representative Skarphol: I think we should try to get the language cleaned up to where it does what we want it to do then we should put a \$2million appropriation and section three and pass the bill. Limit it to \$200,000 and 20,000 population and the other changes we discussed about primary care.

Chairman Carlson: Representative Porter, what is your preference?

Representative Porter: I would leave it as a bill.

Eric Hardmeyer: Is there a good definition of primary care?

Representative Porter: It is in statute.

Chairman Carlson: Representative Skarphol, Representative Porter and Mr. Knudson are going to get together and get the language figured out on this bill and when you have it done we will bring it back and address it and this committee will take it back to full committee.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1273

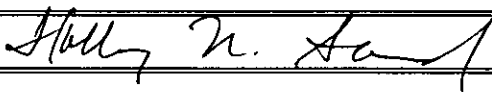
House Appropriations Committee

Check here for Conference Committee

Hearing Date: February 9, 2007

Recorder Job Number:

Committee Clerk Signature



Minutes:

Chm. Svedjan called the meeting of the Full House Appropriations Committee to order.

Rep. Skarphol moved to reconsider HB 1273. **Rep. Wald** seconded the motion.

The motion passed by voice vote.

Rep. Skarphol moved to adopt Amendment .0102 to HB 1273. **Rep. Carlisle** seconded the motion. The motion passed by voice vote.

Rep Skarphol explained the amendment, the intent being to limit the use to communities of 20,000 or less and make it more workable for those small communities that have limited resources. It also defines what a medical provider is. Lowered the Pace Fund from \$5m to \$2m.

Chm. Svedjen: This still involves an appropriation out of the general fund to fund this program in the bank of North Dakota.

Rep. Skarphol: \$2m.

Chm. Svedjen: Do you know how many Primary Care Family Practice and Internal Medicine stand alone clinics there are in North Dakota?

Rep. Skarphol: We don't have numbers but it is very limited in dollars. It could only be used about 8 times.

Chm. Svedjen: About 95% of North Dakota physicians are a part of the "system" so they would be disqualified from this.

Rep. Wald: Would a town of 20,000 qualify as a rural hospital?

Rep. Skarphol: It would take care of Mandan, for example. The "big four" would be out.

A voice vote to adopt amendment .0102 passed.

Rep. Skarphol moved to pass HB 1273 as amended. Rep. Thoreson seconded the motion. The motion passed by roll call vote of 21 yea, 1 nay, 2 absent and not voting.

Rep. Porter will be the carrier of the bill.

Date: January 29, 2007
 Roll Call Vote #: 7

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 1273**

House Appropriations Full Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken No Pass

Motion Made By Carlisle Seconded By Aarsvold

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich		✓			
Representative Wald		✓	Representative Aarsvold	✓	
Representative Monson	✓		Representative Gulleon	—	
Representative Hawken		✓			
Representative Klein	✓				
Representative Martinson	✓				
Representative Carlson		✓	Representative Glassheim		✓
Representative Carlisle	✓		Representative Kroeber	✓	
Representative Skarphol		✓	Representative Williams	—	
Representative Thoreson	AT ✓				
Representative Pollert		✓	Representative Ekstrom		✓
Representative Bellew		✓	Representative Kerzman		✓
Representative Kreidt	✓		Representative Metcalf	✓	
Representative Nelson	✓				
Representative Wieland	✓				

Total (Yes) 11 No 11

Absent 2

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent: motion fails

Date: 1/29/07
 Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 1223

House Appropriations Full Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken No not pass

Motion Made By Wild Seconded By Carlson

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan		✓			
Vice Chairman Kempenich	✓				
Representative Wald	✓		Representative Aarsvold		✓
Representative Monson	✓		Representative Gulleason	✓	
Representative Hawken	✓				
Representative Klein	✓				
Representative Martinson		✓			
Representative Carlson	✓		Representative Glassheim	✓	
Representative Carlisle		✓	Representative Kroeber		✓
Representative Skarphol	✓		Representative Williams	✓	
Representative Thoreson	✓				
Representative Pollert	✓		Representative Ekstrom	✓	
Representative Bellew	✓		Representative Kerzman	✓	
Representative Kreidt		✓	Representative Metcalf		✓
Representative Nelson		✓			
Representative Wieland		✓			

Total (Yes) 13 No 9

Absent 2

Floor Assignment Wild

If the vote is on an amendment, briefly indicate intent:

Date: 2/9/07
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1273

House Appropriations Full Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Reconsideration of 1273

Motion Made By Skarphol Seconded By Wald

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Guleson		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voie Vote carries

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1273

Page 1, line 8, after "county" insert "with a population of fewer than twenty thousand"

Page 1, after line 10, insert:

"2. "Medical provider" means a rural hospital or a primary care family practice or internal medicine physician, nurse practitioner, or dentist in a stand-alone clinic setting."

Page 1, line 11, replace "2." with "3."

Page 2, line 16, replace "four hundred" with "two hundred fifty"

Page 2, line 28, replace "\$5,000,000" with "\$2,000,000"

Renumber accordingly

Date: 2/9/07
 Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 1273

House Appropriations Full Committee

Check here for Conference Committee

Legislative Council Amendment Number 70614.0102

Action Taken Adopt Amend. 0102

Motion Made By Absaphol Seconded By Carlisle

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gullerson		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Roll Call carries

Date: 2/9/07
 Roll Call Vote #: 3

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 1273

House Appropriations Full Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken No Pass as amended 0102

Motion Made By Adams Seconded By Thoreson

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Representative Wald	✓		Representative Aarsvold	✓	
Representative Monson	✓		Representative Guleson	✓	
Representative Hawken	✓				
Representative Klein		✓			
Representative Martinson	✓				
Representative Carlson	✓		Representative Glassheim	✓	
Representative Carlisle	✓		Representative Kroeber	✓	
Representative Skarphol	✓		Representative Williams	✓	
Representative Thoreson	✓				
Representative Pollert	✓		Representative Ekstrom	✓	
Representative Bellew	✓		Representative Kerzman	✓	
Representative Kreidt	✓		Representative Metcalf	✓	
Representative Nelson	✓				
Representative Wieland	✓				

Total (Yes) 21 No 1

Absent 2

Floor Assignment Porter

If the vote is on an amendment, briefly indicate intent: