

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-16-2000

BILL NO. SB 417

SUBJECT _____

Sen. Jov Robson

(NAME)

(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

Registering Against:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: MAR. 15, 2000

BILL NO. SB 417

SUBJECT HRSP - PLANE

RATE SETTING

(NAME)

(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

Registering Against:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 03-15-00

BILL NO. SB 417

SUBJECT _____

James Tenuta

(NAME)

(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

Registering Against:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: MARCH 15, 2008

BILL NO. SB 417
OR _____

SUBJECT _____

MARGARET KRISTAN, DIRECTOR

HEALTH INSURANCE RISK

(NAME) SHARINE DUAN

KEVIN LEWIS, LEGISLATIVE LIAISON

(Street Address or Route Number)

(City and Zip Code)

DHFS

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information
only; Neither for nor against:

Please return this slip to a messenger **PROMPTLY.**

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

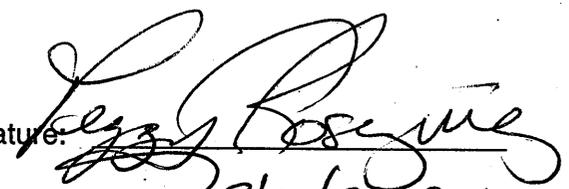
MOTION: SENATE BILL 417, RELATING TO PREMIUM RATES FOR COVERAGE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN FOR PERSONS WHO ARE ELIGIBLE FOR MEDICARE.

Move adoption of the following motion:

Moved: Passage of Senate Bill 417.

Aye

No

Signature: 

Date: 3/21/2000

MOTION: SENATE BILL 417, RELATING TO PREMIUM RATES FOR COVERAGE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN FOR PERSONS WHO ARE ELIGIBLE FOR MEDICARE.

Move adoption of the following motion:

Moved: Passage of Senate Bill 417.

Aye

No

Signature: _____

Date: _____

Judith B. Nelson

March 21, 2000

MOTION: SENATE BILL 417, RELATING TO PREMIUM RATES FOR COVERAGE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN FOR PERSONS WHO ARE ELIGIBLE FOR MEDICARE.

Move adoption of the following motion:

Moved: Passage of Senate Bill 417.

Aye

No

Signature: _____

Erin P. [unclear]

Date: _____

3/22/00

MOTION: SENATE BILL 417, RELATING TO PREMIUM RATES FOR COVERAGE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN FOR PERSONS WHO ARE ELIGIBLE FOR MEDICARE.

Move adoption of the following motion:

Moved: Passage of Senate Bill 417.

Aye

No

Signature: _____

Date: _____


MARCH 20, 2000

MOTION: SENATE BILL 417, RELATING TO PREMIUM RATES FOR COVERAGE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN FOR PERSONS WHO ARE ELIGIBLE FOR MEDICARE.

Move adoption of the following motion:

Moved: Passage of Senate Bill 417.

Aye

No

Signature:

Roger Breske

Date:

3-20-00

MOTION: SENATE BILL 417, RELATING TO PREMIUM RATES FOR COVERAGE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN FOR PERSONS WHO ARE ELIGIBLE FOR MEDICARE.

Move adoption of the following motion:

Moved: Passage of Senate Bill 417.

Aye
 No

Signature: _____

Date: _____



5/26/00

MOTION: SENATE BILL 417, RELATING TO PREMIUM RATES FOR COVERAGE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN FOR PERSONS WHO ARE ELIGIBLE FOR MEDICARE.

Move adoption of the following motion:

Moved: Passage of Senate Bill 417.

Aye

No

Signature: Re. Moore

Date: _____