

ALASKA STATE LEGISLATURE
HOUSE LABOR AND COMMERCE STANDING COMMITTEE

April 22, 2024

3:19 p.m.

MEMBERS PRESENT

Representative Justin Ruffridge, Vice Chair
Representative Mike Prax
Representative Dan Saddler
Representative Stanley Wright
Representative Ashley Carrick
Representative Zack Fields

MEMBERS ABSENT

Representative Jesse Sumner, Chair

COMMITTEE CALENDAR

HOUSE BILL NO. 375

"An Act prohibiting certain restrictions based on the energy source of a motor vehicle."

- HEARD & HELD

HOUSE BILL NO. 187

"An Act relating to utilization review entities; exempting certain health care providers from making preauthorization requests for certain services; and providing for an effective date."

- MOVED CSHB 187(L&C) OUT OF COMMITTEE

HOUSE BILL NO. 226

"An Act relating to the Board of Pharmacy; relating to insurance; relating to pharmacies; relating to pharmacists; relating to pharmacy benefits managers; relating to patient choice of pharmacy; and providing for an effective date."

- MOVED CSHB 226(L&C) OUT OF COMMITTEE

HOUSE BILL NO. 150

"An Act relating to residential building codes; relating to construction contractors and residential contractor endorsements; and providing for an effective date."

- MOVED CSHB 150 (L&C) OUT OF COMMITTEE

HOUSE BILL NO. 233

"An Act relating to rates and time allowances for motor vehicle warranty work."

- MOVED HB 233 OUT OF COMMITTEE

HOUSE JOINT RESOLUTION NO. 27

Supporting trade policies for the United States that hold China, Russia, and other countries accountable, reward leadership in clean production standards, reward superior environmental performance, support economic development, and support the rebuilding of supply chains in the United States.

- SCHEDULED BUT NOT HEARD

HOUSE BILL NO. 149

"An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date."

MOVED CSHB 149 (L&C) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: HB 375

SHORT TITLE: ENERGY SOURCES OF MOTOR VEHICLES

SPONSOR(s): TRANSPORTATION

02/20/24	(H)	READ THE FIRST TIME - REFERRALS
02/20/24	(H)	L&C
04/17/24	(H)	L&C AT 3:15 PM BARNES 124
04/17/24	(H)	<Bill Hearing Rescheduled to 04/22/24>
04/22/24	(H)	L&C AT 3:15 PM BARNES 124

BILL: HB 187

SHORT TITLE: PRIOR AUTH EXEMPT FOR HEALTH PROVIDERS

SPONSOR(s): SUMNER

05/03/23	(H)	READ THE FIRST TIME - REFERRALS
05/03/23	(H)	HSS, L&C
02/15/24	(H)	HSS AT 3:00 PM DAVIS 106
02/15/24	(H)	Heard & Held
02/15/24	(H)	MINUTE (HSS)
03/14/24	(H)	HSS AT 3:00 PM DAVIS 106
03/14/24	(H)	Heard & Held

03/14/24 (H) MINUTE (HSS)
 03/21/24 (H) HSS AT 3:00 PM DAVIS 106
 03/21/24 (H) <Bill Hearing Canceled>
 03/26/24 (H) HSS AT 3:00 PM DAVIS 106
 03/26/24 (H) Heard & Held
 03/26/24 (H) MINUTE (HSS)
 04/04/24 (H) HSS AT 3:00 PM DAVIS 106
 04/04/24 (H) Moved HB 187 Out of Committee
 04/04/24 (H) MINUTE (HSS)
 04/08/24 (H) L&C AT 3:15 PM BARNES 124
 04/08/24 (H) <Pending Referral>
 04/10/24 (H) DISCHARGE FROM HSS PASSED 22/18
 04/11/24 (H) HSS RPT 3DP 2NR
 04/11/24 (H) DP: SUMNER, MCCORMICK, RUFFRIDGE
 04/11/24 (H) NR: FIELDS, MINA
 04/17/24 (H) L&C AT 3:15 PM BARNES 124
 04/17/24 (H) Heard & Held
 04/17/24 (H) MINUTE (L&C)
 04/22/24 (H) L&C AT 3:15 PM BARNES 124

BILL: HB 226

SHORT TITLE: PHARMACIES/PHARMACISTS/BENEFITS MANAGERS

SPONSOR(s): SUMNER

01/16/24 (H) PREFILE RELEASED 1/8/24
 01/16/24 (H) READ THE FIRST TIME - REFERRALS
 01/16/24 (H) HSS, L&C, FIN
 02/27/24 (H) HSS AT 3:00 PM DAVIS 106
 02/27/24 (H) Heard & Held
 02/27/24 (H) MINUTE (HSS)
 02/29/24 (H) HSS AT 3:00 PM DAVIS 106
 02/29/24 (H) Moved CSHB 226 (HSS) Out of Committee
 02/29/24 (H) MINUTE (HSS)
 03/04/24 (H) HSS RPT CS (HSS) 6DP 1NR
 03/04/24 (H) DP: SUMNER, RUFFRIDGE, MCCORMICK,
 SADDLER, MINA, PRAX
 03/04/24 (H) NR: FIELDS
 03/06/24 (H) L&C AT 3:15 PM BARNES 124
 03/06/24 (H) Scheduled but Not Heard
 03/11/24 (H) L&C AT 3:15 PM BARNES 124
 03/11/24 (H) Heard & Held
 03/11/24 (H) MINUTE (L&C)
 03/25/24 (H) L&C AT 3:15 PM BARNES 124
 03/25/24 (H) Heard & Held
 03/25/24 (H) MINUTE (L&C)
 04/03/24 (H) L&C AT 3:15 PM BARNES 124
 04/03/24 (H) <Bill Hearing Rescheduled to 04/05/24>

04/05/24 (H) L&C AT 3:15 PM BARNES 124
 04/05/24 (H) -- MEETING CANCELED --
 04/15/24 (H) L&C AT 3:15 PM BARNES 124
 04/15/24 (H) Heard & Held
 04/15/24 (H) MINUTE(L&C)
 04/22/24 (H) L&C AT 3:15 PM BARNES 124

BILL: HB 150

SHORT TITLE: RESIDENTIAL BUILDING CODE

SPONSOR(s): SUMNER

03/31/23 (H) READ THE FIRST TIME - REFERRALS
 03/31/23 (H) L&C
 04/14/23 (H) L&C AT 3:15 PM BARNES 124
 04/14/23 (H) <Bill Hearing Canceled>
 04/19/23 (H) L&C AT 3:15 PM BARNES 124
 04/19/23 (H) -- MEETING CANCELED --
 04/21/23 (H) L&C AT 3:15 PM BARNES 124
 04/21/23 (H) <Bill Hearing Canceled>
 04/26/23 (H) L&C AT 3:15 PM BARNES 124
 04/26/23 (H) Heard & Held
 04/26/23 (H) MINUTE(L&C)
 03/11/24 (H) L&C AT 3:15 PM BARNES 124
 03/11/24 (H) Scheduled but Not Heard
 03/18/24 (H) L&C AT 3:15 PM BARNES 124
 03/18/24 (H) -- MEETING CANCELED --
 03/20/24 (H) L&C AT 3:15 PM BARNES 124
 03/20/24 (H) Scheduled but Not Heard
 03/21/24 (H) L&C AT 10:30 AM BARNES 124
 03/21/24 (H) -- MEETING CANCELED --
 03/22/24 (H) L&C AT 3:15 PM BARNES 124
 03/22/24 (H) Heard & Held
 03/22/24 (H) MINUTE(L&C)
 04/01/24 (H) L&C AT 3:15 PM BARNES 124
 04/01/24 (H) Heard & Held
 04/01/24 (H) MINUTE(L&C)
 04/12/24 (H) L&C AT 3:15 PM BARNES 124
 04/12/24 (H) Scheduled but Not Heard
 04/22/24 (H) L&C AT 3:15 PM BARNES 124

BILL: HB 233

SHORT TITLE: RATES: MOTOR VEHICLE WARRANTY WORK

SPONSOR(s): TOMASZEWSKI

01/16/24 (H) PREFILE RELEASED 1/8/24
 01/16/24 (H) READ THE FIRST TIME - REFERRALS
 01/16/24 (H) L&C, JUD

03/06/24	(H)	L&C AT 3:15 PM BARNES 124
03/06/24	(H)	Heard & Held
03/06/24	(H)	MINUTE(L&C)
03/15/24	(H)	L&C AT 3:15 PM BARNES 124
03/15/24	(H)	-- MEETING CANCELED --
03/22/24	(H)	L&C AT 3:15 PM BARNES 124
03/22/24	(H)	Heard & Held
03/22/24	(H)	MINUTE(L&C)
04/18/24	(H)	TRA REPLACES JUD REFERRAL
04/22/24	(H)	L&C AT 3:15 PM BARNES 124

WITNESS REGISTER

REPRESENTATIVE KEVIN MCCABE
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 375.

JULIE MORRIS, Staff
 Representative Kevin McCabe
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: Read the sectional analysis for HB 375 on behalf of Representative McCabe, prime sponsor.

COLBY MARTIN, Government Affairs Director
 Specialty Equipment Market Association
 Diamond Bar, California

POSITION STATEMENT: Gave invited testimony in support of HB 375.

LORI WING-HEIER, Director
 Division of Insurance
 Department of Commerce, Community & Economic Development
 Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 187; answered questions during the hearing on HB 226.

SARENA HACKENMILLER, Staff
 Representative Jesse Sumner
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 187, on behalf of Representative Sumner, prime sponsor; read an explanation of changes in the proposed CS for HB 226, Version D, on behalf of Representative Sumner, prime sponsor.

PAM VENTGEN, Executive Director
Alaska State Medical Association
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 187.

STEVE RAMOS, Acting Chief Health Administrator
Division of Retirement & Benefits
Department of Administration
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on the proposed CS for HB 226, Version D.

SYLVAN ROBB, Director
Division of Corporations, Business, and Professional Licensing
Department of Commerce, Community & Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on the proposed CS for HB 226, Version D.

ACTION NARRATIVE

[3:19:15 PM](#)

VICE CHAIR JUSTIN RUFFRIDGE called the House Labor and Commerce Standing Committee meeting to order at 3:19 p.m. Representatives Prax, Saddler, Carrick, Fields, and Ruffridge were present at the call to order. Representative Wright arrived as the meeting was in progress.

HB 375-ENERGY SOURCES OF MOTOR VEHICLES

[3:20:50 PM](#)

VICE CHAIR JUSTIN RUFFRIDGE announced that the first order of business would be HOUSE BILL NO. 375, "An Act prohibiting certain restrictions based on the energy source of a motor vehicle."

[3:21:12 PM](#)

REPRESENTATIVE KEVIN MCCABE, Alaska State Legislature, as prime sponsor, presented the sponsor statement for HB 375 [included in committee packet], which read as follows [original punctuation provided]:

HB375 seeks to ensure the freedom of choice for consumers in Alaska regarding the energy source of their motor vehicles. By prohibiting state agencies or political subdivisions from imposing restrictions based on the energy source used by a motor vehicle, we aim to promote fairness, innovation, diversity, and market competition in the transportation sector.

The definition of "energy source" provided in this Act is comprehensive, encompassing traditional fuel sources like gasoline and diesel, as well as alternative sources such as, electricity, hydrogen, and solar power or a combination thereof. This inclusive definition ensures that consumers have the flexibility to choose from a range of options that best suit the needs of Alaskans and the harsh winter environments we often find ourselves in.

This legislation supports a dynamic transportation sector in Alaska, affirming our commitment to individual choice, technological advancement, and a thriving automotive industry.

I urge my fellow legislators to support this important bill for the benefit of our constituents and our state's future.

[3:23:28 PM](#)

JULIE MORRIS, Staff, Representative Kevin McCabe, Alaska State Legislature, on behalf of Representative McCabe, prime sponsor, read the sectional analysis for HB 375 [included in committee packet], which read as follows [original punctuation provided]:

Section 1: Amends AS 28.90 by adding a new section that prohibits certain restrictions based on energy source.

A state agency or political subdivision [sic] may not restrict the use or sale of motor vehicles based on the energy source used by the motor vehicle.

The term "energy source" is also defined as a source including gasoline, diesel fuel, electricity, hydrogen, solar power, or a combination of sources used to a motor vehicle for propulsion purposes or other functions of the motor vehicles [sic].

VICE CHAIR RUFFRIDGE opened invited testimony on HB 375.

[3:25:34 PM](#)

COLBY MARTIN, Government Affairs Director, Specialty Equipment Market Association (SEMA), gave invited testimony in support of HB 375. He said SEMA has 18 offices in Alaska and contributes \$325 million to the state's economy; employes over 1,700 individuals; and generates over \$121 million in wages and benefits and \$34 million in taxes. He said HB 375 would empower consumers to make decisions about the cars they buy and encourage manufactures to innovate. He spoke on the car aftermarket industry and said the bill would provide a competitive marketplace for all kinds of cars. He urged the committee to support the bill and allow the automotive industry to continue delivering the freedom and choice that Alaskans deserve.

[3:28:53 PM](#)

REPRESENTATIVE CARRICK asked whether Mr. Martin if is aware of any states or municipalities that are considering legislation to limit vehicles based on energy source.

MR. MARTIN indicated that California's emission policy is setting a precedent for other states to follow. He said he wants to make sure that Alaska does not follow that same precedent.

REPRESENTATIVE CARRICK asked whether any Alaska municipality is seeking to limit fuel source.

[3:29:52 PM](#)

REPRESENTATIVE MCCABE answered no, there are no ongoing attempts in Alaska. He detailed proposed legislation in California that would prohibit internal combustion engines in an attempt to do away with fossil fuel, oil, diesel, and gasoline. He pointed out that some internal combustion engines burn hydrogen; consequently, the legislation inadvertently limited a clean option.

[3:31:16 PM](#)

REPRESENTATIVE SADDLER pointed out that California put forth the plastic bag ban, which was implemented in some municipalities in

Alaska. He opined that being proactive to keep "strange ideas" from percolating northward from California is a good idea.

[3:31:46 PM](#)

REPRESENTATIVE PRAX asked whether the list of energy source means should include biofuel, propane, compressed natural gas.

REPRESENTATIVE MCCABE stated that the list of power availability was meant to be a representative example, not a complete list.

REPRESENTATIVE CARRICK pointed out that electric bicycles can be defined as motor vehicles and wondered whether human powered transit should be included as well.

[3:33:19 PM](#)

VICE CHAIR RUFFRIDGE announced that HB 375 would be held over.

HB 187-PRIOR AUTH EXEMPT FOR HEALTH PROVIDERS

[3:33:45 PM](#)

VICE CHAIR RUFFRIDGE announced that the next order of business would be HOUSE BILL NO. 187, "An Act relating to utilization review entities; exempting certain health care providers from making preauthorization requests for certain services; and providing for an effective date."

[3:34:15 PM](#)

REPRESENTATIVE FIELDS moved to adopt Amendment 1 to HB 187, labeled 33-LS0696\A.1, Wallace, 3/15/24, which read:

Page 1, lines 1 - 2:

Delete "**exempting certain health care providers from making preauthorization requests**"

Insert "**relating to prior authorization requests**"

Page 3, following line 23:

Insert a new subsection to read:

"(j) If a utilization review entity requires a prior authorization for a health care service for the treatment of a chronic or long-term care condition, the prior authorization is valid for the length of the treatment and the utilization review entity may not

require the covered person to obtain another prior authorization for the health care service."

Reletter the following subsection accordingly.

REPRESENTATIVE SADDLER objected for purposes of discussion.

REPRESENTATIVE FIELDS explained that Amendment 1 would clarify that if someone is living with a chronic condition and a health care service was granted prior authorization, another prior authorization would not need to be obtained to cover the service.

REPRESENTATIVE SADDLER asked Ms. Wing-Heier to speak to Amendment 1.

[3:35:28 PM](#)

LORI WING-HEIER, Director, Division of Insurance, Department of Commerce, Community & Economic Development, pointed out that if the patient were to change insurance companies, prior authorization may need to be requested again.

REPRESENTATIVE FIELDS said he had assumed that the company would remain the same.

[3:36:21 PM](#)

SARENA HACKENMILLER, Staff, Representative Jesse Sumner, Alaska State Legislature, on behalf of Representative Sumner, prime sponsor of HB 187, said the sponsor has no issues with Amendment 1.

[3:36:35 PM](#)

REPRESENTATIVE PRAX asked whether there would be a requirement for the provider to give prior authorization to use another treatment as technology changes.

REPRESENTATIVE FIELDS said if the treatment changed and it was not covered in the underlying prior authorization policy, the new treatment could be approved through a prior authorization.

VICE CHAIR RUFFRIDGE shared a personal anecdote about a patient who transitioned to a different treatment that required prior authorization and consequently missed a dose of the medication, which triggering a relapse in the disease.

[3:38:28 PM](#)

REPRESENTATIVE SADDLER how long prior authorization lasts.

MS. WING-HEIER said prior authorization is for specific treatment that day, not for chronic conditions that require the same treatment repeatedly.

REPRESENTATIVE SADDLER asked whether it would be reasonable to provide prior authorization for a lifelong condition that requires treatment over the course of a person's life.

MS. WING HEIER shared her understanding that for chronic conditions such as MS, the prior authorization would live with the consumer for the length of their treatment.

REPRESENTATIVE SADDLER sought to confirm that if Amendment 1 were adopted, another prior authorization would only be required upon change in treatment or change in technology. He expressed concern about open ended coverage and asked whether Representative Fields would be comfortable with adding some kind of chronological limitation.

[3:41:18 PM](#)

REPRESENTATIVE FIELDS said he would defer to maintaining timely treatment over the alternative. He declined to suggest a timeframe without input from someone with more medical expertise.

REPRESENTATIVE SADDLER suggested that the timeframe could be three years or the duration of the illness - whichever is shorter.

[3:42:45 PM](#)

MS. WING-HEIER said she would not oppose a timeframe of 36 months.

REPRESENTATIVE SADDLER asked Ms. Hackenmiller

MS. HACKENMILLER agreed that the sponsor would not oppose a timeframe.

[3:43:19 PM](#)

REPRESENTATIVE SADDLER moved Conceptual Amendment 1 to Amendment 1 to insert "or every 36 months, whichever is shorter," on line 10 after the word "treatment". He said the intent is to avoid an open-ended exemption from a prior authorization requirement.

VICE CHAIR RUFFRIDGE objected. He acknowledged why a sideboard would be considered; however, the bill applies to a group of people who are taking medication or receiving services for rare and debilitating conditions. He opined that the proposed amendment would make the purpose of the underlying amendment worse, and that people may feel "sucker punched" at the three-year mark.

[3:45:31 PM](#)

REPRESENTATIVE CARRICK echoed Vice Chair Ruffridge's comments and said she would want to hear more from providers on long term care conditions before putting a timeframe on it.

[3:47:03 PM](#)

REPRESENTATIVE FIELDS agreed with his colleagues that a provider should be consulted before implementing a timeframe.

[3:47:48 PM](#)

The committee took an at-ease at 3:47 p.m.

[3:48:38 PM](#)

PAM VENTGEN, Executive Director, Alaska State Medical Association, agreed that three years could catch patients and physicians off guard and interrupt treatment, which could have dilatory effects. She said she would hear on the side of no time limit rather than risking that interruption of care.

REPRESENTATIVE SADDLER sought clarity on the meaning of a chronic long-term condition.

MS. VENTGEN said something under six months is acute and something over 6 months is chronic.

REPRESENTATIVE SADDLER questioned the impact of Amendment 1.

MS. VENTGEN opined that Amendment 1 would be a good addition to the bill.

REPRESENTATIVE SADDLER withdrew Conceptual Amendment 1 to Amendment 1.

[3:51:42 PM](#)

REPRESENTATIVE SADDLER removed his objection to Amendment 1. There being no further objection, Amendment 1 was adopted.

[3:51:54 PM](#)

REPRESENTATIVE PRAX moved to adopt Amendment 2 to HB 187, labeled 33-LS0696\A.2, Klein/Wallace, 4/15/24, which read:

Page 1, lines 1 - 2:

Delete "utilization review entities; exempting certain health care providers from making preauthorization"

Insert "health care insurers and prior authorization"

Page 1, line 6, following "standards":

Insert ", requirements,"

Page 1, lines 8 - 9:

Delete ", including processes for utilization review entities under AS 21.07.100"

Insert "; the regulations

(A) must require health care insurers that use prior authorization offer a simple prior authorization process for patients and providers; and

(B) may require that health care insurers design programs to waive prior authorization for health care providers who satisfy criteria established by the director"

Page 2, line 1, through page 4, line 19:

Delete all material.

Renumber the following bill section accordingly.

VICE CHAIR RUFFRIDGE objected.

REPRESENTATIVE PRAX explained that Amendment 2 would direct the Division of Insurance to establish regulations that require health insurers to offer simple and streamlined processes for patients and providers through a number of ways. It would also establish processes for health insurance to design prior

authorization exemption or waiver programs based on the criteria developed by the division. The amendment would delete Section 2 because the details would be outlined in regulation.

[3:53:18 PM](#)

REPRESENTATIVE WRIGHT asked the bill sponsor to speak to Amendment 2.

MS. HACKENMILLER said the bill sponsor does not find the proposed amendment stringent enough, as HB 187 aims to expediate healthcare access to Alaskans.

REPRESENTATIVE PRAX reiterated this support for Amendment 2.

VICE CHAIR RUFFRIDGE maintained his objection.

[3:55:05 PM](#)

A roll call vote was taken. Representatives Saddler and Prax voted in favor of Amendment 2. Representatives Wright, Carrick, Fields, and Ruffridge voted against it. Therefore, Amendment 2 failed by a vote of 2-4.

[3:55:47 PM](#)

REPRESENTATIVE PRAX moved to adopt Amendment 3 to HB 187, labeled 33-LS0696\A.3, Klein, 4/19/24, which read:

Page 1, line 2, following "**services;**":
Insert "**relating to health care data exchange;**"

Page 4, line 20:
Delete all material and insert:
"*** Sec. 3.** AS 21.54 is amended by adding a new section to read:

Article 2A. Health Care Data Exchange.
Sec. 21.54.200. Health care data exchange. To facilitate the electronic exchange of health care data in accordance with federal timelines, a health care insurer offering individual and group health insurance policies shall implement and maintain version 5.0.0 of Health Level Seven Fast Healthcare Interoperability Resources application program interfaces, or a more recent version of Health Level Seven Fast Healthcare Interoperability Resources adopted by the director by regulation.

* **Sec. 4.** Section 1 of this Act takes effect January 1, 2025.

* **Sec. 5.** Except as provided in sec. 4 of this Act, this Act takes effect immediately under AS 01.10.070(c)."

VICE CHAIR RUFFRIDGE objected.

REPRESENTATIVE PRAX explained that Amendment 3 would add a new requirement for health care insurers that offer individual and group policies in Alaska to implement new federal technology standards related to inner operability and prior authorization. The proposed amendment would synchronize the state to federal requirements and ensures that it would be available to fully insured plans in the state so that providers and patients who treat or are covered under these commercial plans can benefit from the new technologies that will simplify the authorization process.

[3:57:11 PM](#)

REPRESENTATIVE FIELDS shared his understanding that Alaska insurers would presumably comply with federal requirements regardless of Amendment 3.

MS. HACKENMILLER said she believed so. She said the bill sponsor had not heard from the industry on whether the technology requirements could be met by the effective date. For that reason, she indicated that she was not comfortable inviting that into the bill.

[3:58:21 PM](#)

VICE CHAIR RUFFRIDGE asked Ms. Wing-Heier to respond to Representative Fields' question.

MS. WING-HEIER confirmed that state insurers would need to comply with federal rules.

[3:59:01 PM](#)

REPRESENTATIVE SADDLER asked whether "version 5.0.0 of Health Level Seven Fast Healthcare Interoperability Resources application program interfaces" is a federal program.

MS. WING-HEIER was not familiar with the technology behind it or what it does.

3:59:40 PM

REPRESENTATIVE PRAX asked when the federal law would become effective.

MS. WING HEIER offered to follow up with the effective date. In response to a follow up question, she said insurance companies are looking to do more of an electronic prior authorization that would move much faster than faxes.

4:01:13 PM

VICE CHAIR RUFFRIDGE asked whether state law would need to change for there to be a move away from faxes into an electronic format.

MS. WING-HEIER answered yes, because Alaska Statutes reference fax machines.

VICE CHAIR RUFFRIDGE maintained his objection.

4:02:03 PM

A roll call vote was taken. Representative Prax voted in favor of Amendment 3. Representatives Wright, Carrick, Fields, Saddler, and Ruffridge voted against it. Therefore, Amendment 3 failed by a vote of 1-5.

4:02:50 PM

REPRESENTATIVE PRAX moved to adopt Amendment 4 to HB 187, labeled 33-LS0696\A.6, Wallace, 4/19/24, which read:

Page 1, line 2, following "**services;**":
Insert "**relating to prior authorization requests for health care services;**"

Page 2, line 1:
Delete "a new section"
Insert "new sections"

Page 3, line 24, through page 4, line 19:
Delete all material and insert:
"**Sec. 21.07.110. Prior authorization standards.**
(a) A health care insurer requiring prior authorization for a health care service shall

(1) base prior authorization requirements on peer-reviewed clinical review criteria that

(A) are evidence-based;

(B) accommodate new and emerging information;

(C) are evaluated at least annually and updated when necessary;

(2) provide detailed descriptions of prior authorization requirements to health care providers and facilities, written in easily understandable language;

(3) provide in an electronic format current prior authorization requirements and restrictions, including the written clinical review criteria, to health care providers and facilities upon request; and

(4) establish an electronic prior authorization process.

(b) When a health care insurer receives an electronic prior authorization request from a health care provider or facility, the health care insurer shall

(1) for a request that includes sufficient information for the health care insurer to make a determination, make a determination and notify the health care provider or facility of the results of the determination,

(A) for a standard request, within three calendar days, excluding holidays, after the health care provider or facility submits the request;

(B) for an expedited request, within one calendar day after the health care provider or facility submits the request;

(2) for a request that does not include sufficient information for the health care insurer to make a determination, within one calendar day after the health care provider or facility submits the request, request additional information from the health care provider or facility.

(c) If a health care insurer determines that a health care provider or facility has failed to submit sufficient information to make a determination for an electronic prior authorization for a covered person, the health care insurer may establish a reasonable time frame for submission of additional information and shall communicate the time frame to the health care provider or facility and to the covered person.

* **Sec. 3.** AS 21.07.250 is amended by adding new paragraphs to read:

(15) "health care service" means

(A) the provision of pharmaceutical products, services, or durable medical equipment; or

(B) a health care procedure, treatment, or service provided

(i) in a health care facility licensed in this state; or

(ii) by a doctor of medicine, by a doctor of osteopathy, or within the scope of practice of a health care provider who is licensed in this state;

(16) "health maintenance organization" has the meaning given in AS 21.86.900;

(17) "prior authorization" means the process used by a utilization review entity to determine the medical necessity or medical appropriateness of a covered health care service before the health care service is provided or a requirement that a covered person or health care provider or facility notify a health care insurer or utilization review entity before providing a health care service;

(18) "utilization review entity" means an individual or entity that performs prior authorization for

(A) an employer in this state with employees covered under a health benefit plan or health insurance policy;

(B) a health care insurer;

(C) a preferred provider organization;

(D) a health maintenance organization; or

(E) an individual or entity that provides, offers to provide, or administers hospital, outpatient, medical, prescription drug, or other health care benefits to a person treated by a health care provider licensed in this state under a health care policy, plan, or contract."

Renumber the following bill section accordingly.

VICE CHAIR RUFFRIDGE objected.

REPRESENTATIVE PRAX explained that Amendment 4 would provide for tighter prior authorization turnaround times, which is three days for standard and one day for urgent requests, so long as the complete prior authorization request is completed via an electronic portal.

[4:03:52 PM](#)

REPRESENTATIVE WRIGHT asked to hear from the bill sponsor.

MS. HACKENMILLER shared her belief that the intent of Amendment 4 is already being accomplished in the underlying bill. She cautioned against the length of the proposed amendment and pointed out that it would essentially rewrite the bill. She asked Ms. Wing-Heier to speak to the current turnaround times for prior authorization requests.

[4:04:44 PM](#)

MS. WING-HEIER said Amendment 4 would delete the bill as written and make it so that each treatment for prior authorization would be submitted through an electronic portal and either approved or not approved. She said that those using this in Washington state report a more expedited system. She requested that the committee change the timeframes to mirror current statute if Amendment 4 were adopted because current turnaround times are shorter than those stipulated in Amendment 4.

[4:05:53 PM](#)

VICE CHAIR RUFFRIDGE asked whether Amendment 4 borrowed language from Washington and whether Representative Prax had worked with the director on its drafting.

REPRESENTATIVE PRAX confirmed that the language mirrored that of Washington's statutes.

VICE CHAIR RUFFRIDGE maintained his objection.

[4:07:09 PM](#)

A roll call vote was taken. Representative Prax voted in favor of Amendment 4. Representatives Fields, Saddler, Wright, Carrick, and Ruffridge voted against it. Therefore, Amendment 4 failed by a vote of 1-5.

[4:07:53 PM](#)

REPRESENTATIVE PRAX moved to adopt Amendment 5 to HB 187, labeled 33-LS0696\A.5, Klein/Wallace, 4/20/24, which read:

Page 3, following line 23:

Insert a new subsection to read:

"(j) A utilization review entity shall allow a health care provider to complete a post-authorization for a health care service instead of a prior authorization if, before providing the health care service, the health care provider notifies the utilization review entity and the covered person that the provider will seek a post-authorization and the health care provider agrees to hold the covered person harmless if the post-authorization is denied."

Reletter the following subsection accordingly.

VICE CHAIR RUFFRIDGE objected.

REPRESENTATIVE PRAX explained that Amendment 5 would direct utilization review entities to allow a medical provider to use a post authorization process instead of a prior authorization provided that the medical provider notifies the utilization review entity and the covered person of their intent to do so and agrees to hold the covered person harmless.

[4:09:43 PM](#)

REPRESENTATIVE SADDLER questioned the incentive for a post authorization.

MS. WING-HEIER explained that insurers already have the right to do post authorization reviews of claims for compliance with the prior authorization. She said in some ways Amendment 5 makes sense because if a post authorization review showed that the prior authorization was not adhered to, there would be a dispute in the payment and the consumer would be held harmless. She conveyed that insurers had testified that they would rely more on post authorizations if the bill were to pass because they were losing the right to do prior authorizations.

REPRESENTATIVE SADDLER asked what happens when a post authorization is performed.

MS. WING-HEIER explained that if a person needs another procedure after a surgery, the insurer will go back to review

that what happened is necessary and depending on what they find, may not reimburse the provider for the additional procedure that was not included in the prior authorization.

VICE CHAIR RUFFRIDGE opined that Amendment 5 would make the situation worse because health care providers may be unwilling to take a gamble.

[4:15:11 PM](#)

MS. VENTGEN opined that Amendment 5 would not create additional patient protections or alleviate delays and therefore, would not benefit the bill in any way.

REPRESENTATIVE PRAX stated that Amendment 5 would address the concern that treatment delayed in the appeals process could have adverse effects.

MS. VENTGEN asked how insurance companies would be incentivized to process the claim after the fact.

REPRESENTATIVE PRAX said it would be handled in the courts and governed by the rules of the policy.

MS. VENTGEN shared her belief that Amendment 5 would result in nothing but more delays and burdens on providers and staff to process continuous repeals.

VICE CHAIR RUFFRIDGE maintained his objection.

[4:19:14 PM](#)

A roll call vote was taken. Representative Prax voted in favor of Amendment 5. Representatives Carrick, Fields, Saddler, Wright, and Ruffridge voted against it. Therefore, Amendment 5 failed by a vote of 1-5.

[4:19:54 PM](#)

REPRESENTATIVE PRAX moved to adopt Amendment 6 to HB 187, labeled 33-LS0696\A.7, Wallace, 4/22/24, which read:

Page 1, lines 1 - 2:

Delete "**exempting certain health care providers from making preauthorization requests for certain services**"

Insert "relating to prior authorization; relating to prior authorization application programming interfaces"

Page 1, line 8:

Delete "processes for"

Insert "selective application of prior authorization by"

Page 2, line 1:

Delete "a new section"

Insert "new sections"

Page 2, line 2, through page 4, line 19:

Delete all material and insert:

"Sec. 21.07.100. Utilization review entities and prior authorizations. A utilization review entity authorized to do business in the state shall implement and maintain a program that allows for the selective application of prior authorization to reduce a health care provider's prior authorization requirements based on the stratification of the health care provider's performance and adherence to evidence-based medicine. The program must promote quality, affordable health care and reduce unnecessary administrative burdens for both the utilization review entity and the health care provider. The utilization review entity has sole discretion to determine the criteria a health care provider must meet to participate in the program and which health care services, excluding pharmacy services, are included in the program. A utilization review entity shall submit to the director a written description of the program that includes a full narrative description, the criteria for participation, a list of the procedures and services subject to selective application of prior authorization, and the number of health care providers participating in the program.

Sec. 21.07.110. Standards for prior authorization requests. (a) A health care insurer offering a health plan issued or renewed on or after January 1, 2025, shall comply with the standards for prior authorizations for health care services and prescription drugs as provided in this section.

(b) If a participating health care provider electronically submits a prior authorization request that contains the necessary information to make a

determination, a health care insurer shall make a determination and notify the provider of the decision within

(1) three calendar days after receiving the request, excluding holidays; or

(2) one calendar day after receiving an expedited request.

(c) If a participating health care provider submits a nonelectronic prior authorization request that contains the necessary information to make a determination, a health care insurer shall make a determination and notify the provider of the decision within

(1) five calendar days after receiving the request, excluding holidays; or

(2) two calendar days after receiving an expedited request.

(d) If a health care insurer receives insufficient information to make a determination under (b) or (c) of this section, the health care insurer shall request additional information from the provider or facility within

(1) one calendar day after receiving an electronic prior authorization request under (b) of this section;

(2) five calendar days after receiving a nonelectronic prior authorization request under (c) of this section; or

(3) one calendar day after receiving a nonelectronic expedited prior authorization request under (c) of this section.

(e) If a health care insurer determines that a health care provider has not provided sufficient information to make a determination under (b) or (c) of this section, the health care insurer may establish a due date for submission of the additional information. The health care insurer must notify the health care provider and enrollee of the due date along with the request for additional information.

(f) A health care insurer shall maintain a written description of the insurer's prior authorization requirements that uses detailed, easily understandable language. The health care insurer shall make its most current prior authorization requirements and restrictions, including the written clinical review criteria, available to health care providers and health care facilities in an electronic format

upon request. The prior authorization requirements must be based on peer-reviewed, evidence-based clinical review criteria that accommodate new and emerging information related to the appropriateness of clinical criteria with respect to ethnicity, including African American and Indigenous peoples, gender, and underserved populations. The health care insurer shall evaluate and, if necessary, update the clinical review criteria at least annually.

Sec. 21.07.120. Prior authorization application programming interface. (a) A health care insurer shall maintain an electronic prior authorization application programming interface that enables an in-network provider to determine whether a prior authorization is required for a certain health care service, identify prior authorization information and documentation requirements, and facilitate the exchange of prior authorization requests and determinations from its electronic health records or practice management system. The application programming interface must support the exchange of prior authorization requests and determinations for health care services beginning January 1, 2026, and must

(1) use version 5.0.0 Health Level Seven Fast Healthcare Interoperability Resources application program interfaces, or a more recent version of Health Level Seven Fast Healthcare Interoperability Resources adopted by the director by regulation, in accordance with standards and provisions defined in 45 C.F.R. 170.215 and 45 C.F.R. 156.122(3)(b);

(2) automate the process to determine whether a prior authorization is required for durable medical equipment or a health care service;

(3) allow a health care provider to query the health care insurer's prior authorization documentation requirements;

(4) support an automated approach using nonproprietary open workflows to compile and exchange the necessary data elements to populate the prior authorization requirements that are compliant with the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) or for which an exception has been made by the federal Centers for Medicare and Medicaid Services; and

(5) indicate that a prior authorization denial, or an authorization of a service less intensive than the service included in the original

request, is an adverse benefit determination and is subject to the health care insurer's grievance and appeal process.

(b) A health care insurer shall establish and maintain an electronic process or application programming interface that enables an in-network provider to determine whether a prior authorization is required for a covered prescription drug. The electronic process or application programming interface must support the exchange of prior authorization requests and determinations for prescription drugs, including information on covered alternative prescription drugs, beginning January 1, 2027, and must

(1) allow a health care provider to identify prior authorization information and documentation requirements;

(2) facilitate the exchange of prior authorization requests and determinations from its electronic health records or practice management system and may include the necessary data elements to populate the prior authorization requirements that are compliant with 42 U.S.C. 201 et seq. (Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191)) or for which an exception has been made by the federal Centers for Medicare and Medicaid Services; and

(3) indicate that a prior authorization denial, or the authorization of a prescription drug other than the drug included in the original request, is an adverse benefit determination and is subject to the health care insurer's grievance and appeal process.

* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION: COMPLIANCE. (a) If a health care insurer determines that the insurer will not be able to satisfy the requirements of AS 21.07.120(a), enacted by sec. 1 of this Act, by January 1, 2026, the health care insurer shall submit a written justification to the director on or before September 1, 2025, describing

(1) the reasons the health care insurer cannot reasonably satisfy the requirements;

(2) the effects of noncompliance on health care providers and enrollees;

(3) the current or proposed means of providing health information to health care providers; and

(4) a timeline and implementation plan to achieve compliance with the requirements of (a) of this section.

(b) The director may grant a health care insurer a one-year extension of the time allowed to comply with the requirements of AS 21.07.120(a), enacted by sec. 1 of this Act, if the director determines that the health care insurer has made a good faith effort to comply.

(c) By September 13, 2024, and at least every six months thereafter until September 13, 2027, the director shall provide an update to the health and social services committees of the legislature regarding the development of rules and implementation guidance from the federal Centers for Medicare and Medicaid Services, including standards for development of application programming interfaces and interoperable electronic processes related to prior authorization functions. The updates must include recommendations, as appropriate, on whether the status of the federal rule development aligns with the provisions of this Act. The director shall also report on any actions by the federal Centers for Medicare and Medicaid Services to exercise enforcement discretion related to the implementation and maintenance of an application programming interface for prior authorization functions. The director shall consult with health care insurers, health care providers, and health care consumers on the development of these updates and any recommendations."

Renumber the following bill section accordingly.

VICE CHAIR RUFFRIDGE objected.

REPRESENTATIVE PRAX explained that Amendment 6 would combine the approaches of two states to make improvements to Alaska's prior authorization system to see that the cost and safety features are not lost, but the performance of the system is improved for providers, patients and health insurance carriers alike. From Washington state, the proposed amendment provides for tighter prior turnaround times, so long as a complete prior authorization request is submitted via online portal. From a Louisiana statute, Amendment 6 provides that all health carriers

must establish a gold card program that promotes quality, affordable health care, and reduces unnecessary administrative burden.

[4:22:15 PM](#)

REPRESENTATIVE WRIGHT asked to hear from the bill sponsor.

MS. HACKENMILLER said Amendment 6 would effectively kill the bill and rewrite the entire legislation. She invited Ms. Wing-Heier to speak to the proposed amendment.

[4:22:50 PM](#)

MS. WING HEIER confirmed that Amendment 6 would rewrite the entire bill and align it with Washington state. She said it's a different approach to prior authorization in that each request would be submitted through a portal and approved, as opposed to a blanket approval for a procedure for a given length of time.

VICE CHAIR RUFFRIDGE maintained his objection.

[4:23:32 PM](#)

A roll call vote was taken. Representative Prax voted in favor of Amendment 6. Representatives Wright, Fields, Carrick, Saddler, and Ruffridge voted against it. Therefore, Amendment 6 failed by a vote of 1-5.

[4:24:24 PM](#)

REPRESENTATIVE SADDLER moved to report HB 187, as amended, out of committee with individual recommendations and the accompanying fiscal notes.

REPRESENTATIVE PRAX objected. He expressed concern that there were many nuances to prior authorization and that the bill would run the risk of driving up the cost of health care.

[4:25:22 PM](#)

A roll call vote was taken. Representatives Saddler, Wright, Carrick, Fields, and Ruffridge voted in favor of moving HB 187, as amended, from committee. Representative Prax voted against it. Therefore, CSHB 187(L&C) was reported out of the House Labor and Commerce Standing Committee by a vote of 5-1.

[4:26:00 PM](#)

The committee took an at-ease from 4:26 p.m. to 4:29 p.m.

HB 226-PHARMACIES/PHARMACISTS/BENEFITS MANAGERS

[4:29:05 PM](#)

VICE CHAIR JUSTIN RUFFRIDGE announced that the next order of business would be HOUSE BILL NO. 226, "An Act relating to the Board of Pharmacy; relating to insurance; relating to pharmacies; relating to pharmacists; relating to pharmacy benefits managers; relating to patient choice of pharmacy; and providing for an effective date." [Before the committee was CSHB 226(HSS).]

[4:29:13 PM](#)

REPRESENTATIVE SADDLER moved to adopt the proposed committee substitute (CS) for HB 226, Version 33-LS0955\D, Wallace, 4/20/24, as a working document.

VICE CHAIR JUSTIN RUFFRIDGE objected.

[4:29:45 PM](#)

MS. HACKENMILLER, on behalf of Representative Sumner, prime sponsor, read the explanation of changes in version D [included in committee packet], which read as follows [original punctuation provided]:

Title - Amends title removing reference to the Board of Pharmacy.

Ver. R Section 1 removed.

Section 1 - Ver. R Section 2, no change.

Section 2 - Ver. R Section 3, no change.

Section 3 - Ver. R Section 4, no change.

Section 4 - Ver. R Section 5, no change.

Section 5 - Ver. R Section 6, no change.

Section 6 - Ver. R Section 7, no change.

AS 21.27.945 - Drug pricing list; procedural requirements:

Section 7 - Modifies Ver. R Section 8, AS 21.27.945(a)

Modifies (a)(5), reinstating language from the original bill draft (Ver. B) regarding list prices.

Section 8 - Ver. R Section 9, no change.

Section 9 - Modifies Ver. R Section 10, AS 21.27.945(d)

Modifies (d)(3)(A), removing second phrase "from 60 percent or more of the pharmaceutical wholesalers doing business in the state."

Section 10 - Modifies Ver. R Section 11.

Removes Patient choice of pharmacy (previous new section 21.27.951), following sections renumbered.

Sec. 21.27.951. Patient access to clinician-administered drugs.

Previous section 21.27.952 with modifications: Modifies (a)(2) removing "or reduce payment to a provider" on line 20. Removes (a)(3); replaces with new language. New (a)(3) states that an insurer or PBM may not require a pharmacy to dispense a clinician-administered drug to a covered person to then transport it to a provider for administration. Removes (a)(5) and (a)(6), following paragraphs renumbered.

Section 11 - Modifies Ver. R Section 12.

Removes Sec. 21.27.960 Coverage for dispensing fees.

Sec. 21.27.975. Definitions.

Removes the definition of "independent pharmacy," previous paragraph (8).

Section 12 - Modifies Ver. R Section 13, amends 21.36.520 - Unfair trade practices.

Removes Ver. R (e)(1), following paragraphs renumbered. Removes reference to statutes in renumbered (e)(1) through (e)(3). Removes Ver. R (e)(8), following paragraphs renumbered. Removes Ver. R (e)(10), following paragraphs renumbered. Removes (f)(7) "mail-order pharmacy."

Section 13 - Ver. R

Section 14, no change. Section 14 - Ver. R Section 15, no change.

Section 15 - Modifies Ver. R Section 16.

Updates referenced sections.

Section 16 - Ver. R Section 17, no change.

Section 17 - Modifies Ver. R Section 18.

Updates referenced transition regulations.

Section 18 - Modifies Ver. R Section 19.

Updates referenced section and changes effective date from July 1, 2025, to January 1, 2026.

REPRESENTATIVE FIELDS asked Steve Ramos to speak to Version D.

[4:34:20 PM](#)

REPRESENTATIVE FIELDS shared his understanding that Version D eliminates the ability to do spread pricing within in Title 21 plans; however, he asked whether AlaskaCare could still use spread pricing.

STEVE RAMOS, Acting Chief Health Administrator, Division of Retirement & Benefits, Department of Administration, answered yes; however, that's not the intent.

REPRESENTATIVE FIELDS said if the provision of spread pricing were prohibited, per Version D, would it preserve the ability for AlaskaCare to use spread pricing.

MR. RAMOS said his answer remained the same.

[4:36:11 PM](#)

REPRESENTATIVE PRAX asked how Version D would affect the plans Mr. Ramos manages for the state.

MR. RAMOS said it would not affect [the division]. He explained that the provisions in the previous version of bill that would have added expenses were removed. In addition, the plans regulated under AS 39.30.090-AS 39.30.091 were removed, so the bill no longer applies to the division.

[4:37:29 PM](#)

REPRESENTATIVE FIELDS sought to confirm that both AlaskaCare and Arisa plans could continue to use spread pricing if they wished with no direct impact on cost.

MS. WING-HEIER answered yes. She explained that the only plans that could be touched by Version D are plans regulated under Title 21.

[4:38:18 PM](#)

REPRESENTATIVE PRAX asked how much of the market would be impacted by the bill.

MS. WING-HEIER answered 15 percent of the total population of Alaska.

[4:38:56 PM](#)

VICE CHAIR JUSTIN RUFFRIDGE asked Ms. Wing-Heier to speak to the fiscal note from DCCED.

MS. WING-HEIER said there was a concern that the bill may not make it to the floor before the end of session due to its finance referrals and large fiscal notes; consequently, there were discussions about removing all fiscal notes, which was accomplished in Version D. She noted that the following important provisions to protect independent pharmacists remained in the bill: prohibiting spread pricing and brown and white bagging; requiring pharmacists to register; the fiduciary section of the bill; and the unfair trade practices that provide important consumer protections. Anything to do with dispensing fees or reimbursements were removed from the bill, as well as references to AlaskaCare, Arisa plans, and government entities.

[4:40:33 PM](#)

SYLVAN ROBB, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community & Economic Development, said the Version D removes sections of the bill that would impact the division, resulting in a zero fiscal note.

[4:41:09 PM](#)

REPRESENTATIVE PRAX expressed concern that Version D would increase prices for 15 percent of the market.

MS. HACKENMILLER emphasized the importance of the bill, adding that this would not be the last the committee sees of reform to the pharmacy benefit managers.

VICE CHAIR RUFFRIDGE declared a conflict of interest, as a pharmacist and a pharmacy owner in Alaska. He opined that guardrails are necessary and rejected the idea that the bill would increase the cost of healthcare. He stated that Version D would set sideboards and help Alaskans get their medications in a timeframe that works for them, which is particularly important at a time when pharmacies are being eroded in the state.

[4:45:15 PM](#)

REPRESENTATIVE PRAX empathized with pharmacies and reiterated that only 15 percent of the market would be dealt with. He shared his belief that providers and insurers need to have a conversation to figure out what works for everyone.

REPRESENTATIVE FIELDS said passing the bill would teach the legislature by providing insight into 15 percent of the market. He acknowledged the complexity of the problem and opined the further action could be considered after observing a limited part of the market.

[4:47:17 PM](#)

REPRESENTATIVE SADDLER moved to report CSHB 226, Version 33-LS0955\D, Wallace, 4/20/24, out of committee with individual recommendations and the accompanying fiscal notes. no objection, bill advanced. There being no objection, CSHB 226(L&C) was reported from the House Labor and Commerce Standing Committee.

[4:47:48 PM](#)

The committee took an at-ease from 4:47 p.m. to 4:40 p.m.

HB 150-RESIDENTIAL BUILDING CODE

[4:50:33 PM](#)

VICE CHAIR RUFFRIDGE announced that the next order of business would be HOUSE BILL NO. 150, "An Act relating to residential building codes; relating to construction contractors and residential contractor endorsements; and providing for an effective date." [Before the committee, adopted as the working document on 3/22/24, was the proposed committee substitute (CS) for HB 150, Version 33-LS0563\R, A. Radford, 3/9/24 ("Version R").]

[4:50:47 PM](#)

REPRESENTATIVE SADDLER moved to report CSHB 150, Version 33-LS0563\R, A. Radford, 3/9/24, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 150(L&C) was reported from the House Labor and Commerce Standing Committee.

[4:51:11 PM](#)

The committee took an at-ease from 4:41 p.m. to 4:53 p.m.

HB 233-RATES: MOTOR VEHICLE WARRANTY WORK

[4:53:29 PM](#)

VICE CHAIR RUFFRIDGE announced that the next order of business would be HOUSE BILL NO. 233, "An Act relating to rates and time allowances for motor vehicle warranty work."

[4:53:42 PM](#)

The committee took an at-ease at 4:52 p.m.

[4:54:06 PM](#)

REPRESENTATIVE SADDLER moved to report HB 233 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HB 223 was reported from the House Labor and Commerce Standing Committee.

[4:54:33 PM](#)

The committee took an at-ease from 4:54 p.m. to *.

NURSING: LICENSURE; MULTISTATE COMPACT

[4:56:31 PM](#)

VICE CHAIR RUFFRIDGE announced that the final order of business would be HOUSE BILL NO. 149, "An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date." [Before the committee was HB 149, as amended on 4/26/23.]

[4:57:40 PM](#)

REPRESENTATIVE PRAX moved to report HB 149, as amended, out of committee with individual recommendations and the accompanying fiscal notes.

REPRESENTATIVE CARRICK objected.

REPRESENTATIVE FIELDS objected.

[4:58:01 PM](#)

The committee took a brief at-ease at 4:58 p.m.

[4:59:26 PM](#)

REPRESENTATIVE CARRICK said HB 149 is a significant policy call for which there were 27 amendments drafted. She said she would like to see the committee process continued and completed in the House Labor and Commerce Standing Committee before moving the bill form committee.

[5:00:31 PM](#)

A roll call vote was taken. Representatives Saddler, Prax, Wright, and Ruffridge voted in favor of reporting HB 149, as amended, out of committee. Representatives Carrick and Fields voted against it. Therefore, CSHB 149(L&C) was reported out of the House Labor and Commerce Standing Committee by a vote of 4-2.

[5:01:24 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Labor and Commerce Standing Committee meeting was adjourned at 5:01 p.m.