House Calendar

Thursday, March 22, 2012

80th DAY OF THE ADJOURNED SESSION

House Convenes at 9:00 A.M.

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Action Postponed Until March 27, 2012 Committee Bill for Second Reading

H. 776

An act relating to encouraging flexible pathways leading to secondary school completion and career and college readiness.

(Rep. Crawford of Burke will speak for the Committee on Education.)

ACTION CALENDAR Third Reading

H. 440

An act relating to creating an agency and secretary of education and amending the membership and purpose of the state board of education

H. 467

An act relating to limited liability for a landowner who permits a person to enter the owner's land for recreational use

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Н. 775

An act relating to allowed interest rates for installment loans.

(**Rep. Ralston of Middlebury** will speak for the Committee on **Commerce** and **Economic Development.**)

H. 777

An act relating to licensed midwives and certified nurse midwives.

(Rep. Pearson of Burlington will speak for the Committee on Health Care.)

H. 778

An act relating to structured settlements.

(Rep. Koch of Barre Town will speak for the Committee on Judiciary.)

H. 779

An act relating to the water quality of state surface waters.

(**Rep. Deen of Westminster** will speak for the Committee on **Fish**, **Wildlife & Water Resources.**)

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H. 781

An act relating to making appropriations for the support of government.

(**Rep. Heath of Westford** will speak for the Committee on **Appropriations.**)

Amendment to be offered by Rep. Heath of Westford to H. 781

Rep. Heath of Westford moves to amend the bill as follows:

<u>First</u>: In Sec. D.109(a), by striking out the figure "\$20,000,000" and inserting in lieu thereof the figure <u>\$21,000,000</u>.

Favorable with Amendment

H. 613

An act relating to governance of the Community High School of Vermont

Rep. Buxton of Tunbridge, for the Committee on **Education**, recommends the bill be amended by striking all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 28 V.S.A. § 120 is amended to read:

§ 120. CORRECTIONS DEPARTMENT EDUCATION PROGRAM; INDEPENDENT SCHOOL

(a) Authority. An education program is established within the department of corrections for the education of persons who have not completed secondary education and who are committed to the custody of the commissioner of corrections.

(b) Applicability of education provisions. The education program shall be approved by the state board of education as an independent school under 16 V.S.A. § 166, shall comply with the school quality standards provided by 16 V.S.A. § 165, and shall be coordinated with adult education, special education, and technical education.

(c) Program supervision. The commissioner of corrections shall appoint an education supervisor a director of corrections education, who shall be licensed as an administrator under 16 V.S.A. chapter 51, to supervise the community high school serve as the superintendent of the Community High School of Vermont and coordinate use of other education programs by persons under the supervision of the commissioner.

(d) Curriculum. The education program shall offer a minimum course of study, as defined in 16 V.S.A. § 906, and special education programs as required in 16 V.S.A. chapter 101 at each correctional facility and department

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service center, but is not required to offer a driver training course or a physical educational course.

(e) Commissioner of education's designation of special education program. Notwithstanding any law to the contrary, the commissioner of education, in accordance with the provisions of 16 V.S.A. chapter 101, shall designate a program to provide for the special education of eligible persons who are under the custody of the commissioner of corrections. Within the limits of funds made available for this specific purpose, the commissioner of education shall pay the costs of this program in excess of costs defined in subsection (g) of this section. [Repealed.]

(f) Reimbursement payments. The provision of 16 V.S.A. § 4012, relating to payment for state-placed students, shall not apply to the corrections education program.

(g) [Repealed.]

(h) Required participation. All persons under the custody of the commissioner of corrections who are under the age of 23 and have not received a high school diploma shall participate in the an education program unless exempted by the commissioner.

Sec. 2. 28 V.S.A. § 121 is amended to read:

§ 121. COMMUNITY HIGH SCHOOL OF VERMONT BOARD

(a) A board is established for the purpose of advising the education supervisor director of corrections education when serving as the superintendent of the Community High School of Vermont, the independent school established in section 120 of this title. The board shall have supervision over policy formation for the independent school Community High School of Vermont, except as otherwise provided, shall recommend school policy to the commissioner of corrections, shall oversee local advisory boards of the school director of corrections education, may create a structure for local advisory boards as it deems appropriate, and shall perform such other duties as requested from time to time by the commissioner of education or of corrections.

(b) The board shall consist of nine members, each appointed by the governor for a three-year term subject to the advice and consent of the senate, in such a manner that no more than three terms shall expire annually, as follows:

(1) Six representatives from the membership of local advisory boards serving the school sites, not to include more than one member from any

advisory board <u>selected to ensure geographic representation throughout the</u> <u>state</u>.

(2) Three members-at-large.

(c) The board shall appoint a chair and vice chair, each of whom shall serve for one year or until a successor is appointed by the board.

(d) The board shall report on its activities annually to the state board of education, the secretary of the agency of human services, and the commissioner of corrections.

(e) The board may, with the approval of the commissioner of corrections, appoint the education supervisor of the independent school <u>The commissioner</u> shall consult with the board prior to appointing the director of corrections <u>education</u>.

Sec. 3. IMPLEMENTATION

Notwithstanding the provisions of Sec. 2, 28 V.S.A. § 121(b)(1), the current members of the board shall serve until the expiration of their respective terms.

Sec. 4. EFFECTIVE DATE

This act shall take effect on passage.

(Committee Vote: 9-0-2)

Rep. Mook of Bennington, for the Committee on **Government Operations,** recommends the bill ought to pass when amended as recommended by the Committee on **Education.**

(Committee Vote: 8-0-3)

NOTICE CALENDAR

H. 533

An act relating to insurance business transfers

Rep. Kitzmiller of Montpelier, for the Committee on **Commerce and Economic Development,** recommends the bill be amended by striking all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. TITLE

This act shall be known as the "Insurance Business Transfer Act."

Sec. 2. FINDINGS AND PURPOSE

(a) The Vermont general assembly finds:

(1) The creation of jobs and investment in the state of Vermont through

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business expansion and recruitment is of the highest importance.

(2) Vermont has created a thriving alternative risk financing industry, which has provided Vermonters with well-paying jobs and has created significant premium tax revenue for the state.

(b) The purpose of this act is to facilitate and streamline the process for transfers of closed blocks of commercial insurance policies and reinsurance agreements between solvent insurance companies.

Sec. 3. 8 V.S.A. chapter 147 is added to read:

CHAPTER 147. INSURANCE BUSINESS TRANSFERS

§ 7111. DEFINITIONS

As used in this chapter:

(1) "Assuming insurer" means an insurance company that acquires an insurance obligation or risk from a transferring insurer pursuant to a plan, and that is a domestic insurer or a foreign or alien insurance company that has a certificate of authority issued by the commissioner under chapter 101 of this title.

(2) "Closed block" means a block, line, or group of businesses which an insurance company ceases to offer or sell to new applicants.

(3) "Comment period" means the 60-day period starting on the date the commissioner authorizes notice regarding a plan to be issued pursuant to subsection 7114(d) of this chapter. For good cause, the comment period may be extended by the commissioner up to an additional 30 days.

(4) "Commissioner" means the commissioner of banking, insurance, securities, and health care administration.

(5) "Department" means the department of banking, insurance, securities, and health care administration.

(6) "Domicile regulator" means the insurance regulatory authority of the domicile jurisdiction of a transferring insurer or an assuming insurer, if either such insurance company is a foreign insurance company or an alien insurance company.

(7) "Insurance business transfer" means a policy transfer or a reinsurance transfer.

(8) "Insurance business transfer plan" or "plan" means a plan that sets forth all provisions and includes all documentation regarding an insurance business transfer required under this chapter.

(9) "Parent company" means any person that organizes an insurance company the business of which is limited to the ownership and administration of policies and reinsurance agreements that are assumed by such insurance company under this chapter.

(10) "Party" means any person so defined under subsection 7118(c) of this chapter.

(11) "Personal lines insurance" means an insurance policy that covers personal, family, or household risks.

(12) "Plan summary" means the written statement of the key terms and provisions of a plan described under subdivision 7114(b)(12) of this chapter.

(13) "Policy" means a contract of property insurance, casualty insurance, or a combination of property and casualty insurance, other than a personal lines insurance contract or an insurance contract that is subject to regulation under the workers' compensation laws of any state, which is not a reinsurance agreement.

(14) "Policyholder" means the person identified as the policyholder or first named in a policy.

(15) "Policy transfer" means the transfer by a transferring insurer, and the assumption by an assuming insurer, of all rights, obligations, and liabilities of the transferring insurer with respect to a closed block of policies and any reinsurance agreements that are included in a plan.

(16) "Reinsurance agreement" means a contract of reinsurance between a transferring insurer and another insurance company, with respect to which a transferring insurer is a party as the reinsurer or the reinsured.

(17) "Reinsurance transfer" means the transfer by the transferring insurer, and the assumption by an assuming insurer, of all rights, obligations, and liabilities of a transferring insurer with respect to a closed block of reinsurance agreements that are included in a plan, which plan does not include the transfer or assumption of any right, liability, or obligation of the transferring insurer with respect to a policy.

(18) "Transferring insurer" means an insurance company that transfers an insurance obligation or risk to an assuming insurer pursuant to a plan, and that is a domestic insurer or a foreign or alien insurance company that has a certificate of authority issued by the commissioner under chapter 101 of this title.

§ 7112. JURISDICTION; APPEALS

(a) The commissioner shall have exclusive jurisdiction with respect to the

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review and approval or denial of any insurance business transfer plan.

(b) Any appeal of an order of the commissioner issued under section 7116 of this chapter shall be to the supreme court only, and such review shall be on the record and not de novo.

§ 7113. EXCLUDED TRANSACTIONS

This chapter shall not apply to any transfer of a policy or reinsurance agreement if all parties with an interest in the policies and reinsurance agreements being transferred have approved the transfer and the transfer is otherwise permitted under applicable law, including chapter 157 of this title.

<u>§ 7114. APPLICATION FOR APPROVAL; INSURANCE BUSINESS</u> <u>TRANSFER PLAN</u>

(a) A transferring insurer and assuming insurer shall file a plan with the commissioner and, at the time of filing, shall pay to the commissioner the fee described in subdivision 7117(a)(1) of this chapter.

(b) A plan shall include the following:

(1) a list of all parties, policies, and reinsurance agreements included in the plan and the identity of any parent company of the assuming insurer;

(2) certificates issued by the domicile regulators of the transferring insurer and the assuming insurer and, if applicable, a parent company that is a regulated insurance company, each attesting to the good standing of the transferring insurer, the assuming insurer, and the parent company under the insurance regulatory laws of the jurisdiction of their respective domicile regulator; provided that, if such certificates are not obtainable under the laws or practices of a domicile regulator, a certificate of an officer of the transferring insurer, the assuming insurer, or the parent company, as applicable, attesting to the foregoing;

(3) a statement describing the terms of each policy and reinsurance agreement, if any, regarding assignment and assumption of the rights, liabilities, and obligations of the transferring insurer with respect to each policy and reinsurance agreement;

(4) the most recent audited financial statements and annual reports filed by the transferring insurer and the assuming insurer with their respective domicile regulators, and such financial information with respect to a parent company, if any, with respect to the plan, that the commissioner may reasonably require;

(5) an actuarial study that quantifies the liabilities to be transferred to the assuming insurer under the policies and reinsurance agreements;

(6) the form and amount of consideration payable by the transferring insurer and proforma financial statements that demonstrate the solvency of the transferring insurer commensurate with the nature of the insurance business transfer after the transfer is effective;

(7) proforma financial statements that demonstrate the solvency of the assuming insurer commensurate with the nature of the insurance business transfer after the transfer is effective;

(8) officer certificates of the transferring insurer and the assuming insurer attesting that each has obtained all required internal approvals regarding the insurance business transfer;

(9) the form of notice to be provided to a party under this chapter and how such notice shall be provided;

(10) a statement regarding any pending dispute between the transferring insurer and any policyholder or party to a reinsurance agreement or of a disputed claim by any third party with respect to any policy or reinsurance agreement that is included in the plan;

(11) the statement described in subsection (c) of this section regarding the information and documents submitted as part of or with respect to a plan that are confidential;

(12) a plan summary that includes all information regarding the plan as reasonably required by the commissioner; and

(13) any other information that the commissioner may reasonably require with respect to the plan in the exercise of his or her reasonable discretion.

(c) The plan shall include a statement of the information and documentation included in the plan that the assuming insurer or the transferring insurer may request be given confidential treatment, which in all cases shall include all information identifying the persons insured under a policy and which may include any information that qualifies as a trade secret or other confidential research, development, or commercial information of the transferring insurer or the assuming insurer. The commissioner, subject to the exercise of his or her reasonable discretion, shall determine whether the information designated in such statement qualifies for confidential treatment. Any information qualifying for confidential treatment shall not be subject to subpoena and shall not be made public by the commissioner or by any other person; provided, however, the commissioner may in his or her discretion grant access to such information to public officers having jurisdiction over the regulation of insurance in any other state or country, to public officers of an international financial regulatory authority, or to state or federal law enforcement officers pursuant to a validly issued subpoena or search warrant, provided that such officers receiving the information agree in writing to hold it in a manner consistent with this section.

(d) Within 10 days of the date the application is filed and the fee payable under subsection (a) of this section is paid in full, the commissioner shall notify the transferring insurer and the assuming insurer whether the notice described in subsection (e) of this section shall be issued. If the commissioner notifies the transferring insurer and the assuming insurer that such notice shall not be issued, the commissioner shall specify any modifications to the plan and additional information or documentation with respect to the plan that are required before such notice shall be issued. If the commissioner notifies the transferring insurer and the assuming insurer that the notice described in subsection (e) of this section shall be issued, the commissioner shall set a date for a hearing on the plan as required under subsection (g) of this section.

(e) Within 30 days of the date the commissioner notifies the transferring insurer and the assuming insurer pursuant to subsection (d) of this section that notice shall be issued, the transferring insurer shall provide notice to all parties that:

(1) complies with the plan and the provisions of 3 V.S.A. § 809(b);

(2) includes the plan summary, the date, time, and place of the hearing on the plan, and a statement of the right of each party to file written comments on the plan with the commissioner and appear and present evidence regarding the plan at the hearing; and

(3) includes all other information reasonably required by the commissioner.

(f) During the comment period:

(1) any party may file written comments on the plan with the commissioner; and

(2) the transferring insurer and the assuming insurer shall file with the commissioner such additional documentation and information regarding the plan as the commissioner may reasonably require.

(g) The hearing on the plan shall be held not later than 60 days after the end of the comment period. Any party that participates in such a hearing shall bear its own costs of participation, including attorney's fees.

§ 7115. PLAN REVIEW

(a) The commissioner shall retain an actuary to conduct an actuarial study

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quantifying the liabilities to be transferred to the assuming insurer under the policies and reinsurance agreements and is authorized to retain any other legal, financial, and examination services from outside the department to assist in the review of the plan.

(b) In reviewing the plan, the commissioner shall take into account all written comments filed with respect to the plan and evidence taken at the hearing on the plan, and any other factors that the commissioner reasonably deems relevant with respect to the plan, but in all cases, the commissioner shall consider each of the following:

(1) the solvency of the transferring insurer and the assuming insurer both before and after the implementation of the proposed plan;

(2) the ability of the assuming insurer to comply with all requirements of a policy and reinsurance agreements in the case of a policy transfer, or with all requirements of reinsurance agreements in the case of a reinsurance transfer, including administration of claims in process as of and after the effective date of the transfer;

(3) whether the plan would materially adversely affect either the interests of objecting parties or the interests of policyholders; and

(4) the fairness of the plan to all parties.

<u>§ 7116. ORDER</u>

(a) Within 30 days of the date the hearing is held on the plan, the commissioner shall issue an order setting forth the amount of fees payable by the transferring insurer under subdivision 7117(a)(2) of this chapter, payable not later than 14 days after the date of such order. Upon receipt of such payment the commissioner shall within five days issue an order that complies with subsection 7118(c) of this chapter approving or disapproving the plan. Whenever it is not practicable to issue an order within 30 days, the commissioner may extend such time up to an additional 30 days. If the order approves the plan, it shall:

(1) set forth the fee payable by the assuming insurer under subsection 7117(b) of this chapter, which fee shall be payable not later than 14 days after the date of such order;

(2) not be effective until such time as the fees described in this subsection have been paid in full.

(b) An order issued pursuant to subsection (a) of this section approving the plan shall transfer to the assuming insurer all of the transferring insurer's rights, obligations, liabilities, and assets with respect to each policy and reinsurance agreement that is subject to the plan, such that the transferring

insurer has no further rights, obligations, or liabilities with respect to such policies and reinsurance agreements and the assuming insurer has all such rights, obligations, and liabilities as if it, instead of the transferring insurer, were the original party to such agreement. Such order shall be valid notwithstanding any provision of any such policy or reinsurance agreement that would otherwise prohibit the transfer, including any provision of such policy or reinsurance agreement that would require the approval of a policyholder or any other person with respect to such transfer.

(c) The commissioner may issue any other orders that he or she reasonably deems necessary to fully implement an order issued under subsection (a) of this section.

(d) No order issued under subsection (a) or (c) of this section shall be construed to modify or amend the terms of a policy or reinsurance agreement, other than with respect to matters specifically subject to modification or amendment under this chapter.

(e) At any time before the commissioner issues the order described in subsection (a) of this section, either the transferring insurer or the assuming insurer may withdraw the plan without prejudice. Upon such withdrawal, however, the commissioner shall issue an order setting forth the amount of fees payable by the transferring insurer under subdivision 7117(a)(2) of this chapter, payable not later than 14 days after the date of such order.

§ 7117. FEES AND COSTS

(a) To cover the costs of processing and reviewing a plan under this chapter, the transferring insurer shall pay to the commissioner the following nonrefundable fees at the times set forth in subsections 7114(a) and 7116(a) of this chapter:

(1) a reasonable and adequate administrative fee, approved by the general assembly; and

(2) the reasonable cost of persons retained by the commissioner under subsection 7115(a) of this chapter.

(b) If a plan is approved, the assuming insurer shall pay the commissioner a reasonable and adequate transfer fee, approved by the general assembly.

§ 7118. APPLICABLE LAWS

(a) In the event of any conflict between a provision of this chapter and any other provision of this title, such provision of this chapter shall control. Without limitation of the foregoing, chapter 157 of this title shall not apply to any insurance business transfer under this chapter.

(b) A Vermont insured shall be entitled to receive any benefit under subchapter 9 (property and casualty insurance guaranty association) of chapter 101 of this title for claims arising out of any policy that is subject to an insurance business transfer under this chapter.

(c) 3 V.S.A. §§ 801, 809, 812, 813, and 815(c) shall apply to a proposed insurance business transfer; provided, for purposes of the definitions set forth in 3 V.S.A. § 801:

(1) A proposed insurance business transfer shall be a "contested case."

(2) A "party" with respect to a proposed insurance business transfer shall be limited to the transferring insurer, the assuming insurer, each counterparty to a reinsurance agreement, each policyholder in the case of a policy transfer only, and any other person the commissioner approves as a party with respect to such proceeding.

§ 7119. REGULATION OF INSURERS AND SERVICE PROVIDERS

(a) Except as provided in subsection (b) of this section, a transferring insurer and an assuming insurer shall be subject to all provisions of this title and all rules adopted by the commissioner under this title applicable to property and casualty insurance companies domiciled or licensed in this state.

(b) The commissioner may adopt rules or an order applicable to any insurance company that is organized or licensed under this title, which shall exempt such insurance company from any provision of this title or rules adopted thereunder, or which rules shall modify any provision of this title or rule adopted thereunder with respect to such insurance company, upon a finding that such exemption or modification is consistent with the purposes of this chapter and is in the public interest, provided such insurance company has been organized or licensed under this title solely to:

(1) participate in an insurance business transfer as a transferring insurer under this chapter; or

(2) own and administer policies and reinsurance agreements assumed by such insurer as an assuming insurer under this chapter.

(c) The commissioner shall adopt rules regarding the provision of services to an assuming insurer by persons other than any director, officer, or employee of such assuming insurer, with respect to the administration of policies and reinsurance agreements assumed by such assuming insurer pursuant to an insurance business transfer, including any licensing or other requirements.

(d) The commissioner may adopt any other rules necessary or appropriate to carry out the provisions of this chapter. Such rules shall ensure that the insurance business transfers authorized by this chapter take into account any rights and obligations arising under the laws of the domicile jurisdiction of any affected insurers and policyholders.

Sec. 4. INSURANCE BUSINESS TRANSFERS; REPORTS

(a) Interim report. On or before January 15, 2013, the commissioner of banking, insurance, securities, and health care administration shall submit to the house committee on commerce and economic development and the senate committee on finance a report summarizing the rulemaking process authorized under Sec. 3 of this act, including the major issues raised by interested parties. The interim report shall include also a description of the number and nature of any insurance business transfer plans filed or expected to be filed under 8 V.S.A. chapter 147, as well as the commissioner's recommendations, if any, for statutory amendments to 8 V.S.A. chapter 147.

(b) Final report. On or before January 15, 2014, the commissioner of banking, insurance, securities, and health care administration shall submit to the house committee on commerce and economic development and the senate committee on finance a report describing the number and nature of insurance business transfer plans filed under 8 V.S.A. chapter 147 and their current status. The report shall include also the commissioner's recommendations, if any, for statutory amendments to 8 V.S.A. chapter 147.

Sec. 5. EFFECTIVE DATES

(a) This section and Secs. 1 and 2 of this act shall take effect on passage.

(b) Sec. 3 of this act shall take effect on passage only with respect to the rulemaking authority granted to the commissioner of banking, insurance, securities, and health care administration under that section. Upon the adoption of all rules required by this act, all remaining provisions of Sec. 3 as well as Sec. 4 shall take effect.

(Committee Vote: 8-2-1)

Consent Calendar

Concurrent Resolutions

The following concurrent resolutions have been introduced for approval by the Senate and House and will be adopted automatically unless a Senator or Representative requests floor consideration before the end of the session of the next legislative day. Requests for floor consideration in either chamber should be communicated to the Secretary's office and/or the House Clerk's office, respectively. For text of resolutions, see Addendum to House Calendar and Senate Calendar.

H.C.R. 304

House concurrent resolution congratulating the 2012 Essex High School Division I and Northern Vermont Athletic Conference championship cheerleading team

H.C.R. 305

House concurrent resolution congratulating the Essex High School Hornets 2012 Division I championship girls' ice hockey team

H.C.R. 306

House concurrent resolution congratulating the Williamstown High School Blue Devils 2012 Division III championship boys' basketball team

H.C.R. 307

House concurrent resolution congratulating Sophia Hadeka of Fair Haven on being named Miss Vermont's Outstanding Teen 2011

H.C.R. 308

House concurrent resolution congratulating the Essex High School Hornets on winning the 2012 state gymnastics championship

H.C.R. 309

House concurrent resolution in memory of Alan D. Overton

H.C.R. 310

House concurrent resolution designating March 21 as Vermont Energy Independence Day

H.C.R. 311

House concurrent resolution congratulating the U-32 Raiders 2012 Lake Division championship boys' ice hockey team

H.C.R. 312

House concurrent resolution honoring Alice Hafner of Danville for her outstanding public service on behalf of the Vermont criminal justice system

H.C.R. 313

House concurrent resolution congratulating Middlebury Union Middle School students Ronan Howlett and Meigan Clark on their success at the 2012 Vermont Spelling Bee

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H.C.R. 314

House concurrent resolution congratulating the Mt. Mansfield Union High School Cougars 2012 Division I championship boys' basketball team

H.C.R. 315

House concurrent resolution congratulating the Mt. Mansfield Union High School Cougars 2012 Division I championship boys' Nordic skiing team

H.C.R. 316

House concurrent resolution congratulating the Mt. Mansfield Union High School Cougars 2012 Division I girls' alpine state championship team

H.C.R. 317

House concurrent resolution honoring the federal TRIO programs in Vermont

H.C.R. 318

House concurrent resolution congratulating Vermont Railway on its selection as the 2012 Shortline Railroad of the Year

Information Notice

House Appropriations Committee Members' amendments to Fiscal Year 2013 Proposed Omnibus Appropriations Bill (H.781)

The House Appropriations Committee requests all members of the House, who intend to introduce amendments to the proposed FY 2013 omnibus appropriations bill (H.781), to meet with the committee in room 42 at 8:30 a.m. on either Thursday, March 22, before 2nd reading, OR Friday, March 23, before 3rd reading. If possible, please schedule a time with Theresa Utton-Jerman (828-5767, Room: 40 or <u>tutton@leg.state.vt.us</u>) to meet with the Committee.

SENATE APPROPRIATIONS COMMITTEE FY 2013 Budget ADVOCATES TESTIMONY

On Monday, March 26 beginning at 1:30 pm, the Senate Appropriations Committee will be taking testimony from advocates regarding the Fiscal Year 2013 Budget (H.781) in Room 11 of the State House. To schedule time before the Committee contact Becky Buck at the Legislative Joint Fiscal Office located at 1 Baldwin Street (phone: 828-5969).