House Committee on Health Care
RECORD OF ACTION ON BILL

H___ S __**X**__ DR# (for committee bills) _____

TITLE:__**An act relating to health care payment and delivery system reform**

DATE of VOTE (mm/dd/yy): ____05/07/2025
Vote Type — CIRCLE ONE:

Committee Bill **Favorable** **Favorable with Amendment** **Other** _____

For *Committee Bills* and *Favorable with Amendment*, provide final version DRAFT NUMBER and DRAFT DATE (ex. Draft 2.1, 02/21/25): ____**Draft 3.3_-__05/07/2025**___

MEMBERS	**VOTE** on Committee Bill or Committee Report		
	Yes	No	Absent
Rep. Brian Cina	**X**		
Rep. Mari Cordes	**X**		
Rep. Wendy Critchlow	**X**		
Rep. Allen Demar		**X**	
Rep. Leslie Goldman	**X**		
Rep. Lori Houghton	**X**		
Rep. Woodman Page		**X**	
Rep. Debra Powers		**X**	
Rep. Daisy Berbeco	**X**		
Rep. Francis McFaun	**X**		
Rep. Alyssa Black	**X**		

VOTE TALLY: _____ **8 - 3 - 0** _____
(Yes – No – Absent)

REPORTER: ___Rep. _____