

**Senate Committee on Health and Welfare
RECORD OF ACTION ON BILL**

H _____ S _____ DR# (for committee bills) _____

TITLE: AN ACT RELATING TO HEALTH CARE PAYMENTS AND DELIVERY SYSTEM REFORM

DATE of VOTE (mm/dd/yy): 3/14/25

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): DRAFT 3.7

MEMBERS	VOTE		
	on Committee Bill or Committee Report		
	Yes	No	Absent
Sen. Hart	X		
Sen. Cummings	X		
Sen. Douglass	X		
Sen. Gulick	X		
Sen. Lyons	X		

VOTE TALLY: 5-0-0
(Yes - No - Absent)

REPORTER: SEN. LYONS