

**Senate Committee on Appropriations**  
**RECORD OF ACTION ON BILL**

H 13 S \_\_\_\_\_ DR# (for committee bills) \_\_\_\_\_

TITLE: An act relating to Medicaid payment rates for home and Community based Service providers

DATE of VOTE (mm/dd/yy): 4/17/25

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): \_\_\_\_\_

MEMBERS	VOTE		
	on Committee Bill or Committee Report		
	Yes	No	Absent
Sen. _____ Norris	✓		
Sen. _____ Watson	✓		
Sen. _____ Baruth	✓		
Sen. _____ Lyons	✓		
Sen. _____ Westman	✓		
Sen. _____ Brennan	✓		
Sen. _____ Perchlik	✓		

VOTE TALLY: 7-0-0  
(Yes – No – Absent)

REPORTER: Sen Lyons