# MINUTES OF THE MEETING
# OF THE
# ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES

## Seventy-Fourth Session
## March 5, 2007

The Committee on Health and Human Services was called to order by Chair Sheila Leslie at 1:30 p.m., on Monday, March 5, 2007, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/74th/committees/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

**COMMITTEE MEMBERS PRESENT**:

Assemblywoman Sheila Leslie, Chair
Assemblywoman Susan I. Gerhardt, Vice Chair
Assemblyman Bob L. Beers
Assemblyman Joseph P. (Joe) Hardy
Assemblywoman Ellen Koivisto
Assemblywoman Kathy McClain
Assemblywoman Bonnie Parnell
Assemblywoman Peggy Pierce
Assemblyman Lynn D. Stewart
Assemblywoman Valerie E. Weber
Assemblywoman RoseMary Womack

**GUEST LEGISLATORS PRESENT**:

Speaker Barbara E. Buckley, Clark County, Assembly District No. 8
Senator Valerie Wiener, Clark County, Senatorial District No. 3

**STAFF MEMBERS PRESENT**:

Sarah J. Lutter, Committee Policy Analyst
Bonnie Borda Hoffecker, Committee Manager
Patricia Evans, Committee Secretary
Olivia Lloyd, Committee Assistant

**OTHERS PRESENT**:

Harry Spring, State Health Information and Policy Analysis Advisory Council, Miami, Florida
Fred Hillerby, Hillerby and Associates, Legislative Advocacy for Government Affairs, Representing The Nevada State Board of Pharmacy, Reno
Larry Pinson, Executive Secretary, Nevada State Board of Pharmacy
Janet Cottrell, Volunteer, AARP, State Health Insurance Association
Barry Gold, Director, AARP, Government Relations
Jon Sasser, Statewide Advocacy Coordinator, Washoe Legal Services
Danny Coyle, Representing Nevada Alliance for Retired Americans
Elizabeth MacMenamin, Retail Association of Nevada, Carson City, Nevada
Valerie M. Rosalin, RN, BSN, MS, CPUR, Director, Office of the Governor, Consumer Health Assistance, Las Vegas, Nevada
Gail Burks, President and CEO, Nevada Fair Housing Center
Kathleen Delaney, Senior Deputy Attorney General, Attorney General's Bureau of Consumer Protection, Las Vegas
Dan Musgrove, Associate Administrator, External Relations, University Medical Center
James Wadhams, Representing The Nevada Hospital Association

**Chair Sheila Leslie:**
[Meeting called to order. Roll called.] Please mark the other members present when they arrive. Vice Chair Susan Gerhardt will preside today. We have two bills, Assembly Bill 232 which I will be presenting, and Assembly Bill 247 which was introduced on the floor today.

**Vice Chair Susan Gerhardt:**
Opened hearing on A. B. 232.

**Assembly Bill 232: Requires the State Board of Pharmacy to make available to consumers certain information relating to pharmacies and the prices of commonly prescribed prescription drugs. (BDR 54-856)**

**Assemblywoman Leslie:**
Assembly Bill 232 continues the theme of transparency, health care, and helping consumers better manage their health care costs. Prescription drugs are one of the biggest parts of our increasing health care expenditures. Uninformed consumers pay more than they need to. Assembly Bill 232 creates a website where consumers are able to get information about the cost of prescription drugs, and ensures consumers are provided with standardized data about prescription drugs. We are proud of our senior prescription program – the Canadian Pharmacy program – and recognize Senator Wiener for the work she has done over the years on this particular issue. Thirteen other states have begun prescription drug transparency. What we are proposing is to work with both the Legislature and the State Board of Pharmacy. Data from the Kaiser Family Foundation shows that the consumer pays about 54 percent of the cost of prescription drugs out of pocket, on average. The potential benefit of A. B. 232 is publishing prices in a comparable and standardized fashion. This can create competition to bring prices down and help them stay there.

**Senator Valerie Wiener, Clark County Senatorial District No. 3:**
The need for prescriptions should not preclude the need for nutrition. There must be a way to find some consumer empowerment opportunities in order for people to comparison shop and make intelligent, well-informed decisions. This is a public policy statement we are poised to make with this bill. We have an opportunity to make a policy to benefit everyone in our State.

**Harry Spring, Chairman, State Health Information and Policy Analysis Advisory Council, Florida:**
This process started with legislation in 2004, which clearly indicated we would be doing transparency in terms of drug pricing. This would help folks who were paying out-of-pocket and reduce pharmacy costs (Exhibit C). Research showed consumer use of the Internet was at 69 percent for health information, specifically. The second most used part of our website for health care was for prescription and over-the-counter drugs. It was found that the cost of prescription drugs was considered the number one driving issue in terms of health care cost and health insurance cost increases. The website is a place consumers can shop for the lowest price of the top one hundred prescription name brands and search by city or county. The search includes generic alternatives. The data source reflects the usual and customary charges that are billed to Medicaid. This list is updated monthly. [Video was presented in conjunction with the exhibit]. There is an automated 14 hour process, per month, to update the date to insure accuracy.

**Vice Chair Gerhardt:**
With all the different generic brands and the different names they go by, do you find it confusing?

**Harry Spring:**
The grouping is appropriate generics for a name brand. Generally, generics do not change within a month. This website is updated monthly.

**Assemblyman Hardy:**
Would the National Association of Counties Discount Program's (NACo) discount be less and under a particular price?

**Harry Spring:**
It would take this list and run the discount against those prices.

**Assemblyman Hardy:**
Are pharmacies accessed nationwide? Do prices differ from area to area?

**Harry Spring:**
In a number of chain stores, prices differ area to area and store to store.

**Assemblywoman McClain:**
Are these charges usual and customary based on Florida Medicaid?

**Harry Spring:**
Yes, it is. Part of our objective was to make this process accurate, timely, and less difficult for the provider.

**Vice Chair Gerhardt:**
How would people who do not have access to the Internet be accommodated?

**Harry Spring:**
Because this is time sensitive information, it is not cost effective to provide it in printed format. We have begun to increase our activity around community-based groups that do Internet work with seniors and the uninsured, and assisting these groups in doing the prescription shopping.

**Assemblywoman Weber:**
How is the monthly data extraction updated? Is competitive pricing becoming more aligned?

**Harry Spring:**
The majority of charges have been on a downward trend, though we see minor upswings. We have maintained monthly data in order to make, on the data and policy analysis side, an impact over a two-year time frame.

**Assemblywoman Weber:**
How do you receive information on a monthly basis?

**Harry Spring:**
Chain pharmacies extract the information from their own computer's list of retail prices to put into the usual and customary. They send the usual and customary electronic document on all medications to Medicaid.

**Assemblyman Beers:**
For people who may not be able to afford their medications, there is a link where they may be able to find some help. How successful has that been?

**Harry Spring:**
It has been very successful. About 10 percent of people, who researched prices, visited those links. This is a well-received collection of information. A mapping software has been added in order to find the pharmacy who offers the lowest price. We are in the process of adding the layman's revision of the *Physician's Desk Reference*, which describes information on medication for proper utilization.

**Assemblyman Beers:**
Can the mapping website be used easily as a template for another state?

**Harry Spring:**
I believe it should.

**Assemblyman Hardy:**
Most qualifiers for these websites are income-based or resource-based. Do the retail associations or pharmacies realize there is an option to have a kiosk in a mall, where a person could look at prices and compare them to another outlet?

**Harry Spring:**
Retailers have not at this point, but the Retail Association came to the table and worked collectively with us to make this work. It has taken a lot of collaborative effort to get to the point where the pieces are accurate and least cumbersome.

**Vice Chair Gerhardt:**
Madam Chair, is there any plan to link our Canadian drug website to this?

**Assemblywoman Leslie:**
Yes. Those Canadian pharmacies would be eligible to participate.

**Assemblywoman Womack:**
Is there a way pharmacies can track prices on mail-in prescriptions, as well as the independent retailers?

**Harry Spring:**
Not currently. There is a site which shows the specific cost of the mail-in compared to average retail price, state by state. If you wanted to know specific drug to specific drug, you would have to look at both sites.

**Assemblywoman Womack:**
If the dosage is doubled, is cost doubled?

**Harry Spring:**
Generally speaking, the dosage and cost tend to be relative.

**Assemblywoman Leslie:**
In Las Vegas, Costco and White Cross had the lowest prices for drugs. We called five pharmacies in Reno. Scolari's market had the lowest priced drugs. A. B. 232 requires the State Board of Pharmacy to compile and make available to consumers certain information relating to pharmacies and prices. It also provides for an administrative penalty. Section 2 requires the Board to compile a list of at least the one hundred most commonly prescribed brand name prescription drugs, as well as their generics. It also requires the list be updated each quarter. Section 3 requires each licensed pharmacy to provide information showing how a consumer can locate, contact, or do business with the pharmacy. A list of the retail price the pharmacy is currently charging for those drugs or their generics must also be provided. If a pharmacy is licensed in Nevada, but not located in Nevada, the pharmacy is not required to provide the information listed in this bill. If a pharmacy is part of larger company, corporation or a chain of pharmacies, the parent company or corporation may provide this information. In Section 4, the Board of Pharmacy is required to place information provided by the pharmacies on the Internet website. The Board of Pharmacy would maintain the website, place links to the pharmacy websites, ensure that each pharmacy which provides information to the Board has its own entry, and ensures the pricing information is updated at least monthly. It allows the Board of Pharmacy to establish alternate procedures for people who cannot use the Internet. The Office of Consumer Health Assistance

could be a source of information for the consumer who cannot use the Internet. Section 5 requires the Board organize the list of prescription drugs in a way in which the consumer can actually use it. Section 6 makes it clear we are creating a civil or criminal liability for any technical issues. Section 7 allows the Board of Pharmacy to adopt regulations to carry out the intent of the bill. Section 8 allows the Board to apply and accept any grants or other donations in order to carry out the provisions. Section 9 allows the Board to impose an administrative penalty if a pharmacy fails to provide the information, unless the failure was caused by excusable neglect, technical problems, or extenuating circumstances.

**Assemblywoman McClain:**
Another option would be 211. Many senior providers could be trained to provide this service.

**Assemblywoman Leslie:**
This is something concrete and does not cost a lot of money. The technology is out there; all we need is the political will to say it has to be done.

**Assemblywoman Pierce:**
MapQuest would be particularly useful. Everyone may not know what their surrounding zip codes are.

**Assemblywoman Leslie:**
We would like to give the Board of Pharmacy some leeway, but the intent is to be consumer friendly.

**Assemblywoman Weber:**
Is there a benefit for consumers who have medical insurance? Like the retail price versus a negotiated subsidized price?

**Assemblywoman Leslie:**
This is the usual and customary retail price. Whatever pharmacy benefit your insurance policy allows would come off that price.

**Senator Wiener:**
Depending on your insurance, you may have to pay out of pocket. Even though we have been focusing on seniors, this also affects the uninsured and young families. This is creating a substantial equity for people who do not have anyplace to go for information.

**Fred Hillerby, Hillerby and Associates, Legislative Advocacy for Government Affairs, Representing The Nevada State Board of Pharmacy, Reno:**
We have been asked if the State Board of Pharmacy could accomplish the intent of A. B. 232. The answer is yes, but the devil is in the details. There will be fiscal implications for the Board. One of those fiscal considerations is providing assistance to those consumers who are hearing impaired or visually handicapped.

**Vice Chair Gerhardt:**
I believe the wording is "may." I do not think you are required, are you?

**Fred Hillerby:**
It does say "may." You are correct, it is permissive. I apologize.

**Larry Pinson, Executive Secretary, Nevada State Board of Pharmacy, Reno.**
There are currently 517 pharmacies licensed in the State. There are approximately 400 pharmacies that we license that are not in the State. We are concerned about Section 9 which states that only pharmacies located in the State are subject to the discipline. We will work with pharmacies to obtain compliance.

**Vice Chair Gerhardt:**
If you were approached by other mail-order pharmacies wanting to give you the information, would you be able to accommodate them?

**Larry Pinson:**
Absolutely.

**Janet Cottrell, Volunteer, AARP, Nevada:**
The majority of our duties revolve around prescription drugs. Not all medications are covered under Medicare, Part D. Many seniors are on fixed incomes and have trouble paying for medications. Prices can vary greatly from pharmacy to pharmacy, even within the same chain. This proposal will empower seniors to make informed decisions.

**Barry Gold, Director, Government Relations, AARP, Nevada:**
American Association of Retired Persons (AARP) is a non-profit, non-partisan membership organization for people age 50 and older (Exhibit D). Prescription drugs are a cornerstone to health care. Nevada families of all ages are concerned about their inability to afford the medicine they need. The use of technology to provide information about affordable prescription medications should be available to consumers. Nevadans should have the ability to comparison shop for something that is crucial to their health, but can be

expensive. Some drugs may not be covered by Medicare Part D. Some AARP members ages 50–65 are not covered by Medicare, and some citizens of Nevada who may be uninsured or underinsured have to pay out of pocket.

**Jon Sasser, Representing Washoe County Senior Law Project:**
Washoe County Senior Law Project provides free legal assistance to low-income seniors in Washoe County. It works closely with Washoe County Senior Social Services in working with clients who have issues around the purchase of prescription drugs.

**Vice Chair Gerhardt:**
Do we have anyone in opposition of A. B. 232?

**Elizabeth MacMenamin, Retail Association In Nevada, Representing the Chain Direct Committee:**
The usual and customary charges are on the Internet. We have some concerns that this bill would disadvantage some of our smaller pharmacies who do not have a website. These pharmacies depend on people calling into the pharmacy for information. The language that concerns us is in Section 9, regarding the $500 a-day penalty for not complying. The information available for Medicaid providers goes to the State with the pharmacy's billing information.

**Vice Chair Gerhardt:**
I would point out that the language is permissive. Did you bring any suggested language with you today?

**Elizabeth MacMenamin:**
We have not had time to get amendments, but I will bring amendments forward.

**Vice Chair Gerhardt:**
We would require something in writing.

**Assemblywoman Leslie:**
Even though a website is not a requirement, it may be good advertisement.

**Assemblyman Hardy:**
Section 9 can become onerous on pharmacies with fewer employees.

**Vice Chair Gerhardt:**
The hearing on A. B. 232 is closed. The hearing on Assembly Bill 247 is open.

**Assembly Bill 247: Makes various changes concerning billing for, collecting and bringing actions and enforcing judgments for delinquent payments for services rendered at a hospital. (BDR 40-819)**

**Speaker Barbara E. Buckley, Clark County Assembly District No. 8:**
I am proud to be the sponsor of Assembly Bill 247. A bill intended to help Nevadans manage their hospital-related medical debts. [PowerPoint video (Exhibit E).] Healthcare costs are the largest monthly expense, excluding rent or mortgage payments. Half of all bankruptcies filed are related to medical expenses. Employers are cutting back on retiree medical and pension benefits, yet most seniors live on fixed incomes. Seniors age 65 and over represent the fastest growing group seeking bankruptcy protection. We can help keep the amount of a person's hospital debt manageable and curb abuses in hospital debt collections. First, we must prevent the debt itself from spiraling out of control by capping the interest rate on medical debts at Nevada prime plus 2 percent; we can stop add-ons to medical debts, and set a two-year statute of limitations for collection of debts. By limiting allowable interest to the legal rate, medical debts will not balloon to unimaginable proportions because of a compounding of high rate of interest. This is the interest rate that Nevada law uses to impute interest in *Nevada Revised Statutes* (NRS) 99.040 and 17.130. Interest should not begin to accrue until 30 days after the patient has been sent a bill. If a patient is pending Medicaid, interest would not begin to accrue until 30 days after a denial is received and the patient is sent a bill for services.

The next portion of the bill is to stop the late fees, collection fees, and other fees being added to hospital debts. The next part of the bill is an attempt to stop efforts to collect on stale or out-dated claims. This can be done by setting a statute of limitations of two years from the date the patient defaults. This is for a hospital to file a law suit to recover a hospital debt. Most insurers require that hospitals bill them within 90 days of service. State law also requires that insurers pay or deny claims within 30 days. The longer a hospital waits to start collecting from a patient, the more interest accrues. Reasonable boundaries for medical debt collection methods are an effort to stop abusive collection efforts. Hospitals that collect their debts are not covered by the Federal Fair Debt Collection Practices Act (FDCPA) which covers debt collectors. This would extend the protection to hospitals collecting on their own behalf. It allows patients who dispute or doubt whether a charge is valid to get verification of the debt. Another portion of this bill would stop hospitals from assigning their right to place a lien to a third party. A third party should not be able to do indirectly what we have deliberately, by statute, stopped hospitals from doing. All of these practices are consistent with the Statement of Principles and Guidelines issued by the American Hospital Association.

**Vice Chair Gerhardt:**
There seems to be a tendency for some hospitals to send letters that appear to come from a collection agency, even though they are generated in-house. Will this address any of those issues?

**Speaker Buckley:**
The provision that says the FDCPA would be applicable to a hospital, would address this issue. That Act prohibits someone from deceptive representation.

**Assemblywoman Parnell:**
The cost of health care in this country will bring on the financial decline of every state in this country. The importance of trying to get a handle on this huge issue cannot be overstated.

**Speaker Buckley:**
The healthcare system is imploding due to the amount of money we spend and the number of people without health insurance. Hospitals are having a difficult time because that is where the uninsured go. There are Medicaid and Medicare cutbacks, and disproportionate share cutbacks. Doctors are also getting squeezed.

**Valerie Rosalin, Director, Office Of The Governor, Consumer Health Assistance:**
This office advocates on behalf of Nevadans with health related concerns, including problems involving healthcare insurance companies, hospital and provider billings, and the uninsured with access to healthcare and resources (Exhibit F). Even if a patient is insured, the co-insurance charges on a hospital bill can be overwhelming. Hospital medical billing errors lead to denials of coverage by insurers. Hospitals and providers then directly bill patients for services insurance would have covered had the claim been submitted timely, without billing errors. It is important that interest rates on hospital medical debts be kept reasonable, and collection of these charges be minimized or eliminated. Hospitals and medical providers need to be flexible in setting repayment plans.

**Gail Burks, President and CEO, Nevada Fair Housing Center:**
Our mission is to provide legal services, technical assistance, policy research, and financial services related to housing and consumer issues. The focus today is on the need and importance of protecting consumers from the collection of unfair medical debt (Exhibit G). Another issue is called "zombie debt." Zombie debt is the attempt to collect a bill after time has expired. Many times the debt has been sold over and over again to different collectors in order to avoid the time limits in the FDCPA. Perhaps the most pervasive problem—making it difficult to dispute a medical bill on behalf of a client—is that many clients never

receive itemized bills. The final problem is the interest rate attached to a medical bill. Hospitals and other medical providers should be paid for services rendered; however, at a minimum, a consumer should be entitled to an itemized bill that lists specifically what the charges are for and have the opportunity to dispute that debt.

**Assemblywoman Leslie:**
Would Section 3 help with the "zombie debt?"

**Gail Burks:**
Yes, it would, especially with companies that are collecting their own debt. It would give the consumer an opportunity to dispute that debt. If a requested verification cannot be verified within 30 days, they are required to take it off your credit report.

**Assemblywoman Leslie:**
Do you know if other states have proceeded in this area?

**Gail Burks:**
Yes, the medical debt problem is common. It has been addressed by the National Consumer Law Center, because it involves state regulated situations. The laws are not consistent across the board and there is not a federal law with the exception of FDCPA. This law does not apply if you are collecting your own debt.

**Barry Gold, Director, Government Relations, AARP, Nevada:**
People who are 65 years and older are about twice as likely as younger people to identify a medical problem as the reason for filing bankruptcy (Exhibit H). The purpose of the FDCPA is to eliminate abusive debt collection practices to ensure that debt collectors who refrain from using abusive collection practices are not competitively disadvantaged, and to promote consistent state action to protect consumers against debt collection abuses. There are hard-ball tactics of unscrupulous third-party debt collectors, who often purchase debt at a discount then put the squeeze on debtors so that they can make a profit. That is why we believe that prohibiting hospitals from assigning liens or debt to third parties is necessary.

**Kathleen Delaney, Senior Deputy Attorney General, Office of the Attorney General, Bureau of Consumer Protection, Las Vegas:**
This is a narrowly tailored, but necessary step toward getting a handle on medical debt collection. Having health insurance is not a guarantee against medical debt, especially for those who are underinsured. People who have insurance sometimes have great difficulty proving the insurance paid. At

minimum, these people knew the hospital should and could have recovered payment from their insurance company. There was not a subsequent record available to the consumer. It is important to put a limitation on the time frame for collections. Interest should only accrue after there has been a reasonable opportunity to pay, an invoice has been provided, and the insurance company has had an opportunity to pay or make a statement of the reason for non-payment. It is necessary to clarify that the FDCPA provisions apply to hospitals. As a general rule, there are some limited circumstances which apply. A memorandum from the Federal Trade Commission (FTC) subjects the hospital to the FDCPA application. These minimal protections need to be made clear and explicit.

**Vice Chair Gerhardt:**
Is there a time limit within which a hospital may impose additional charges while attempting to collect a debt? Does this occur in a punitive manner when a patient questions a bill?

**Kathleen Delaney:**
I have not seen specific examples of going back, taking a look and finding ways to add on to the bill. There is nothing prohibiting an addition of newly discovered charges if it is done within the six-year statute of limitations.

**Dan Musgrove, Associate Administrator, External Relations, University Medical Center:**
This year hospitals have put $213 million into a bad debt category. As of today, we only collected about $6 million. This is about 2.3 percent of the total debt. These are tax payer dollars. University Medical Center (UMC), before turning anything over to debt collections, sends out three separate bills asking for a payment plan agreement. The concern we have with A. B. 247 is: some of the time limits would push hospitals to be more aggressive, ask for more money up front, or more aggressive payment schedules. The hospital is willing to work with a patient as long as the patient is making a reasonable effort to pay their bill.

**Assemblywoman Leslie:**
This bill is not aimed at UMC. This bill is not suggesting that hospitals be more aggressive, but more effective in your billing policies.

**Assemblywoman Koivisto:**
Can you give us an idea of the proportion of insured and uninsured patients at UMC?

**Dan Musgrove:**
Our uninsured is about 30 percent of our overall bill charges.

**Jim Wadhams, Representing The Nevada Hospital Association:**
While the concept of A. B. 247 is excellent, there are some inconsistencies that need to be addressed. For example, in Section 2, there is a requirement that a bill not be sent and yet in another statute there is a statutory obligation to send a bill. There is a need to work through the correlation and coordination of these potentially conflicting requirements. There need to be provisions for payments made by credit card. The credit card interest rates may be more or less than prime plus two. The entire system would benefit from more effective and timely debt collection. The care provided by hospitals is not free care. It is care paid for by the payers of this system. If charges are collected timely, the overall cost of health care will be reduced. Uncollectible debts are paid by the disproportionate few who pay their bills entirely.

**Assemblyman Hardy:**
My concern is those who are able to pay a bill, but choose not to. There must be a way, by appropriate legal means, to capture those people. There is a risk factor of medical malpractice law suits in debt collection.

**Vice Chair Gerhardt:**
Page 2, Section 5, line 27 does not prohibit a hospital from attaching a lien; it only prohibits the hospital from assigning, selling or transferring the interest.

**Jon Sasser:**
It is especially important to limit the charges up front on the creditor's fees. Frequently, people end up paying for these bills with credit cards, which then becomes a mounting debt.

**Assemblyman Hardy:**
How does one limit what a person puts on their credit card?

**Jon Sasser:**
The bill limits the collection fees which are added to the hospital bill.

**Assemblyman Hardy:**
The credit card company adds their own charge.

**Jon Sasser:**
This does not affect someone who pays their bill as they leave the hospital. This affects someone who has been contacted by either the hospital or

collection agency, adding the fee, then the patient pays with their card, which includes additional fees.

**Vice Chair Gerhardt:**
We will close the hearing on A. B. 247.

[Meeting adjourned at 3:42 p.m.]

RESPECTFULLY SUBMITTED:

Patricia Evans
Committee Secretary

APPROVED BY:

Assemblywoman Sheila Leslie, Chair

DATE:

## EXHIBITS

**Committee Name: Committee on Health and Human Services**

**Date: March 5, 2007** **Time of Meeting: 1:30 p.m.**

| Bill | Exhibit | Witness / Agency | Description |
|---|---|---|---|
| | A | ********** | Agenda |
| | B | ********** | Attendance Roster |
| AB 232 | C | Harry Spring | Transparency |
| AB 232 | D | Barry Gold | Cost of Prescription Drugs |
| AB 247 | E | Speaker Buckley | Managing Hospital Debt |
| AB 247 | F | Valerie Rosalin | Managing Medical Debt |
| AB 247 | G | Gail Burks | Medical Debt |
| AB 247 | H | Barry Gold | Medical Debt |