

**SENATE JUDICIARY COMMITTEE**  
**Senator Thomas Umberg, Chair**  
**2023-2024 Regular Session**

AB 571 (Petrie-Norris)  
Version: July 3, 2023  
Hearing Date: July 11, 2023  
Fiscal: Yes  
Urgency: No  
AM

**SUBJECT**

Medical malpractice insurance

**DIGEST**

This bill prohibits an insurer from refusing to issue, renew, or terminate professional liability insurance for health care providers and from imposing a surcharge or increasing the premium or deductible solely based on specified bases of discrimination, including a health care provider offering or performing abortion, contraception, gender-affirming health care, or care related to those health care services that are lawful in this state but unlawful in another state. The bill also prohibits an insurer from denying coverage for liability for damages arising from offering, performing, or rendering abortion, contraception, gender-affirming health care, or care related to those services, if the services are within the scope of the insured's license and the policy would otherwise cover liability for damages arising from performing or rendering other professional services within the insured's scope of license.

**EXECUTIVE SUMMARY**

Since the 1973 holding in *Roe v. Wade*, the U.S. Supreme Court has continuously held that it is a constitutional right to access abortion before fetal viability. However, on June 24, 2022 the Court voted 6-3 to overturn the holding in *Roe* and found that there is no federal constitutional right to an abortion. As a result of the *Dobbs* decision, people in roughly half the country may lose access to abortion services or have them severely restricted. Some states have even begun criminalizing abortion care. In addition, a growing number of states have been passing laws putting residents who seek essential gender-affirming care at risk of being prosecuted. States are attempting to classify the provision and seeking of gender-affirming health care as a crime warranting prison time and are threatening parents with criminal penalties if they attempt to travel to another state in order to secure life-saving gender-affirming care for their child. This bill seeks to provide additional safeguards for health care providers by prohibiting an insurer from terminating professional liability insurance or refusing to issue or renew insurance as a result of a medical professional based on specified bases of

discrimination, including performing abortions or providing gender-affirming health care. The bill also limits premium increases as a result of a medical professional's provision of care that is legal in California yet banned elsewhere. This bill passed the Senate Insurance Committee on a vote of 4 to 2.

The bill is sponsored by the American College of Obstetricians and Gynecologists District IX, the California Nurse Midwives Association, and NARAL Pro-Choice. The bill is supported by various medical and health organizations, Lieutenant Governor Eleni Kounalakis, and the San Francisco City Attorney's Office. There is no known opposition.

### **PROPOSED CHANGES TO THE LAW**

Existing law:

- 1) Provides for the regulation of insurance by CDI, which is under the control of the Insurance Commissioner (Commissioner). (Ins. Code § 12921.)
- 2) Prohibits an insurer that provides professional liability insurance for physicians and surgeons or dentists from increasing the premium for the insurance, impose a surcharge with respect to such insurance, or otherwise require additional compensation for such insurance, or institute or increase a deductible amount payable by the insured, because a notice of intention to commence an action has been issued unless a complaint has actually been served on the insured. (Ins. Code § 11589(a).)
- 3) Defines liability insurance to include, but not be limited to, insurance coverage against legal liability arising from the rendering of professional services by an insured licensed pursuant to the provisions of the Medical Practice Act or the Osteopathic Initiative Act. (Ins. Code § 11580.01.)
- 4) Provides, pursuant to Proposition 103 (Nov. 8, 1988, gen. elec.), that no insurance rate is to be approved or remain in effect that is excessive, inadequate, unfairly discriminatory, or otherwise in violation of existing provisions of the Insurance Code. (Ins. Code § 1861.05.)
- 5) Provides for the various healing arts professions that are to be regulated and licensed by the boards within the Department of Consumer Affairs. (Bus. & Prof. Code § 500 et seq.)
- 6) Establishes limits for compensation for noneconomic losses related to pain, suffering, inconvenience, physical impairment, disfigurement, and other nonpecuniary damage stemming from an injury that occurred as a result of the

professional negligence of a health care provider or health care institution. (Civ. Code § 3333.2(a).)

This bill:

- 1) Prohibits an insurer from terminating professional liability insurance or refusing to issue or renew professional liability insurance for a health care provider in this state, solely based on any prohibited bases as specified in 4) below.
- 2) Prohibits an insurer from increasing premiums, imposing a surcharge or other additional compensation or cost, or instituting or increasing a deductible amount or other cost sharing payable by an insured, solely based on any prohibited bases as specified in 4) below.
- 3) Prohibits an insurer providing professional liability insurance for health care providers from denying coverage for liability for damages arising from offering, performing, or rendering abortion, contraception, gender-affirming health care, or care related to those health care services, if such services are within the scope of the insured's license and the policy would otherwise cover liability for such damages arising from performing or rendering other professional services within the insured's scope of license.
- 4) Prohibits an insurer from discriminating against a health care provider related to professional liability insurance for any of the following:
  - a) A health care provider offers or performs abortion, contraception, gender-affirming health care, or care related to those health care services, that are lawful in this state, including, but not limited to, those that may be unlawful in another state;
  - b) Another state's laws create potential or actual liability for abortion, contraception, gender-affirming health care, or care related to those health care services offered or performed in this state; and
  - c) Legal or administrative action taken in another state against a health care provider concerning abortion, contraception, gender-affirming health care, or care related to those health care services, results or resulted in a judgment, conviction, or disciplinary action against the provider, if such health care services, as provided, are or would be lawful and consistent with the applicable standard of care in this state.
- 5) Provides that these provisions are limited to professional liability insurance marketed, offered, issued, amended, or renewed in this state for health care providers in this state.

- 6) Provides that these provisions are not to be construed to supersede, modify, or otherwise affect in any way the provisions related to insurance rates as added by Proposition 103.
- 7) Defines various terms for these purposes.
  - a) “Health care provider” means a person licensed under specified provisions of the Business and Professions Code to be regulated by a healing arts board within the Department of Consumer Affairs;
  - b) “Offer or perform” means to offer, perform, provide, prescribe, dispense, furnish, or otherwise render health care items or services, as well as to aid or assist in the rendering of those items or services; and
  - c) “Professional liability insurance” means insurance against liability for damages caused by any act or omission of a person licensed to provide health care services in rendering professional services within this state issued by any insurer, including, but not limited to, a joint underwriting association, cooperative corporation, or reciprocal or interinsurance exchange.

### COMMENTS

#### 1. Stated need for the bill

The author writes:

In the time since the Supreme Court’s decision to overturn *Roe v. Wade*, approximately one in three women in this country has lost abortion access. Patients have been forced to travel to neighboring states to receive reproductive care. With more states attempting to ban abortion, restrictions will likely affect more than 36 million women of reproductive age – disproportionately harming youth, low-income individuals, and communities of color.

Ensuring that providers are able to obtain professional liability insurance is a critical element to securing access to services. The Future of Abortion Council and many reproductive rights champions have identified access to professional liability insurance as one of the major obstacles to increasing California’s healthcare workforce providing abortion care and gender-affirming care.

AB 571 prohibits insurers from refusing to issue professional liability insurance to licensed healthcare practitioners solely because they offer abortion, contraception, or gender-affirming services, and additionally prohibits an insurer from charging an arbitrary fee or surcharge to a healthcare provider for offering these services. AB 571 will reduce barriers otherwise capable, licensed, and willing healthcare providers face when trying to offer reproductive health services, and will increase the number of licensed healthcare providers who are able to provide abortion and gender-affirming care in California.

## 2. Reproductive rights

*Roe v. Wade* was the landmark U.S. Supreme Court decision that held the implied constitutional right to privacy extended to a person's decision whether to terminate a pregnancy, while allowing that some state regulation of abortion access could be permissible. ((1973) 410 U.S. 113; overruled by *Dobbs v. Jackson Women's Health* (2022) 142 S. Ct. 2228.) *Roe* has been one of the most debated U.S. Supreme Court decisions and its application and validity have been challenged numerous times, but its fundamental holding had continuously been upheld by the Court until June 2022. On June 24, 2022 the Court published its official opinion in *Dobbs* and voted 6-3 to overturn the holding in *Roe*.<sup>1</sup> The case involved a Mississippi law enacted in 2018 that banned most abortions after the first 15 weeks of pregnancy, which is before what is generally accepted as the period of viability. (see Miss. Code Ann. §41-41-191.) The majority opinion upholds the Mississippi law finding that, contrary to almost 50 years of precedent, there is no fundamental constitutional right to have an abortion. The opinion further provides that states should be allowed to decide how to regulate abortion and that a strong presumption of validity should be afforded to those state laws.<sup>2</sup>

### *a. Out-of-state statutes denying or chilling access to reproductive health care*

Texas perniciously enacted a law with an enforcement scheme that was designed to avoid judicial scrutiny of the law's clearly unconstitutional, at the time of enactment, provisions under the holding of *Roe* and *Casey*.<sup>3</sup> Texas abortion providers filed a case in an attempt to stop the law before it took effect seeking pre-enforcement review of the law and an injunction barring its enforcement. On certiorari from the Fifth Circuit, the U.S. Supreme Court held that a pre-enforcement challenge to the law under the U.S. Constitution may only proceed against certain defendants but not others.<sup>4</sup> The court did not address whether the law was constitutionally sound. However, the court's ruling essentially insulated the private enforcement of the law from challenge, allowing the law to remain in effect. The inability to challenge the law pre-enforcement allows it to stand as an ominous threat to all persons seeking or performing an abortion. This Texas law may very well be found to be constitutional under the holding of *Dobbs*.

The Texas law prohibits a physician from knowingly performing or inducing an abortion on a pregnant woman if the physician detected a fetal heartbeat for the unborn

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<sup>1</sup> *Dobbs v. Jackson Women's Health* (2022) 597 U.S. \_ (142 S. Ct. 2228) at p. 5, available at [https://www.supremecourt.gov/opinions/21pdf/19-1392\\_6j37.pdf](https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf).

<sup>2</sup> *Id.* at 77.

<sup>3</sup> See *Whole Woman's Health v. Jackson* (2021) 142 S. Ct. 522, at 543 (conc. opn. Roberts, C.J., Breyer, Sotomayor, & Kagan) that states Texas has passed a law that is contrary to *Roe* and *Casey* because it has "the effect of denying the exercise of what we have held is a right protected under the Federal Constitution" and was "designed to shield its unconstitutional law from judicial review." (footnote omitted).

<sup>4</sup> *Whole Woman's Health v. Jackson* (2021) 142 S. Ct. 522, 530.

child, as specified, or failed to perform a test to detect a fetal heartbeat. (Tex. Health & Safety Code § 171.201 et seq. (enacted through Texas Senate Bill 8).) This law essentially places a near-categorical ban on abortions beginning six weeks after a person's last menstrual period, which is before many people even realize they are pregnant and occurs months before fetal viability.<sup>5</sup> The Texas law has far reaching implications, not only for the person receiving an abortion or performing abortion services. This is evidenced in the provisions that prohibit anyone from "aiding and abetting" a person in obtaining an abortion, which could implicate and impose significant civil liability upon a person providing transportation to or from an abortion clinic, a person donating to a fund to assist individuals receiving an abortion, or even a person who simply discusses getting an abortion with someone. (Tex. Health & Safety Code § 171.208.) The Texas law provides that any person, other than an officer or employee of a state or local governmental entity in Texas, may bring a civil action to enforce its provisions, which includes liability of \$10,000 plus costs and fees if a plaintiff prevails while a defendant is prohibited from recovering their own costs and fees if they prevail. (*Id.* at § 171.201(b) & (i).) Other states have already followed suit.

Additionally, many abortion bans attach criminal and administrative penalties in addition to civil liability. For example, in Texas it is a felony to perform an abortion, unless it is needed to save the life of the patient, and provides for civil liability and licensure revocation. (Tex. Health & Safety Code § 171.201 et. seq.) In six states with abortion bans – Arkansas, Georgia, Idaho, Missouri, North Dakota, and Tennessee – prosecutors can criminally prosecute health care professionals for performing abortions and providers are only allowed to offer evidence that the procedure was necessary to save the patient until after they are charged.<sup>6</sup> Oklahoma made performing an abortion a felony, with a punishment of up to 10 years in prison and a fine of up to \$100,000 in August of 2022.<sup>7</sup> This year, the Governor of Idaho signed a bill into law that makes it illegal for an adult to help a minor get an abortion without parental consent. The law essentially bans adults from obtaining abortion pills for a minor or "recruiting, harboring or transporting the pregnant minor" without parental consent.<sup>8</sup> If convicted, a person could face two to five years in prison and may be sued by the minor's parent.

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<sup>5</sup> See *Whole Woman's Health v. Jackson* (2021) 141 S. Ct. 2494, at 2498 (dis. opn. Sotomayor, Breyer, & Kagan).

<sup>6</sup> Christine Vestal, *Some Abortion Bans Put Patients, Doctors at Risk in Emergencies*, Pew Trusts (Sept. 1, 2022), available at <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/09/01/some-abortion-bans-put-patients-doctors-at-risk-in-emergencies>.

<sup>7</sup> Associated Press, *Oklahoma governor signs bill making it felony to perform an abortion*, NBC News (Apr. 12, 2022), available at <https://www.nbcnews.com/news/us-news/oklahoma-governor-signs-bill-making-felony-perform-abortion-rcna24071>.

<sup>8</sup> Associated Press, *Idaho governor signs law banning adults from helping minors get abortions*, The Guardian (April 6, 2023), available at <https://www.theguardian.com/us-news/2023/apr/06/idaho-abortion-trafficking-law-governor>.

*b. California is a Reproductive Freedom State*

The California Supreme Court held in 1969 that the state constitution's implied right to privacy extends to an individual's decision about whether or not to have an abortion. (*People v. Belous* (1969) 71 Cal.2d 954.) This was the first time an individual's right to abortion was upheld in a court. In 1972 the California voters passed a constitutional amendment that explicitly provided for the right to privacy in the state constitution. (Prop. 11, Nov. 7, 1972 gen. elec.) California statutory law provides, under the Reproductive Privacy Act, that the Legislature finds and declares every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, which entails the right to make and effectuate decisions about all matters relating to pregnancy; therefore, it is the public policy of the State of California that every individual has the fundamental right to choose or refuse birth control, and every individual has the fundamental right to choose to bear a child or to choose to obtain an abortion. (Health & Saf. Code § 123462.) In 2019 Governor Newsom issued a proclamation reaffirming California's commitment to making reproductive freedom a fundamental right in response to the numerous attacks on reproductive rights across the nation.<sup>9</sup> In September 2021, more than 40 organizations came together to form the California Future Abortion Council (CA FAB) to identify barriers to accessing abortion services and to recommend policy proposals to support equitable and affordable access for not only Californians but all who seek care in the state.

In response to the *Dobbs* decision, California enacted a comprehensive package of legislation expanding, protecting, and strengthening access to reproductive health care, including abortions, for all Californians and people seeking such care in our state.<sup>10</sup> One such law, AB 1666 (Bauer-Kahan, Ch. 42, Stats. 2022) provided that a law of another state that authorizes a person to bring a civil action against a person or entity who receives, seeks, performs, or induces an abortion, or knowingly engages in conduct that aids or abets the performance or inducement of an abortion, or attempts or intends to engage in such conduct, is contrary to the public policy of this state (Gov. Code § 123467.5.) Additionally, the voters overwhelmingly approved Proposition 1 (Nov. 8, 2022 gen. elec.), and enacted an express constitutional right in the state constitution that prohibits the state from interfering with an individual's reproductive freedom in their most intimate decisions.

3. Out of state bans on gender-affirming care and California policies to protect patients receiving such care

As California and other states have implemented policies to ensure that transgender individuals are not discriminated against and can obtain gender-affirming care, other

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<sup>9</sup> California Proclamation on Reproductive Freedom (May 31, 2019) available at <https://www.gov.ca.gov/wp-content/uploads/2019/05/Proclamation-on-Reproductive-Freedom.pdf>.

<sup>10</sup> Kristen Hwang, *Newsom signs abortion protections into law*, CalMatters (Sept. 27, 2022), available at <https://calmatters.org/health/2022/09/california-abortion-bills/>.

states have targeted transgender individuals and providers of gender affirming care. According to Human Rights Watch, as of March 2022, legislatures nationwide had introduced over 300 anti-LGBTQ+ bills, over 130 of which specifically targeted transgender people.<sup>11</sup> Many states have been enacting statutes that potentially impose civil and criminal liability for providing to a minor, or helping a minor obtain, gender-affirming care. For example, Alabama recently enacted a bill that makes it a felony to provide, or help to provide, certain types of gender-affirming care.<sup>12</sup> Arkansas prohibits a physician or other healthcare provider from providing or referring certain types of gender-affirming care for a minor; a violation or “threatened violation” can be punished through a professional board or a civil action.<sup>13</sup> SB 107 (Wiener, 2022; Ch. 810, Stats. 2022), among other things, prohibits the sharing of medical records regarding the receipt of gender-affirming care, the enforcement of out-of-state subpoenas seeking information regarding the receipt of gender-affirming medical care in California, and the enforcement of laws of another state that authorize the removal of a child from their parent or guardian and enforcement of out-of-state criminal laws related to gender-affirming health care. On September 29, 2022, Governor Newsom issued a signing statement for SB 107 that said “[i]n California we believe in equality and acceptance. We believe that no one should be prosecuted or persecuted for getting care they need – including gender-affirming care.<sup>14</sup>” Just last month, the American Medical Association House of Delegates passed a resolution to protect access to evidence-based gender-affirming care by committing to opposing legislation to enact criminal and legal penalties against patients seeking gender-affirming care, family members or guardians who support them in seeking medical care, and health care facilities and clinicians who provide gender-affirming care.<sup>15</sup>

4. This bill seeks to provide additional protections for health care providers in regards to professional liability insurance

According to the Senate Insurance Committee:

Evidence suggests that the large premiums for abortion riders are not proportional to the true liability risk. In extreme cases, some insurance carriers have refused to issue coverage altogether to physicians providing abortions. [...]

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<sup>11</sup> Human Rights Watch, Press Release, ICYMI: As Lawmakers Escalate Attacks on Transgender Youth Across the Country, Some GOP Leaders Stand Up for Transgender Youth (Mar. 24, 2022), <https://www.hrc.org/press-releases/icymi-as-lawmakers-escalate-attacks-on-transgender-youth-across-the-country-some-gop-leaders-stand-up-for-transgender-youth> (all links current as of August 29, 2022).

<sup>12</sup> See Al. Code, § 26-26-4.

<sup>13</sup> Ark. Stats. §§ 20-9-1502 & 20-9-1504.

<sup>14</sup> Governor’s signing statement on Sen. Bill 107 (2021-22 Reg. Sess.), available at <https://www.gov.ca.gov/wp-content/uploads/2022/09/SB-107-SIGNING.pdf?emrc=1a80c5>.

<sup>15</sup> Endocrine Society, *AMA strengthens its policy on protecting access to gender-affirming care* (Jun. 12, 2023), available at <https://www.endocrine.org/news-and-advocacy/news-room/2023/ama-gender-affirming-care>.



Research studies have shown that the cost of professional liability insurance can be prohibitively high for abortion providers. These costs can be a deterrent for healthcare practitioners and clinics to offer abortion services or can result in increased costs for patients. The American College of Obstetricians and Gynecologists (ACOG) has highlighted the challenges related to professional liability insurance as a barrier to abortion provision. In a position statement, ACOG mentions that the high cost and limited availability of insurance coverage for abortion providers contribute to the scarcity of trained providers and the closure of abortion clinics.<sup>16</sup>

This bill seeks to provide health care providers in California who offer care that may be prohibited in other states protections from having their insurance premiums unduly increased. The bill prohibits an insurer from terminating or refusing to issue or renew insurance, or increasing premiums, simply because a medical professional provides abortions, contraception, or gender-affirming care. The bill also provides that should another state seek to take action against a health care provider for providing those services, California insurers cannot take adverse action against the health care provider as long as the health care services provided are, or would be, lawful and consistent with the applicable standard of care in this state. The bill makes it clear that it only applies to professional liability insurance marketed, offered, issued, amended, or renewed in this state for health care providers in this state, and that it does not supersede any of the provision of Proposition 103 (Nov. 8, 1988, gen. elec.), which governs insurance rate and rate increases.

The language in the bill regarding legal or administrative action taken in another state against a health care provider specifically provides that it is limited to actions conducted in a manner that is both, “lawful and consistent with the applicable standard of care in this state.” Under this limitation, if an action taken in another state would constitute malpractice in this state, then an insurer can increase rates or refuse to renew or terminate a policy. The bill only applies to the narrow circumstances where liability incurred due to other states attempts to limit access to health care that is lawful in this state.

#### 5. Statements in support

The American College of Obstetricians and Gynecologists District IX, a sponsor of the bill, writes in support:

A major barrier to expanding access to abortion care is the cost and availability of professional liability insurance. According to recent research, physicians must often purchase costly abortion riders. Evidence suggests that the large premiums for abortion riders are not proportional to the true liability risk. In extreme cases, some insurance carriers have refused to issue coverage altogether to physicians providing

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<sup>16</sup> Sen. Ins. Comm. analysis of AB 571 (2023-24 Reg. Sess.) as amended Mar. 9, 2023 at pp. 3-4.

abortions. The current difficulty some licensed providers have in securing professional liability insurance has had an impact on the number of otherwise eligible practitioners who could offer these desperately needed services.

AB 571 addresses this important issue by prohibiting insurers from refusing to issue professional liability insurance to licensed healthcare practitioners solely because they offer abortion, contraception, or gender-affirming services, and additionally prohibits an insurer from charging an arbitrary fee or surcharge solely based on the offering of these services.

### **SUPPORT**

American College of Obstetricians and Gynecologists District IX (sponsor)

California Nurse Midwives Association (sponsor)

NARAL Pro-Choice (sponsor)

California Academy of Family Physicians

Lieutenant Governor Eleni Kounalakis

Medical Students for Choice

National Health Law Program

Planned Parenthood Affiliates of California

San Francisco Black, Jewish and Unity Group

San Francisco City Attorney's Office

San Francisco Marin Medical Society

Training in Early Abortion for Comprehensive Healthcare

### **OPPOSITION**

None known

### **RELATED LEGISLATION**

#### **Pending Legislation:**

AB 254 (Bauer-Kahan, 2023) includes “reproductive or sexual health application information” in the definition of “medical information” and the businesses that offer reproductive or sexual health digital services to consumers in the definition of a provider of health care for purposes of the Confidentiality of Medical Information Act (CMIA). This bill is currently pending in the Senate Appropriations Committee.

AB 352 (Bauer-Kahan, 2023), among other things, enacts protections for certain sensitive medical information by requiring businesses that store or maintain that information to develop specified capabilities, policies, and procedures to enable safeguards regarding accessing the information by July 1, 2024. This bill is currently pending in the Senate Health Committee.

AB 793 (Bonta, 2023) prohibits a government entity from seeking or obtaining information from a reverse-location demand or a reverse-keyword demand, and prohibits any person or government entity from complying with a reverse-location demand or a reverse-keyword demand. That bill is currently pending before the Senate Public Safety Committee.

AB 1194 (Carrillo, 2023) provides stronger privacy protections pursuant to the California Consumer Privacy Act where the consumer information relates to specified reproductive health services. This bill is currently pending in the Senate Appropriations Committee.

Prior Legislation:

SR 9 (Skinner, 2023) urged the President of the U.S. and the U.S. Congress to enact federal legislation that guarantees the right to reproductive freedom, including abortion and contraception.

SB 107 (Wiener, Ch. 810, Stats. 2022) enacted various safeguards against the enforcement of other states' laws that purport to penalize individuals from obtaining gender-affirming care that is legal in California.

AB 1666 (Bauer-Kahan, Ch. 42, Stats. 2022) prohibited the enforcement in this state of out-of-state laws authorizing a civil action against a person or entity that receives or seeks, performs or induces, or aids or abets the performance of an abortion, or who attempts or intends to engage in those actions and declares those out-of-state laws to be contrary to the public policy of this state.

AB 2091 (Mia Bonta, Ch. 628, Stats. 2022), among other things, prohibited compelling a person to identify or provide information that would identify an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action.

AB 2223 (Wicks, Ch. 629, Stats. 2022), among other things, provides that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care.

**PRIOR VOTES**

Senate Insurance Committee (Ayes 4, Noes 2)

Assembly Floor (Ayes 63, Noes 14)

Assembly Appropriations Committee (Ayes 11, Noes 4)

Assembly Judiciary Committee (Ayes 8, Noes 3)

Assembly Insurance Committee (Ayes 10, Noes 2)

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