

1 ~~management for a managed care company, nonprofit hospital, medical~~
2 ~~service organization, insurance company, third party payor, or a~~
3 ~~health program administered by a department of this state shall have~~
4 the same meaning as in Section 6960 of Title 36 of the Oklahoma
5 Statutes.

6 B. The purpose of the Pharmacy Audit Integrity Act is to
7 establish minimum and uniform standards and criteria for the audit
8 of pharmacy records by or on behalf of certain entities.

9 C. The Pharmacy Audit Integrity Act shall apply to any audit of
10 the records of a pharmacy conducted by a managed care company,
11 nonprofit hospital, medical service organization, insurance company,
12 third-party payor, pharmacy benefits manager, a health program
13 administered by a department of this state, or any entity that
14 represents these companies, groups, or departments.

15 D. The Attorney General may promulgate rules to implement the
16 provisions of the Pharmacy Audit Integrity Act.

17 SECTION 2. AMENDATORY 59 O.S. 2021, Section 356.2, is
18 amended to read as follows:

19 Section 356.2. A. The entity conducting an audit of a pharmacy
20 shall:

21 1. Identify and specifically describe the audit and appeal
22 procedures in the pharmacy contract. Prescription claim
23 documentation and record-keeping requirements shall not exceed the
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1 requirements set forth by the Oklahoma Pharmacy Act or other
2 applicable state or federal laws or regulations;

3 2. Give the pharmacy written notice by certified letter to the
4 pharmacy and the pharmacy's contracting agent, including
5 identification of specific prescription numbers and fill dates to be
6 audited, at least ~~two (2) weeks~~ fourteen (14) calendar days prior to
7 conducting the audit, including, but not limited to, an on-site
8 audit, a desk audit, or a wholesale purchase audit, request for
9 documentation related to the dispensing of a prescription drug or
10 any reimbursed activity by a pharmacy provider; provided, however,
11 that wholesale purchase audits shall require a minimum of thirty
12 (30) ~~days~~ calendar days written notice. For an on-site audit, the
13 audit date shall be the date the on-site audit occurs. For all
14 other audit types, the audit date shall be the date the pharmacy
15 provides the documentation requested in the audit notice. The
16 pharmacy shall have the opportunity to reschedule the audit no more
17 than seven (7) calendar days from the date designated on the
18 original audit notification;

19 3. Not interfere with the delivery of pharmacist services to a
20 patient and shall utilize every reasonable effort to minimize
21 inconvenience and disruption to pharmacy operations during the audit
22 process;

23 4. Conduct any audit involving clinical or professional
24 judgment by means of or in consultation with a licensed pharmacist;

1 5. Not consider as fraud any clerical or record-keeping error,
2 such as a typographical error, scrivener's error or computer error,
3 including, but not limited to, a miscalculated day supply,
4 incorrectly billed prescription written date or prescription origin
5 code, and such errors shall not be subject to recoupment. The
6 pharmacy shall have the right to submit amended claims
7 electronically to correct clerical or record-keeping errors in lieu
8 of recoupment. To the extent that an audit results in the
9 identification of any clerical or record-keeping errors such as
10 typographical errors, scrivener's errors or computer errors in a
11 required document or record, the pharmacy shall not be subject to
12 recoupment of funds by the pharmacy benefits manager unless the
13 pharmacy benefits manager can provide proof of intent to commit
14 fraud. A person shall not be subject to criminal penalties for
15 errors provided for in this paragraph without proof of intent to
16 commit fraud;

17 6. Permit a pharmacy to use the records of a hospital,
18 physician, or other authorized practitioner of the healing arts for
19 drugs or medicinal supplies written or transmitted by any means of
20 communication for purposes of validating the pharmacy record with
21 respect to orders or refills of a legend or narcotic drug;

22 7. Not include the dispensing fee amount or the actual invoice
23 cost of the prescription dispensed in a finding of an audit
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1 recoupment unless a prescription was not actually dispensed or a
2 physician denied authorization of a dispensing order;

3 8. Audit each pharmacy under identical standards, regularity
4 and parameters as other similarly situated pharmacies and all
5 pharmacies owned or managed by the pharmacy benefits manager
6 conducting or having conducted the audit;

7 9. Not exceed one (1) year from the date the claim was
8 submitted to or adjudicated by a managed care company, nonprofit
9 hospital or medical service organization, insurance company, third-
10 party payor, pharmacy benefits manager, a health program
11 administered by a department of this state, or any entity that
12 represents the companies, groups, or departments for the period
13 covered by an audit;

14 10. Not schedule or initiate an audit during the first seven
15 (7) calendar days of any month unless otherwise consented to by the
16 pharmacy;

17 11. Disclose to any plan sponsor whose claims were included in
18 the audit any money recouped in the audit; ~~and~~

19 12. Not require pharmacists to break open packaging labeled
20 "for single-patient-use only". Packaging labeled "for single-
21 patient-use only" shall be deemed to be the smallest package size
22 available; and

23 13. Upon recoupment of funds from a pharmacy, refund first to
24 the patient the portion of the recovered funds that were originally

1 paid by the patient, provided such funds were part of the
2 recoupment.

3 B. 1. Any entity that conducts wholesale purchase review
4 during an audit of a pharmacist or pharmacy shall not require the
5 pharmacist or pharmacy to provide a full dispensing report.
6 Wholesaler invoice reviews shall be limited to verification of
7 purchase inventory specific to the pharmacy claims paid by the
8 health benefits plan or pharmacy benefits manager conducting the
9 audit.

10 2. Any entity conducting an audit shall not identify or label a
11 prescription claim as an audit discrepancy when:

- 12 a. the National Drug Code for the dispensed drug is in a
13 quantity that is a subunit or multiple of the drug
14 purchased by the pharmacist or pharmacy as supported
15 by a wholesale invoice,
- 16 b. the pharmacist or pharmacy dispensed the correct
17 quantity of the drug according to the prescription,
18 and
- 19 c. the drug dispensed by the pharmacist or pharmacy
20 shares all but the last two digits of the National
21 Drug Code of the drug reflected on the supplier
22 invoice.

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1 3. An entity conducting an audit shall accept as evidence,
2 subject to validation, to support the validity of a pharmacy claim
3 related to a dispensed drug:

- 4 a. redacted copies of supplier invoices in the
5 pharmacist's or pharmacy's possession, or
- 6 b. invoices and any supporting documents from any
7 supplier as authorized by federal or state law to
8 transfer ownership of the drug acquired by the
9 pharmacist or pharmacy.

10 4. An entity conducting an audit shall provide, no later than
11 five (5) ~~business~~ calendar days after the date of a request by the
12 pharmacist or pharmacy, all supporting documents the pharmacist's or
13 pharmacy's purchase suppliers provided to the health benefits plan
14 issuer or pharmacy benefits manager.

15 C. A pharmacy shall be allowed to provide the pharmacy's
16 computerized patterned medical records or the records of a hospital,
17 physician, or other authorized practitioner of the healing arts for
18 drugs or medicinal supplies written or transmitted by any means of
19 communication for purposes of supporting the pharmacy record with
20 respect to orders or refills of a legend or narcotic drug.

21 D. The entity conducting the audit shall not audit more than
22 fifty prescriptions, with specific date of service, per calendar
23 year. The annual limit to the number of prescription claims audited
24 shall be inclusive of all audits, including any prescription-related

1 documentation requests from the health insurer, pharmacy benefits
2 manager or any third-party company conducting audits on behalf of
3 any health insurer or pharmacy benefits manager during a calendar
4 year.

5 E. If paper copies of records are requested by the entity
6 conducting the audit, the entity shall pay twenty-five cents (\$0.25)
7 per page to cover the costs incurred by the pharmacy. The entity
8 conducting the audit shall provide the pharmacy with accurate
9 instructions, including any required form for obtaining
10 reimbursement for the copied records.

11 F. The entity conducting the audit shall:

12 1. Deliver a preliminary audit findings report to the pharmacy
13 and the pharmacy's contracting agent within forty-five (45) calendar
14 days of conducting the audit;

15 2. Allow the pharmacy at least ninety (90) calendar days
16 following receipt of the preliminary audit findings report in which
17 to produce documentation to address any discrepancy found during the
18 audit; provided, however, a pharmacy may request an extension, not
19 to exceed an additional forty-five (45) calendar days;

20 3. Deliver a final audit findings report to the pharmacy and
21 the pharmacy's contracting agent signed by the auditor within ten
22 (10) calendar days after receipt of additional documentation
23 provided by the pharmacy, as provided for in Section 356.3 of this
24 title;

1 4. Allow the pharmacy to reverse and resubmit claims
2 electronically within thirty (30) calendar days of receipt of the
3 final audit report in lieu of the auditing entity recouping
4 discrepant claim amounts from the pharmacy;

5 5. Not recoup any disputed funds until after final disposition
6 of the audit findings, including the appeals process as provided for
7 in Section 356.3 of this title; and

8 6. Not accrue interest during the audit and appeal period.

9 G. Each entity conducting an audit shall provide a copy of the
10 final audit results, and a final audit report upon request, after
11 completion of any review process to the plan sponsor.

12 H. 1. The full amount of any recoupment on an audit shall be
13 refunded to the plan sponsor. Except as provided for in paragraph 2
14 of this subsection, a charge or assessment for an audit shall not be
15 based, directly or indirectly, on amounts recouped.

16 2. This subsection does not prevent the entity conducting the
17 audit from charging or assessing the responsible party, directly or
18 indirectly, based on amounts recouped if both of the following
19 conditions are met:

20 a. the plan sponsor and the entity conducting the audit
21 have a contract that explicitly states the percentage
22 charge or assessment to the plan sponsor, and
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1 b. a commission to an agent or employee of the entity
2 conducting the audit is not based, directly or
3 indirectly, on amounts recouped.

4 I. Unless superseded by state or federal law, auditors shall
5 only have access to previous audit reports on a particular pharmacy
6 conducted by the auditing entity for the same pharmacy benefits
7 manager, health plan or insurer. An auditing vendor contracting
8 with multiple pharmacy benefits managers or health insurance plans
9 shall not use audit reports or other information gained from an
10 audit on a pharmacy to conduct another audit for a different
11 pharmacy benefits manager or health insurance plan.

12 J. If the Attorney General, after notice and opportunity for
13 hearing, finds that the entity conducting the audit failed to follow
14 any of the requirements pursuant to this section, the audit shall be
15 considered null and void. Any monies recouped from a null and void
16 audit shall be returned to the affected pharmacy within fourteen
17 (14) calendar days. Any violation of this section by a pharmacy
18 benefits manager or auditing entity shall be deemed a violation of
19 the Pharmacy Audit Integrity Act.

20 SECTION 3. AMENDATORY 59 O.S. 2021, Section 356.3, is
21 amended to read as follows:

22 Section 356.3. A. Each entity conducting an audit shall
23 establish a written appeals process under which a pharmacy may
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1 appeal an unfavorable preliminary audit report and/or final audit
2 report to the entity.

3 B. Following an appeal, if the entity finds that an unfavorable
4 audit report or any portion thereof is unsubstantiated, the entity
5 shall dismiss the audit report or the unsubstantiated portion of the
6 audit report without any further action.

7 C. Any final audit report, following the final audit appeal
8 period, with a finding of fraud or willful misrepresentation shall
9 be referred to the district attorney having proper jurisdiction or
10 the Attorney General for prosecution upon completion of the appeals
11 process.

12 D. This ~~act does~~ section and Section 356.2 of this title do not
13 apply to any audit, review or investigation that is initiated based
14 on or that involves fraud, willful misrepresentation or abuse so
15 long as the auditing entity provides, in writing, at the time of the
16 audit, a clear and conspicuous declaration to the pharmacy being
17 audited that the audit is being conducted under suspicion of fraud,
18 willful misrepresentation, or abuse and a statement of facts that
19 supports the reasonable suspicion.

20 E. Any entity conducting an audit that is based on or involves
21 fraud, willful misrepresentation, or abuse shall provide to the
22 Office of the Attorney General:

23 1. Notice at least two (2) calendar days prior to beginning
24 performance of an audit pursuant to this section;

1 2. A preliminary report within thirty (30) calendar days of
2 performing the audit pursuant to this section; and

3 3. A final report within thirty (30) calendar days following
4 the closure of the final appeal period for an audit performed
5 pursuant to this section.

6 F. The Attorney General, authorized employees, and examiners
7 shall have access to any pharmacy benefit manager's files and
8 records that may relate to an audit that is based on or involves
9 fraud, willful misrepresentation, or abuse.

10 G. The Attorney General may levy a civil or administrative fine
11 of not less than One Hundred Dollars (\$100.00) and not greater than
12 Ten Thousand Dollars (\$10,000.00) for each violation of this section
13 and assess any other penalty or remedy authorized by law.

14 SECTION 4. AMENDATORY 59 O.S. 2021, Section 357, is
15 amended to read as follows:

16 Section 357. A. As used in ~~this act~~ Sections 357 through
17 Section 360 of this title:

18 1. "Covered entity" means a nonprofit hospital or medical
19 service organization, for-profit hospital or medical service
20 organization, insurer, health coverage benefit plan or, health
21 maintenance organization, a, health program administered by the
22 state in the capacity of provider of providing health coverage, or
23 an employer, labor union, or other entity organized in the state
24 group of persons that provides health coverage to covered

1 ~~individuals who are employed or reside in the~~ persons in this state.

2 This term does not include a health benefit plan that provides
3 coverage only for accidental injury, specified disease, hospital
4 indemnity, disability income, or other limited benefit health
5 insurance policies and contracts that do not include prescription
6 drug coverage;

7 2. "Covered individual" means a member, participant, enrollee,
8 contract holder or policy holder or beneficiary of a covered entity
9 who is provided health coverage by the covered entity. A covered
10 individual includes any dependent or other person provided health
11 coverage through a policy, contract or plan for a covered
12 individual;

13 3. "Department" means the ~~Oklahoma~~ Insurance Department;

14 4. "Maximum allowable cost" ~~or~~, "MAC", or "MAC list" means the
15 list of drug products delineating the maximum per-unit reimbursement
16 for multiple-source prescription drugs, medical product, or device;

17 5. "Multisource drug product reimbursement" (reimbursement)
18 means the total amount paid to a pharmacy inclusive of any reduction
19 in payment to the pharmacy, excluding prescription dispense fees;

20 6. "Office" means the Office of the Attorney General;

21 7. "Pharmacy benefits management" means a service provided to
22 covered entities to facilitate the provision of prescription drug
23 benefits to covered individuals within the state, including
24 negotiating pricing and other terms with drug manufacturers and

1 providers. Pharmacy benefits management may include any or all of
2 the following services:

- 3 a. claims processing, retail network management and
4 payment of claims to pharmacies for prescription drugs
5 dispensed to covered individuals,
- 6 b. administration or management of pharmacy discount
7 cards or programs,
- 8 c. clinical formulary development and management
9 services, or
- 10 ~~e.~~
- 11 d. rebate contracting and administration~~7~~
- 12 ~~d.~~ ~~certain patient compliance, therapeutic intervention~~
13 ~~and generic substitution programs, or~~
- 14 ~~e.~~ ~~disease management programs;~~

15 ~~7.~~ 8. "Pharmacy benefits manager" or "PBM" means a person,
16 business, or other entity that performs pharmacy benefits
17 management. The term ~~includes~~ shall include a person or entity
18 acting ~~for~~ on behalf of a PBM in a contractual or employment
19 relationship in the performance of pharmacy benefits management for
20 a managed care company, nonprofit hospital, medical service
21 organization, insurance company, third-party payor, or a health
22 program administered by an agency or department of this state;

23 ~~8.~~ 9. "Plan sponsor" means the employers, insurance companies,
24 unions and health maintenance organizations or any other entity

1 responsible for establishing, maintaining, or administering a health
2 benefit plan on behalf of covered individuals; and

3 ~~9.~~ 10. "Provider" means a pharmacy licensed by the State Board
4 of Pharmacy, or an agent or representative of a pharmacy, including,
5 but not limited to, the pharmacy's contracting agent, which
6 dispenses prescription drugs or devices to covered individuals.

7 B. Nothing in the definition of pharmacy benefits management or
8 pharmacy benefits manager in the Patient's Right to Pharmacy Choice
9 Act, Pharmacy Audit Integrity Act, or Sections 357 through 360 of
10 this title shall deem the following entities to be a pharmacy
11 benefits manager:

12 1. An employer with its own self-funded health benefit plan,
13 except, to the extent permitted by applicable law, where the
14 employer, without the utilization of a third party and unrelated to
15 the employer's own pharmacy:

- 16 a. negotiates directly with drug manufacturers,
- 17 b. processes claims on behalf of its members, or
- 18 c. manages its own retail network of pharmacies; or

19 2. A pharmacy providing a patient with a discount card or
20 program that is for exclusive use at the pharmacy making the
21 discount offering.

22 SECTION 5. AMENDATORY 59 O.S. 2021, Section 358, is
23 amended to read as follows:

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1 Section 358. A. In order to provide pharmacy benefits
2 management or any of the services included under the definition of
3 pharmacy benefits management in this state, a pharmacy benefits
4 manager or any entity acting as one in a contractual or employment
5 relationship for a covered entity shall first obtain a license from
6 the ~~Oklahoma~~ Insurance Department, and the Department may charge a
7 fee for such licensure.

8 B. The Department shall establish, by regulation, licensure
9 procedures, required disclosures for pharmacy benefits managers
10 (PBMs) and other rules as may be necessary for carrying out and
11 enforcing the provisions of ~~this act~~ the Oklahoma Pharmacy Act. The
12 licensure procedures shall, at a minimum, include the completion of
13 an application form that shall include the name and address of an
14 agent for service of process, the payment of a requisite fee, and
15 evidence of the procurement of a surety bond.

16 C. The Department may subpoena witnesses and information. Its
17 compliance officers may take and copy records for investigative use
18 and prosecutions. Nothing in this subsection shall limit the Office
19 of the Attorney General from using its investigative demand
20 authority to investigate and prosecute violations of the law.

21 D. The Department or the Office of the Attorney General may
22 suspend, revoke or refuse to issue or renew a license for
23 noncompliance with any of the provisions hereby established or with
24 the rules promulgated by the Department; for conduct likely to

1 mislead, deceive or defraud the public or the Department; for unfair
2 or deceptive business practices or for nonpayment of ~~a~~ an
3 application or renewal fee or fine. The Department may also levy
4 administrative fines for each count of which a PBM has been
5 convicted in a Department hearing.

6 E. 1. The Office of the Attorney General, after notice and
7 opportunity for hearing, may instruct the Insurance Commissioner
8 that the PBM's license be censured, suspended, or revoked for
9 conduct likely to mislead, deceive, or defraud the public or the
10 State of Oklahoma; or for unfair or deceptive business practices, or
11 for any violation of the Patient's Right to Pharmacy Choice Act, the
12 Pharmacy Audit Integrity Act, or Sections 357 through 360 of this
13 title. The Office of the Attorney General may also levy
14 administrative fines for each count of which a PBM has been
15 convicted following a hearing before the Attorney General. If the
16 Attorney General makes such instruction, the Commissioner shall
17 enforce the instructed action within thirty (30) calendar days.

18 2. In addition to or in lieu of any censure, suspension, or
19 revocation of a license by the Commissioner, the Attorney General
20 may levy a civil or administrative fine of not less than One Hundred
21 Dollars (\$100.00) and not greater than Ten Thousand Dollars
22 (\$10,000.00) for each violation of this subsection and/or assess any
23 other penalty or remedy authorized by this section. For purposes of
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1 this section, each day a PBM fails to comply with an investigation
2 or inquiry may be considered a separate violation.

3 F. The Attorney General may promulgate rules to implement the
4 provisions of Sections 357 through 360 of this title.

5 SECTION 6. AMENDATORY 59 O.S. 2021, Section 360, is
6 amended to read as follows:

7 Section 360. A. The pharmacy benefits manager shall, with
8 respect to contracts between a pharmacy benefits manager and a
9 provider, including a pharmacy service administrative organization:

10 1. Include in such contracts the specific sources utilized to
11 determine the maximum allowable cost (MAC) pricing of the pharmacy,
12 update MAC pricing at least every seven (7) calendar days, and
13 establish a process for providers to readily access the MAC list
14 specific to that provider;

15 2. In order to place a drug on the MAC list, ensure that the
16 drug is listed as "A" or "B" rated in the most recent version of the
17 FDA's Approved Drug Products with Therapeutic Equivalence
18 Evaluations, also known as the Orange Book, and the drug is
19 generally available for purchase by pharmacies in the state from
20 national or regional wholesalers and is not obsolete;

21 3. Ensure dispensing fees are not included in the calculation
22 of MAC price reimbursement to pharmacy providers;

23 4. Provide a reasonable administration appeals procedure to
24 allow a provider, a provider's representative and a pharmacy service

1 administrative organization to contest reimbursement amounts within
2 fourteen (14) ~~business~~ calendar days of the final adjusted payment
3 date. The pharmacy benefits manager shall not prevent the pharmacy
4 or the pharmacy service administrative organization from filing
5 reimbursement appeals in an electronic batch format. The pharmacy
6 benefits manager must respond to a provider, a provider's
7 representative and a pharmacy service administrative organization
8 who have contested a reimbursement amount through this procedure
9 within ten (10) ~~business~~ calendar days. The pharmacy benefits
10 manager must respond in an electronic batch format to reimbursement
11 appeals filed in an electronic batch format. The pharmacy benefits
12 manager shall not require a pharmacy or pharmacy services
13 administrative organization to log into a system to upload
14 individual claim appeals or to download individual appeal responses.
15 If a price update is warranted, the pharmacy benefits manager shall
16 make the change in the reimbursement amount, permit the dispensing
17 pharmacy to reverse and rebill the claim in question, and make the
18 reimbursement amount change retroactive and effective for all
19 contracted providers; and

20 5. If a below-cost reimbursement appeal is denied, the PBM
21 shall provide the reason for the denial, including the National Drug
22 Code (NDC) number from, and the name of, the specific national or
23 regional wholesalers doing business in this state where the drug is
24 currently in stock and available for purchase by the dispensing

1 pharmacy at a price below the PBM's reimbursement price. ~~If the~~
2 ~~pharmacy benefits manager cannot provide a specific national or~~
3 ~~regional wholesaler where the drug can be purchased by the~~
4 ~~dispensing pharmacy at a price below the pharmacy benefits manager's~~
5 ~~reimbursement price~~ If the NDC number provided by the pharmacy
6 benefits manager is not available below the acquisition cost
7 obtained from the pharmaceutical wholesaler from whom the dispensing
8 pharmacy purchases the majority of the prescription drugs that are
9 dispensed, the pharmacy benefits manager shall immediately adjust
10 the reimbursement amount, permit the dispensing pharmacy to reverse
11 and rebill the claim in question, and make the reimbursement amount
12 adjustment retroactive and effective for all contracted providers.

13 B. The reimbursement appeal requirements in this section shall
14 apply to all drugs, medical products, or devices reimbursed
15 according to any payment methodology, including, but not limited to:

- 16 1. Average acquisition cost, including the National Average
17 Drug Acquisition Cost;
- 18 2. Average manufacturer price;
- 19 3. Average wholesale price;
- 20 4. Brand effective rate or generic effective rate;
- 21 5. Discount indexing;
- 22 6. Federal upper limits;
- 23 7. Wholesale acquisition cost; and

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1 8. Any other term that a pharmacy benefits manager or an
2 insurer of a health benefit plan may use to establish reimbursement
3 rates to a pharmacist or pharmacy for pharmacist services.

4 C. The pharmacy benefits manager shall not place a drug on a
5 MAC list, unless there are at least two therapeutically equivalent,
6 multiple-source drugs, generally available for purchase by
7 dispensing retail pharmacies from national or regional wholesalers.

8 ~~C.~~ D. In the event that a drug is placed on the FDA Drug
9 Shortages Database, pharmacy benefits managers shall reimburse
10 claims to pharmacies at no less than the wholesale acquisition cost
11 for the specific NDC number being dispensed.

12 E. The pharmacy benefits manager shall not require
13 accreditation or licensing of providers, or any entity licensed or
14 regulated by the State Board of Pharmacy, other than by the State
15 Board of Pharmacy or federal government entity as a condition for
16 participation as a network provider.

17 ~~D.~~ F. A pharmacy or pharmacist may decline to provide the
18 pharmacist clinical or dispensing services to a patient or pharmacy
19 benefits manager if the pharmacy or pharmacist is to be paid less
20 than the pharmacy's cost for providing the pharmacist clinical or
21 dispensing services.

22 ~~E.~~ G. The pharmacy benefits manager shall provide a dedicated
23 telephone number, email address and names of the personnel with
24 decision-making authority regarding MAC appeals and pricing.

1 SECTION 7. It being immediately necessary for the preservation
2 of the public peace, health or safety, an emergency is hereby
3 declared to exist, by reason whereof this act shall take effect and
4 be in full force from and after its passage and approval.

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6 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 04/04/2024 -
7 DO PASS, As Amended.

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